UNIVERSITY OF BIRMINGHAM

An Exploration of Black, Asian and Minority Ethnic Student Nurses' Experiences of Violence and Aggression during Clinical Placements in Mental Health Settings the United Kingdom.

By

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ABSTRACT

Objective: This study explored the nature of Black, Asian and Minority Ethnic (BAME) student nurses' experiences of violence and aggression from patients in UK mental health clinical placements.

Design: This thesis has two parts;

1. Scoping review: A scoping review using a five-stage framework outlined by Arksey and O'Malley (2005).
2. Empirical study: A Qualitative study of participants' experience of violence and aggression from patients in UK mental health setting during clinical placement. Five focus groups were conducted to generate qualitative data which were analysed using thematic analysis framework.

Results: The scoping review found a relative lack of evidence on student nurses' experiences of violence and aggression during placement in mental health settings. The analysis of the focus group transcripts generated two broad strands of themes themes relating to the nature of experiences and themes relating to the response to experiences. The themes relating to the nature of experiences are racial abuse and discrimination, the pervasiveness of aggression, and adequacy of support. The themes relating to the responses to experiences are professional attitude and negative psychological and emotional consequences.

Conclusions: The scoping review and the qualitative findings showed how aggression is a significant problem facing BAME student nurses in mental health settings. The empirical study demonstrates the ubiquity of violence and aggression against BAME student nurses during clinical placements. The combined synthesis

points to the need for greater awareness of this problem and the better support for BAME students.

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Background

Definition of violence and aggression:

Violence and aggression are closely related but distinct concepts (Follingstad, 2017). For this research, violence refers to behaviour that involves physical force. Violence involves causing harm, injury, or property damage to oneself or to others (WHO, 2023). It often involves acts of aggression but can also encompass other forms of harmful behaviour such as intimidation, coercion, or weapon use.

In contrast, aggression refers to behaviours intended to harm or injure another person, physically or emotionally (DeWall et al., 2011). It is a more general term that encompasses both verbal and physical acts of aggression.

While violence always involves aggression, not all acts of aggression are considered violent (Hamby, 2017). For example, assertive communication or competitive sports can involve aggression but may not necessarily be considered violent if they do not cause harm or damage.

BAME - Meaning and Implications:

The term BAME, as used in this study, refers to persons who are non-White British descent. This term intends to be inclusive and highlight the diversity within the population. However, the use of BAME can be criticised for various reasons.

Firstly, the term BAME could be seen as a very broad and over-simplified categorisation that ties many diverse ethnic populations with distinct cultures, experiences and histories (Equality Hub, 2022). This leads to the possibility of erasure of individual identities and the inability to address specific issues facing different communities within the BAME population (Cabinet Office, 2021). Also, the term BAME could propagate the binary understanding of race by grouping together individuals who do not identify as Black or White (Khunti et al., 2020). This overlooks the experiences and challenges faced by specific ethnic groups.

The term also creates a sense of belonging, irrespective of the diversity of individuals within the BAME community (Mirza, 2004). Consequently, it may be viewed as a categorisation or label imposed on other ethnic groups in the UK by White British groups.

BAME workforce in the NHS:

In the UK, it is estimated that 20-40 per cent of healthcare professionals in the National Health Service (NHS) are of a BAME background (NHS England, 2021). Even though BAME healthcare professionals contribute well to the UK health system, there is evidence of pernicious abuse against these professionals. A data analysis report published in 2020 by the NHS Workforce Race Equality Standard (WRES) indicates the rise in the proportion of BAME healthcare professionals experiencing bullying, harassment, and discrimination in the clinical environment (The WRES Implementation team, 2020).

Patients, relatives, or the general public most frequently abuse BAME nurses according to the WRES report. According to a Royal College of Psychiatrists survey conducted in 2020, 32.7% of BAME professionals experienced abuse from patients and the public, while 19.6% experienced abuse from other professionals. Eighty-six per cent of those who reported abuse said discrimination was based on their ethnicity (Royal College of Psychiatrists, 2021). Furthermore, Likupe and Archibong (2013) reported that White nurses and patients subjected Black African nurses to racist and discriminatory treatment.

BAME student nurses form part of nursing teams in mental health settings and are exposed to violence and aggression risk during clinical practice. While there is a growing body of literature on student nurses' experiences of violence and aggression during placement, no research has been carried out to explore the unique experiences of BAME student nurses.

Forms of violence and aggressions experienced in clinical setting:

Physical violence, verbal abuse, threats, sexual harassment, and bullying can occur in clinical settings against healthcare professionals (Allen et al., 2018; Boyle and Wallis, 2016; Tee et al., 2016). Violence and aggression that result in physical injuries are the most noticeable forms of violence and aggression (Franz et al., 2010). However, verbal abuse has the most significant long-term negative impacts (Cheung et al., 2019). It is believed to be a significant contributory factor in psychological disorders (Shdaifat et al., 2020).

Sources of Violence and Aggression in Clinical Setting:

A body of evidence shows that patients and their relatives are the primary sources of violence and aggression towards nurses and other healthcare professionals (Civilotti et al., 2021; Honarvar et al., 2019; Kelley, 2014; Stephens, 2019; Viottini et al., 2020). There is an argument that long waiting times in the Accident and Emergency Departments and the restrictive nature of the mental health hospital environments are stressors that contribute to patients' violence against healthcare professionals in these clinical areas (Shafran-Tikva et al., 2017; Stephens, 2019). Aside from patients and relatives, bullying and violence from fellow healthcare professionals are common (Bloom, 2018; Eblin, 2020; Zhang and Xiong, 2019). Two studies, Farrell and Shafiei (2012) and Hutchinson (2013) reported that 32% of nurses experienced bullying from other nurses.

The consequences of violence and aggression in clinical settings:

The experiences of violence and aggression have profound negative implications for nurses (Kaunomäki et al., 2017; Miranda et al., 2011). Cutcliffe and Riahi (2013), Jeffery and Fuller (2016), Llor-Esteban et al (2017), and Zhang et al (2018), carried out studies to determine the possible impacts of violence and aggression on nurses. Llor-Esteban et al (2017) found that nurses suffer psychological distress and emotional exhaustion because of verbal aggression. Similarly, Zhang et al (2018) found that nurses who experience violence and aggression at work develop psychological distress, leading to sleep disturbances. Additionally, violence and aggression lead to anger, fear, and guilt among nurses (Jeffery and Fuller, 2016).

Violence against nurses can result in work absence as the affected nurse suffers physical and emotional trauma (Kaunomäki et al., 2017; Miranda et al., 2010). Violence and aggression against nurses have decreased job satisfaction and increased nurses' career change tendencies (Ferri et al., 2020; Niu et al., 2019).

Good therapeutic relationships between nurses and patients promote high-quality care with improved patient experiences (Totura et al., 2018). Conversely, poor quality therapeutic relationships, which can emanate from patients' acts of violence toward nurses, can cause patients' lack of recovery (Arnetz and Arnetz, 2001; Bolsinger et al., 2020).

Furthermore, healthcare organisations are negatively affected by acts of violence and aggression toward their staff. Acts of violence increase absenteeism and staff turnover, increase security and litigation costs and decrease productivity (Hassard et al., 2019; Maguire et al., 2017). Some nurses' intentions to leave the nursing profession increase with violence and aggression at work. Bordignon and Monteiro (2019), Li et al (2019) and Liu et al (2018) demonstrate the increase in nurses' intention to leave the profession due to violence at work. Bordignon and Monteiro (2019) conducted a cross-sectional survey of 267 nurses. Bordignon and Monteiro (2019) found that the increased probability of nurses leaving the profession after experiencing violence at work is mediated by decreased job satisfaction. Li et al (2019) and Liu et al (2018) found a negative correlation between turnover intention and job satisfaction. Similarly, about 69 % of participants surveyed by Liu et al (2018) had a high intention of changing careers due to work-related violence. The

increased nurse turnover intentions have implications for delivering safe care in UK hospitals facing severe nursing staff shortages and unprecedented pressure due to the COVID-19 pandemic.

Ozcan et al (2014) posited that student nurses are exposed to violence and aggression during placement. A study of workplace violence in the UK found that 42.18% of students sampled experienced bullying and harassment within the preceding year. Also, 30.4% witnessed such acts against other students during clinical placement (Tee et al., 2016). A cross-sectional survey of student nurses in a hospital in Iran found that verbal abuse is the most common form of aggression against student nurses during placement (Samadzadeh and Aghamohammadi, 2018). Bullying by qualified nurses undermines student nurses' confidence and leads to stress and anxiety (Amoo et al., 2021).

The student nurses' vulnerability to violence and aggression:

Student nurses are more vulnerable to the negative impacts of violence and aggression than qualified nurses due to their relative lack of experience in dealing with aggression (Hopkins et al., 2018; Magnavita and Heponiemi, 2011). Student nurses struggle to cope with violence and aggression (Hopkins et al., 2018). Also, student nurses' position within the hospital hierarchy makes them easy targets for bullying (Birks et al., 2018). Tee et al (2016) posited that violence and aggression during placements affect student nurses' attitudes towards the nursing profession. Also, Cheung et al (2019) found that student nurses leave the profession after experiencing violence and aggression during placement.

Hallett et al (2021) argue that universities have the duty of care to their student nurses to prepare them to deal with violence and aggression during placements, providing a reporting mechanism and ensuring adequate support following incidents. Student nurses should receive training on anger and aggression mechanisms, ways of maintaining self-awareness, listening observantly, managing self-impressions, and effective communication (Sato and Kodama, 2021). Birks et al (2018) argue that educational institutions and healthcare providers should prevent and manage violence and aggression in clinical placements. Therefore, universities must collaborate with placement areas to formulate strategies for reducing violence incidents and their impact in clinical areas. Understanding student nurses' experiences and perspectives is essential to formulating robust support and prevention strategies.

Part 1: Scoping Review

Introduction

Globally, violence and aggression against healthcare workers (HCWs) are a growing public health concern (Li et al., 2020; Vento et al., 2020). As defined by the World Health Organization (WHO), workplace violence occurs when staff are abused, threatened, or assaulted during the course of their work, including during commutes to and from work, posing an explicit or implicit threat to their well-being, safety, or health (WHO, 2002). The proportion of HCWs experiencing Violence and Aggression at work varies according to locations and practice settings (Vento et al., 2020). In the UK, incidents of violence and aggression against HCWs are higher in mental health settings compared to acute hospital settings (Sunley, 2018). Psychiatric wards and emergency departments have the highest violence and aggression incidents against HCWs, and nurses are more exposed to violence and aggression than any other profession (Lui et al, 2019).

There are two types of VA perpetrated against HCWs - physical and psychological (De Villiers et al., 2014). Physical violence is by far the most visible as it is often associated with bodily injuries (Franz et al., 2010). Actions that constitute physical violence include (but are not limited to) punching, pinching, grabbing, striking, or hitting with an object, slapping, shoving, biting, hair pulling, harmful restraint and the use of weapons (Kaye and Erdley, 2011). Acts of physical violence are not always directed toward healthcare staff but can also be directed toward hospital property or equipment (Hills, 2018). Psychological and emotional forms of violence and

aggression are often described as non-physical violence as it does not involve physical force. Acts of psychological and emotional violence include yelling, intimidation, insults, threats, harassment, stalking, constant criticism, and humiliation (Hills, 2018).

Several studies have demonstrated that violence and aggression is prevalent among HCWs (Franz et al., 2010; Lepping et al., 2013; Lui et al., 2019; Vento et al., 2020). Lepping et al. (2013) found that 83% of healthcare workers reported verbal aggression while 68% were physically assaulted within a four-week period. The Germany study by Franz et al. (2010) showed that 70.7% and 89.4% of respondents had experienced physical and verbal aggression, respectively, during the previous twelve months. Franz et al. (2010) also reported that physical forms of aggression are the most common in nursing homes, affecting 83.9% of workers, while verbal aggression is the most common in psychiatric settings.

Furthermore, Lui et al. (2019) conducted a systematic review of 253 studies with 331 544 participants. Approximately 61.9% of participants reported experiencing violence and aggression at work. 24.4% reported experiencing physical violence, while 42.5% cited experiencing non-physical violence in the past year. The review also showed that verbal abuse was the most prevalent form of non-physical violence against HCWs.

HCWs face violence and aggression from patients, patients' relatives, the general public, and other HCWs (Civilotti et al., 2021). Studies show that patients are the

main perpetrators of violence and aggression against HCWs (Civilotti et al., 2021). Similarly, Stephens (2019) argues that hospital environments cause significant stress for patients, their friends, relatives, and HCWs. Aggression from patients could be attributed to illness and frustration (Ferri et al., 2016). Other contributory factors to violence and aggression against HCWs in healthcare settings are patients' dissatisfaction with care and treatment, lack of trust in the HCWs (Nowrouzi-Kia et al., 2019), inadequate communication between the HCWs and patients, waiting too long to receive care (Alsaleem et al., 2018) unprofessional behaviours or comments from HCWs and over-expectation from patients and relatives (Shafran-Tikva et al., 2017).

Violence and aggression experiences have implications for HCWs' well-being. WHO (2014) states that violence within healthcare settings could cause psychological and physical injuries to victims. Reknes et al. (2014) found that healthcare workers' most typical psychological consequences of violence in the clinical environment are anxiety, fatigue, and depression. Similarly, Franz et al. (2010) argue that violence and aggression impacts HCWs' physical and emotional well-being. Violence and aggression experiences reduce job satisfaction and increase staff turnover (Duan et al., 2019). Also, Arnetz and Arnetz (2001) argue that violence and aggression from patients toward nurses is detrimental to the nurse-patient relationship and negatively impacts care quality. Furthermore, burnout among HCWs has been linked to experiences of violence at work (Allen and Holland, 2014; Duan et al., 2019). Legal costs, high staff turnover and sickness absences are some consequences of patients' violence and aggression to service providers (Zhang et al., 2018).

Student nurses undertake rotational clinical placements and practice alongside other HCWs. Clinical placements expose student nurses to various clinical scenarios and provide the opportunity to use various medical devices (Atakro et al., 2019). Therefore, participation in clinical placements helps student nurses develop nursing skills and boosts confidence in practice (Price, 2019). In the UK, the Nursing and Midwifery Council (NMC) sets the nurse proficiency standard. Student nurses must achieve proficiency during their student nurses' education to ensure safe and efficient practice. Demonstration of the achievement of the proficiency standard is a crucial requirement for entry into the NMC register for nurses. Clinical placements are opportunities for students to achieve standard proficiency. Student nurses often encounter challenges in clinical environments. Nau et al. (2007) identified violence and aggression from patients as a challenge student nurses encounter in clinical placements.

Why a scoping review?

Scoping review, as a methodology, is relatively new (Sucharew, 2019), and it is increasingly used in health and social sciences (Munn et al., 2018). It entails identifying and evaluating the potential size and scope of the research literature (Grant and Booth, 2009). Research evidence (including ongoing research) is analysed to identify its nature and extent.

Scoping reviews share similarities with systematic reviews in rigour and transparency (Peters et al., 2015). However, with scoping reviews, there is less

emphasis on the quality of the selected studies (Munn et al., 2018). Therefore, conclusions are drawn based on the existence of studies rather than their intrinsic quality (Grant and Booth, 2009). However, scoping reviews are appropriate for exploring answers to broad questions, in contrast to systematic reviews that address narrow research questions (Bragge et al., 2011).

For this study, the choice of scoping review over other forms of review was driven by the intended outcome of mapping the research literature exploring BAME student nurses' experiences of violence and aggression during placements. This was with the intention of forming understanding the scope of literature more fully and identifying any research gaps in this field.

Methods

The details of the five stages are discussed below.

- **The identification of the research question**

Scoping review, as a systematic approach, describes the available research evidence addressing broad research questions (Colquhoun et al., 2014). This scoping review aims to map critical issues regarding student nurses' experiences of violence and aggression during clinical placements. Having predefined research questions helps direct the review. Also, the research question helps identify the relevant studies selected for the scoping review.

The research question for this review is:

What research evidence is available on student nurses' experiences of violence and aggression during clinical placements?

- **The identification of relevant studies**

An initial search for relevant research articles was conducted using Google Scholar. A systematic and detailed search of ProQuest, Science Direct, Medline, and Cinahl Plus was carried out to retrieve relevant empirical studies. The author conducted searches of electronic databases between July 2021 and August 2022.

The searches were facilitated using paired search terms and Boolean operators to locate studies pertinent to the research question. The search terms used are shown in Table 1.

Table 1: Search terms

1.	**‘Student nurses’, ‘Pre-registration nurses’, ‘Undergraduate nurses’, ‘Trainee nurses’, ‘Nursing students’,**
2.	**‘Violence’, ‘Aggression’, ‘Incivility’, ‘Abuse’, ‘Bullying’, ‘Assault’, ‘Intimidation’, ‘Assault’, ‘Harassment’, ‘Maltreatment’**

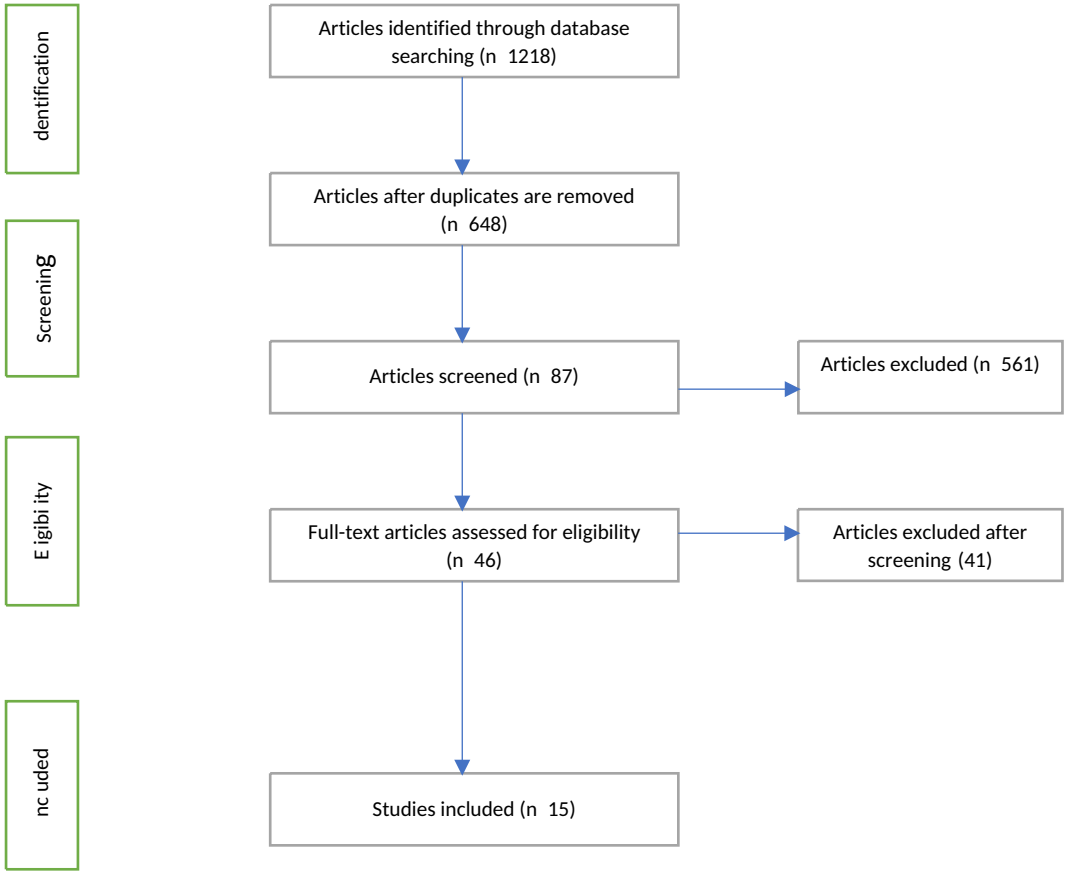
- **The selection of relevant studies**

The articles included were published in English from 2010 till present as the scoping review aims to uncover current evidence. This scoping review aimed to identify the latest and relevant articles. Therefore, studies conducted prior to 2010 were excluded. The articles must be from studies focused on student nurses' violence and aggression experiences during clinical placements. Studies focused on student nurses' violence and aggression experiences outside clinical settings were excluded.

Table 2: Inclusion and exclusion criteria

Category	Inclusion	Exclusion
Type	Journal articles	Grey literature, research protocols, textbooks
Focus	Studies focused on student nurses in clinical placements settings	Studies focused outside clinical placements
Language	Published in English	Not published in English
Study year	Studies conducted between 2010 and 2022	Studies conducted before 2010

PRISMA Diagram



Searches of the databases using the key terms yielded 1,218 articles. Duplicate titles between the four databases were removed (n = 570), and 648 articles were left. The exclusion criteria were applied to exclude 561 articles resulting in 87 for screening. The screening of the 87 articles was conducted by reading the abstracts to remove irrelevant articles. This resulted in the exclusion of 41 articles. As for the remaining 46 articles, we selected those that involved student nurses in clinical placements. After the final screening, 15 articles were selected for this scoping review.

- **Charting the results**

The penultimate stage of the scoping review framework was to organise the data from the chosen articles. Charting helps analyse and extract comparable information from selected articles. A table was used to represent the fifteen selected articles in terms of the author(s), title, publication year, study country, aim of the study, research design, data collection methods, and critical findings.

Table 3: Data extraction chart

Author, Year and Title	*Study aim(s)*	*Data Collection Method*	*Study Design Method*	*Main Results/findings*	*Study Country*
Amoo et al. (2021) *Bullying in the clinical setting: Lived experiences of nursing students in the Central Region of Ghana*	To describe the various bullying behaviours experienced by nursing students and their effects during clinical placement in Central Region of Ghana.	Focus groups	Qualitative	Themes: • Bullying behaviour experienced by nursing student during their clinical attachment • Effects of bullying	Ghana
Bilgin et al. (2016) *Student nurses' perceptions of aggression: An exploratory study of defensive style, aggression experiences, and demographic factors.*	To investigate the relationships between student nurses' perceptions of aggression and their personal characteristics, defence styles, and experiences of aggressive behaviour in clinical practice	Questionnaires	Cross-sectional survey	- Students were frequently exposed to verbal aggression from patients and their relatives. And perceived patient aggression negatively, perception of aggression was associated with sex, defence styles, feelings of safety, and experiences of aggressions during clinical practice.	Turkey
Birks et al. (2018)	To describe bullying and harassment experienced by	Survey	Qualitative (content analysis)	Themes: • Manifestations of bullying and harassment	Australia

A 'rite of passage?': Bullying experiences of nursing students in Australia	Australian nursing students while on clinical placement.			• The perpetrators - Consequences and impacts		
Birks et al (2017) *Uncovering degrees of workplace bullying: A comparison of baccalaureate nursing students' experiences during clinical placement in Australia and the UK.*	To compare the experiences of Australian and UK baccalaureate nursing students in relation to bullying and harassment during clinical placement.	Secondary data	Secondary analysis of two primary cross -sectional studies.	- Australian nursing students experienced higher rate of bullying (50.1%) than UK students (35.5%). - Students identified other nurses as the main perpetrators (Australia 53%, UK 68%), although patients were the main source of physical acts of bullying. - Few bullied students chose to report the episode. The main reason for non-reporting was fear of being victimised. - Some students felt that bullying and harassment was part of the job. -		UK and Australia
Budden (2015) *Australian nursing students' experience of bullying and/or*	To investigate Australian undergraduate nursing students' experiences of bullying and/or	Questionnaires	Cross-sectional survey	-	50.1% of students had experienced bullying/or harassment in the previous 12 months.	Australia

harassment during clinical placement.	harassment during clinical placement.			- Younger students are more likely to experience the phenomena - Perpetrators of the phenomena are registered nurses (56.6%), patients (37.4%), enrolled nurses (36.4%), clinical facilitators (25.9%), preceptors (24.6%), nurse managers (22.8%) and other students (11.8%). - Majority of students feel anxious as a result of being bullied/harassed (71.5%). 53.6% reported being depressed. 32.8% students stated that the experience negatively affected the standard of care they provided to patients. - 46.9% students reconsidered their intended career.	
Cooper and Curzio (2012) *Peer bullying in a pre-registration*	To explore the incidence and manifestation of peer bullying amongst pre-registration nursing	Questionnaires	Cross-sectional survey	- Participants reported peer bullying is experienced by student nurses on university premises and that academic members of	UK

student nursing population	students in the university setting.				staff are sometimes present when this behaviour is demonstrated. The level of bullying reported decreases during 2nd and 3rd years of the course compared to the foundation year.	
Hallett, Wagstaff and Barlow (2021) *Nursing students' experiences of violence and aggression: mixed methods study*	To identify the prevalence of aggression experienced by nursing students whilst on clinical placement in one UK city, and the rates and experiences of reporting of aggression.	Questionnaire and focus groups	Convergent mixed methods	-	1/3 of non-physical aggression was reported and around ½ of the physical aggression and sexual aggression was reported. - Very few incidents were reported to the university - Themes from the focus groups encompasses ideas of the ubiquity of violence, that the student s did not know what they were doing, and issues of racism, bullying and compassion.	UK
Hopkins et al. (2014) Prevalence and characteristics of aggression and violence	To identify the prevalence and characteristics of aggression and violence experienced by undergraduate	- Survey	Cross-sectional	-	Over 58% (N = 55) of second year and 57% (N = 32) of third year nursing students experienced some kind of non-physical violence.	Australia

experienced by Western Australian nursing students during clinical practice	nursing students in the clinical setting.						
Hunter et al. (2022) Violence experienced by undergraduate nursing students during clinical placements: An online survey at a Scottish University	To assess the prevalence of violence and experiences of violence during clinical placements, among nursing students at a Higher Education Institution (HEI) in Scotland.	-	On-line survey	Cross-sectional	-	77% of respondent experienced verbal violence directed at them. 70% of respondents had experienced physical violence. Patients were perceived to be the most likely perpetrators.	Scotland
Kassem (2015) Bullying Behaviours and Self-Efficacy among Nursing Students at Clinical Setting: Comparative Study	To examine the relation between bullying behaviours and self-efficacy among nursing students	-	Questionnaires	Cross-sectional	-	More than one third of faculty nursing students were exposed to moderate degree of bullying (38.8%) while technical health institute nursing students (23.1%). More than above half of total nursing students had mild self-efficacy (58.9%).	Egypt
Liping and Hyunli (2017)	To test a proposed structural equation model in which	-	Questionnaires	Cross-sectional survey	-	Experience of being bullied during clinical placement, conflict	China

Effects of Bullying Experience on Psychological Well-Being Mediated by Conflict Management Styles and Psychological Empowerment among Nursing Students in Clinical Placement: A Structural Equation Modelling Approach	bullying experience, conflict management styles and psychological empowerment predict psychological well-being among Chinese nursing students in clinical placement				management styles and psychological empowerment explained 93.0% of the variance and had significant effects on psychological well-being, with conflict management styles and psychological empowerment mediating the association between bullying and psychological well-being.	
Maureen Anthony and Joanne Yastik (2011) *Nursing Students' Experiences with Incivility in Clinical Education*	To explore the experiences of nursing students as targets of incivility in clinical settings, to describe their perceptions of specific uncivil and favourable behaviours by nurses, and to examine how nursing students think schools of nursing should address incivility in clinical settings.	-	Focus groups	Qualitative study	- Uncivil behaviours fell into three themes: exclusionary, hostile or rude, and dismissive. - Positive experiences occurred when students felt included by the staff nurses in patient care.	USA

Minton et al. (2018) *New Zealand nursing students' experience of bullying/harassment while on clinical placement: A cross-sectional survey*	To investigate New Zealand undergraduate nursing students' experiences of bullying and/or harassment during clinical placement	-	Electronic survey	Cross-sectional survey	- 40% of participant had experienced bullying during placement - The main perpetrators were qualified nurses - Experiences of being bullied causes anxiety and affected clinical learning	New Zealand
Ozcan et al (2013) *Nursing Students' Experiences of Violence: A Questionnaire Survey* *Psychiatric clinics*	To identify the nature of violence experienced by nursing students, both in their private lives and during their work in clinical practice.	-	Questionnaires	Cross-sectional survey	- Students are exposed to different types of violence with verbal abuse being the most common form. - Verbal and physical abuses occurring during placement are mainly from patients and their families. - Following the experience of violence, students suffer emotional difficulties (anger, fear, and anxiety). They feel unsafe working in psychiatric clinics.	Turkey
Tania de Villiers, Pat M. Mayers and Doris Khalil (2014)	To examine nursing students' perceptions and experiences of violence at a	-	Survey using self-administered questionnaires (students)	Mixed method (cross-sectional survey and qualitative)	- The nature of violent incidents experienced by students on campus, especially in the residences ranges from	South Africa

Pre-registration nursing students' perceptions and experiences of violence in a nursing education institution in South Africa.	nursing education institution in the western Cape, South Africa	- Focus group (students) - Semi-structured interviews (nurse educators) - Purposive sampling		verbal abuse to violation of students' property and personal spaces and could be attributed to mainly to substance abuse. - Violence among student nurses could negatively affect learning.	
Tee et al. (2016) *Workplace violence experienced by nursing students: A UK survey*	To appreciate the nature and scope of workplace violence amongst a sample of the UK nursing student population during clinical placement and to recommend strategies universities can implement to successfully manage the impact.	Questionnaires	Cross-sectional survey	- 42.18% of participants said that they had experienced bullying/harassment in the past year while on clinical placement. - 30.4% of participants witnessed/harassment of other students. - 12.3% of participants said that the standard of patient care was affected while 25.9% said their works with others were negatively affected.	UK
Yeter Sinem Uzar-Ozcetin, Michele Russell-Westhead and Stephen Tee (2020)	To investigate the impact of workplace violence from the perspective of nursing students	Open-ended questions administered via the internet. Purposive sampling	Qualitative	Three themes - Violence culture in nursing - Tolerating violence - The impact of violence	UK

Workplace violence: A qualitative study drawing on the perspectives of UK nursing students	

- **Collate, Summarise, and Report Results**

The last stage of the Arksey and O'Malley (2005) framework is organising the relevant findings of the selected articles, prioritising the relevance to the research questions. The analysis of data from the selected qualitative studies framework analysis from the selected study will be conducted.

Results

Study demographics:

The selected studies were from Europe, Africa, North America, Asia, and Australasia. The country with the highest number of studies in the UK has five of the fifteen studies. Australia and Turkey have three and two studies, respectively. United States of America, Ghana, South Africa, Egypt, China, and New Zealand have a study each. Regarding income classification of the study countries, 60% of the studies were in high-income countries, 26.6% in upper-middle-income countries, 6.7% in lower-middle-income countries and 6.7% in low-income countries. The geographical diversity in the studies indicates a worldwide occurrence of violence and aggression against student nurses.

Cross-sectional studies:

Ten of the studies, Bilgin et al. (2016), Budden et al. (2015), Cooper and Curzio (2012), Hopkins et al. (2014), Hunter et al. (2022), Kassem (2015), Liping and Hyunli (2017), Minton et al. (2018), Ozcan et al. (2013), Tee et al. (2016), used cross-

sectional design only. Most of these cross-sectional surveys focused on the epidemiology of violence and aggression against student nurses. One article, Birks et al. (2017), was a secondary analysis of data from Budden et al. (2015) and Tee et al. (2016) to compare the experiences of Australian and UK student nurses concerning bullying and harassment during clinical placement.

Minton et al. (2018) and Tee et al. (2016) employed an electronic survey of student nurses enrolled in pre-registration nursing degree programmes. Minton et al. (2018) were conducted in New Zealand, while Tee et al. (2016) were conducted in the UK. The survey by Minton et al. (2018) had a 4% response rate, with 296 completed surveys meeting the criteria for inclusion in the analysis. The respondents were predominantly female (96.6%) with a mean age of 24.4 years. Tee et al. (2016) had 657 respondents, the majority female (84.8%). Budden et al. (2015) used the Student Experience of Bullying During Clinical Placement (SEBDCP) survey questionnaire uploaded to Survey Monkey to collect data from student nurses in eight Australian states. Eight hundred eighty-eight student nurses responded to the survey by Budden et al. (2015). Like Minton et al. (2018) and Tee et al. (2016), the majority of the respondents in Budden et al. (2015) were female (89%).

The research by Kassem (2015) utilised the bullying nursing education questionnaire and General self-efficacy scale to collect data from 206 faculty of nursing and 132 technical health institute students in Egypt. About 81% of the student nurses who participated in the study by Kassem (2015) were female. Ozcan et al. (2013) conducted research with 1200 student nurses at five universities in Istanbul. Ozcan

et al. (2013) utilised a questionnaire which was written in the Turkish language to collect data which were descriptively analysed. A vast majority of the participants in Ozcan et al. (2013) were female (94.1%), and the mean age of the participants was 21.17 years. Similarly, Cooper and Curzio (2012) distributed 190 questionnaires for data collection from 190 third-year student nurses about their program experiences. Cooper and Curzio (2012) had a response rate of 82% (n=156), of which 88% were female.

Hopkins et al. (2014) surveyed 97 second-year and 56 third-year student nurses at a Western Australian university. It was found that over 58% of second-year and 57% of third-year nursing students experienced non-physical violence. More than a third of second-year nursing students and 25% of third-year nursing students reported experiencing physical violence. Violence and aggression are commonly experienced by nursing students in the clinical setting, according to the study. In order to assist nursing students in managing the threat and reality of such incidents, they need an appropriate level of knowledge and self-confidence.

Hunter et al. (2022) was a cross-sectional survey of 950 undergraduate nursing students using an opt-in online questionnaire. A survey was conducted in order to assess the prevalence and experiences of violence during clinical placements. There were 138 questionnaires completed for the study. The majority of respondents (92%) were female. On placement, 77% experienced verbal violence, which mostly consisted of swearing, shouting, and insults. Physical violence was experienced by 70% of respondents, most commonly hitting, grabbing, kicking, and spitting. A total

of 10 of the 17 enrolled students had been subjected to violence by the end of the fourth year of the study. The most likely perpetrators were perceived to be patients. Respondents reported the following five feelings during the incident: anxious, understanding, vulnerable, unsafe, and scared, as well as understanding, anxious, guilty, vulnerable, and incompetent after the incident. Respondents felt supported during this 'significant' incident in 47.8% of cases, unsure in 20%, and unsupported in 24.3% of cases. Respondents with fewer years of experience and younger respondents experienced more violence. This study concluded that student nurses experience a high prevalence of violence that can have significant emotional consequences. In order to deal with frequent violent incidents, more training and support are needed.

The results of the cross- sectional studies were on the prevalence, sources and consequences or impacts of violence and aggression.

I. Prevalence of violence and aggression:

All the research articles included in the review reported a high prevalence of violence and aggression against student nurses during clinical placement. Minton et al. (2018) reported that over half (53.7%) of the respondents indicated experiencing bullying and harassment in clinical areas. Also, 57.5% of Minton et al. (2018) respondents have witnessed bullying and harassment by other student nurses. Tee et al. (2016) revealed that 42.18% of respondents had been victims of bullying and harassment, while 30.4% had witnessed such incidents on other student nurses during placement.

The article by Budden et al. (2017) revealed that 50.1% of respondents were bullied or harassed during placement. Also, Budden et al. (2017) reported that 67% had witnessed other student nurses being harassed in clinical areas. A secondary analysis of data from two primary cross-sectional studies by Birks et al. (2017) reported that student nurses in Australia experience a higher rate of harassment during clinical placement than those in the UK. Birks et al. (2017) revealed that the prevalence of bullying against student nurses in Australia and the UK is 50.1% and 35.5%, respectively. Some of the student nurses sampled in Birks et al. (2017) accept bullying and harassment as part of mental health nursing. Also, Kassem (2015) reported that 38.8% of student nurses are exposed to moderate bullying.

II. Sources of violence and aggression

Many articles reviewed identified registered nurses, patients, and relatives as primary sources of violence and aggression experienced by student nurses during clinical placements. Minton et al. (2018) found that registered nurses are the main perpetrators of bullying, with 53% of student nurses reporting they have been bullied by them. In addition, 34% of Minton et al. (2018) respondents indicated that patients occasionally bullied them or harassed them. Just less than a quarter, 24%, perceived clinical facilitators and managers as a source of bullying and harassment. Similarly, Budden (2015) and Birks et al. (2017) reported that registered nurses were the primary sources of aggression against student nurses. Budden (2015) reports that 56.6% of aggression against student nurses was perpetrated by registered nurses,

while 37.4% was from patients. In Birks et al. (2017), 53% of aggression against student nurses in Australia came from registered nurses compared to 68% in the UK. Ozcan et al. (2013) reported that most incidents of verbal and physical abuse against student nurses occurring during clinical placements were perpetrated by patients and their relatives.

III. Consequences or impacts of violence and aggression

Many articles reported the negative impacts of violence and aggression on student nurses. Most student nurses perceive patients' aggression negatively, impacting safety during clinical placement (Bilgin et al., 2016). The article by Ozcan et al. (2013) reported that student nurses suffer emotional difficulties such as anger, fear and anxiety following violence and aggression during clinical placement. These emotional difficulties make student nurses feel unsafe in mental health settings. Additionally, Minton et al. (2018) identified that student nurses' aggression experiences during placement harmed their learning.

Similarly, Budden (2015) reported that 71.5% of student nurses experience anxiety, while 53.6% suffer from depression due to being bullied or harassed in clinical practice. About 32.8% of Budden (2015) participants believe that violence and aggression negatively impact the standard of care they provide to patients.

Qualitative studies:

Four articles selected for this scoping review adopted qualitative methods to explore aspects of student nurses' experiences of violence and aggression in clinical settings. In two studies, Amoo et al. (2021) and Anthony and Yastik (2011) focus groups were used for data collection, while Uzar-Ozcetin et al. (2020) and Birks et al. (2018) utilised survey methods to generate data for qualitative content analysis.

The study by Amoo et al. (2021) attempted to describe various bullying behaviours experienced by student nurses and their impacts during clinical placements in Ghana's central region. The study was a qualitative phenomenological approach in which six focus groups with thirty student nurses were utilised for data collection. Student nurses who completed at least three clinical placements and experienced bullying in healthcare settings were purposively recruited to participate in the focus groups. The audiotapes from the focus groups were transcribed verbatim and analysed using qualitative content analysis.

Amoo et al. (2021) used content analysis and generated two themes bullying behaviours and the effects of bullying. Four subthemes under bullying behaviours captured the different forms of bullying behaviours directed at student nurses during clinical placements. The subthemes included shouting, neglect of student nurses by registered nurses, humiliation, and assignment below competency level. Shouting was the most common form of bullying experienced by student nurses. As a result of bullying, three subthemes were identified - lack of confidence, stress, and impact on learning and patient outcomes.

Anthony and Yastik (2011) explored student nurses' experiences of incivility in clinical settings. It described the specific nature of incivility and examined how institutions should tackle the phenomenon. The study was conducted in a midwestern state in the United States of America. Anthony and Yastik (2011) conducted semi-structured interviews with twenty-one purposefully recruited student nurses in four focus groups. Audiotapes from the focus groups were transcribed verbatim. The authors used a line-by-line analysis method to code, categorise and analyse the data. The data analysis revealed that student nurses are subjected to exclusion, hostile or rude and dismissive behaviours in clinical settings. Anthony and Yastik (2011) found that student nurses had positive experiences when registered nurses involved them in patient care. Importantly, Anthony and Yastik (2011) argue that nursing education providers prepare student nurses to manage incivility incidents in clinical settings.

Birks et al. (2018) is a qualitative study aimed at describing student nurses' experiences of bullying and harassment during clinical placements in Australia. This was a more extensive study that recruited 884 student nurses from across Australia. In contrast to Amoo et al. (2021) and Anthony and Yastik (2011), data collection by Birks et al. (2018) was via an online survey using open-ended questions. Comments from 430 student nurses were analysed using a content analysis approach to generate themes. Birks et al. (2018) identified the following themes: bullying and harassment manifestations; perpetrators; consequences or impacts. The participants in Birks et al. (2018) described being subjected to verbal, racial, physical and sexual abuse from registered nurses, medical professionals, and administrative and support team members. The study also reported that bullying and harassment negatively

impact student nurses. Most student nurses surveyed reported experiencing anxiety, panic attacks, and loss of confidence and self-esteem following bullying and harassment during clinical placement.

Furthermore, Uzar-Ozcetin et al. (2020) adopted a phenomenological approach to explore the impacts of violence and aggression from a student nurse's perspective. Participants were recruited from UK Higher Education Institutions via the purposive sampling method, and data was collected by administering open-ended questionnaires. Purposive sampling ensures that student nurses with completed placements are recruited. The questionnaires were delivered through a commercial internet survey provider (SurveyMonkey.com). The analysis of qualitative data collected from 444 student nurses yielded three main themes violence culture in nursing, tolerating violence and the impact of violence.

Mixed method studies:

The mixed-method studies in this scoping review provided evidence similar to those described in the qualitative and quantitative studies sections.

Hallett, Wagstaff and Barlow (2021) was a convergent mixed-method study to identify the prevalence of aggression experienced by nursing students whilst on clinical placement in one UK city and the rates and experiences of reporting aggression. The participants in this study were pre-registration student nurses from two universities in Birmingham. This study utilised questionnaires for quantitative data and focus groups for qualitative data.

The cross-sectional survey part of the study by Hallett, Wagstaff and Barlow (2021) showed that most respondents had experienced non-physical aggression within the last twelve months. Physical aggressions were punching, kicking, grabbing, spitting, and throwing projectiles. Patients and their visitors mainly engage in non-physical aggressions. Also, the survey identified that student nurses often experience bullying and intimidation from registered nurses.

Hallett, Wagstaff and Barlow (2021) report that student nurses are reluctant to disclose aggression experiences. The study showed that 1 in 3 incidents of non-physical aggression were documented, while around 1 in 2 incidents of physical and sexual aggression were reported to the placement areas. Most student nurses who reported aggression incidents were unhappy with how the cases were handled. The participants felt that aggression was normal in clinical settings.

Hallett, Wagstaff and Barlow (2021) generated themes that captured the nature of aggression and student nurses' responses to aggression. Two prominent themes that capture violence and aggression are ubiquitous, bullying and racism. Racism against black student nurses is widespread and manifests itself in offensive language or physical aggression motivated by race. There is evidence that student nurses can show compassion to the patient despite experiencing violence and aggression from them.

Conclusion

In most studies on service users' violence and aggression towards healthcare professionals, the focus was on epidemiology and causality. The National Institute for Health and Care Excellence (NICE) (2015) identified the need for more productive research into staff and service users' viewpoints on violence and aggression. Jeffery and Fuller (2015) echoed this in the recommendation for more research on mental health nurses' lived experiences of violence and aggression. Also, there is a lack of evidence on Black and Minority Ethnic (BAME) student nurses' experiences of service users' violence and aggression in UK mental health settings. In light of the evidence deficit, I decided to explore BAME student nurses' lived experiences of violence and aggression from their service users. This was done during clinical placements in inpatient mental health services in the UK.

Part 2: Qualitative study

Introduction

Clinical placements are a crucial part of the undergraduate nursing curriculum, preparing student nurses for entry into the nursing profession (Asirifi et al., 2013; Khishigdelger, 2016). There is evidence of the need for student nurses' exposure to clinical practice settings and learning experiences during nursing education (van Iersel et al., 2018). Student nurses must acquire the requisite clinical skills and knowledge to deliver high-quality care as part of their nursing education (Najafi Kalyani et al., 2019). In the UK, a minimum of two thousand three hundred (2300) hours of clinical experience is required for entry into the Nursing and Midwifery Council (NMC) (NMC, 2019).

Student nurses' experiences during clinical placements influence how they transition into qualified nurses (Wareing et al., 2017) and how they embrace nursing practice (Clarke et al., 2020; Woo and Newman, 2020). In clinical placements, student nurses are in an environment that facilitates learning about how to apply the clinical components of nurse education to practice (Al-Anazi et al., 2019; Esmaeili et al., 2013; Woo and Newman, 2020). Clinical placements transform student nurses into safe and competent nurses.

Student nurses face multiple challenges during clinical placements (Birks et al., 2018; Laugaland et al., 2021; Motsaanaka et al., 2020) and require support to get the maximum benefit out of learning opportunities (Atakro et al., 2019). One of the

challenges nursing students encounter during clinical placement is violence and aggression (Kibunja et al., 2021; Samadzadeh and Aghamohammadi, 2018).

Violence and aggression against healthcare professionals are public health concerns worldwide (Solorzano Martinez and De Oliveira, 2021; Park et al., 2014). A growing body of evidence shows that violence and aggression incidents are significantly higher against healthcare professionals working in mental health settings when compared to those working in general acute hospitals excluding the emergency department (Edward et al., 2016). A systematic review by Cutcliffe and Riahi (2013) found violence and aggression against nurses in mental health settings ubiquitous. Similarly, a prospective review of data from acute mental health units and community primary care centres in Australia showed a high prevalence of violence and aggression against nurses (Owen et al., 1998).

Problem statement and research question:

I am a registered mental health nurse from a BAME background with four years' experience of working in in-patient mental health settings. The aspect of clinical practice that has the most profound negative impact on my sense of safety is the experience of violence and aggression from patients. In my interactions with BAME student nurses, I found out that violence and aggression during clinical placement have severe implications for them. These implications include the resultant negative impacts on patient care and the increased likelihood of BAME student nurses leaving the profession. Also, my observation is that student nurses from the BAME background perceive themselves as disproportionately targeted by violence from

patients. This justifies this research with BAME student nurses. This study explores BAME student nurses' experiences of violence and aggression during clinical placements in the UK mental health setting. Also, this study aims to shed light on how culture and ethnicity influence student nurses' perceptions of violence and aggression. Therefore, the question underpinning this research is:

"What are BAME student nurses' experiences of violence and aggression during clinical placements in UK mental health settings?"

Research Aims:

This study explored BAME student nurses' experiences of violence and aggression from patients in UK mental health settings during clinical placement. Addressing the first aim, the study will seek to unravel the prevalence and forms of aggression from patients that BAME student nurses are exposed to during placement. Another aim is to understand the consequences of violence and aggression experiences during clinical placements for BAME student nurses.

Context:

The research involved BAME pre-registration mental health nursing students. The research arose from my strong desire to enhance the understanding of BAME pre-registration mental health nursing students' experiences of violence and aggression during clinical placements in a mental health setting. An in-depth understanding of

these students' experiences will help inform the most effective way to support BAME students during clinical placements.

Design and Methodology

Research philosophy and paradigm:

Research should be based on some philosophical frameworks that inform the methodology and methods adopted for the research (Kivunja and Kuyini, 2017). Consequently, social science researchers must describe the research paradigm to improve rigour analysis (Gioia et al., 2012) and assess reliability and validity (Flick, 2015).

Scholars describe the term paradigm differently. Creswell (2003) and Neuman (2000) use the term paradigm to mean an ontology, epistemology, or research methodology. McNaughton, Rolfe and Siraj-Blatchford (2001) define a paradigm as a belief about the nature of knowledge, a methodology and validity criteria. In this thesis, the definition of paradigm adopted is given by Scotland (2012), which describes research paradigms as four interconnected research components: ontology, epistemology, methodology and methods. Positivist and interpretive paradigms are the two most discussed research paradigms differing in their ontological and epistemological positions.

Hudson and Ozanne (1988) describe ontology as the researcher's assumption of reality. Similarly, Crotty (1998) described ontology simply as 'the study of being'. It could be said that ontology is the researcher's perception of the phenomenon concerning the nature of existence (Alharahsheh and Pius, 2020) or what constitutes reality (Scotland, 2012). Realism and relativism are the two ontological assumptions that underpin most research. Realism assumes that objects exist independently of the researcher (Cohen et al., 2007). Realists believe in one reality that the researcher can discover using the right approach (Thanh and Thanh, 2015). Conversely, relativism is the ontological assumption that reality is subjective and can vary from individual to individual (Crotty, 1998). Relativists believe different people construct reality differently, leading to multiple realities (Alam, 2019). Scotland (2012) posits that our realities depend on our senses and our consciousness.

For Cohen et al (2007), epistemology refers to the nature and form of knowledge. It can be said that epistemology describes how the researcher attempts to create or discover knowledge (Alharahsheh and Pius, 2020). In a similar vein, Carson et al (2001) argue that epistemology is the belief that the researcher knows how reality works. The two opposing epistemological assumptions are objectivism and subjectivism. Objectivism entails absolute knowledge of objective realities, which implies that phenomena exist independently and can be discovered through research (Scotland, 2012). Crotty (1998) gave a clear illustration of objectivism.

"A tree in the forest is a tree, regardless of whether anyone is aware of its existence. As an object of that kind, it carries the intrinsic meaning of treeness. When human

beings recognise it as a tree, they are simply discovering a meaning that has been lying in wait for them all along."

On the other hand, subjectivism assumes that nothing exists independent of human knowledge (Grix, 2004). Subjectivism can be illustrated by a quote regarding tree from Crotty (1998),

"We need to remind ourselves that human beings have constructed it as a tree, given it the name, and attributed to it the associations we make with trees".

All research paradigms contain distinctive ontological and epistemological assumptions. This research has adopted the interpretive paradigm, which differs from the positivist paradigm of scientific research. The interpretive paradigm is based on the ontological and epistemological assumptions of relativism and subjectivism (Saunders et al., 2012), unlike the positivist paradigm, which is based on realism and objectivism as its ontological and epistemological assumptions (Scotland, 2012).

The interpretive paradigm is appropriate for research with a subjective perspective (Alharahsheh and Pius, 2020). Interpretive research involves the in-depth exploration of the world through human understanding (Thah and Thah, 2015). It means that the researcher cannot be separated from those they are studying and constitutes social reality (Alam, 2019). Interpretive research contrasts with positivism, in which the researcher is detached from the participants (Alam, 2019). Interpretive research attempts to gain insight into a phenomenon by exploring participants' perspectives and shared meanings (Saunders et al., 2012; Wellington, 2015). Therefore, adopting an interpretive paradigm for my study will enable me to gain an in-depth insight into

the cultural and racial dimensions of BAME student nurses' experiences of VA during placement.

Research methodology is the researcher's plan of action (Alam, 2019) and determines the researcher's methods to achieve research objectives (Crotty, 1998; Cunningham, 2014). Hese-Biber (2017) argues that methodology links the philosophical framework to the research methods. The interpretive research methodologies explore the understanding of phenomena from individuals' or groups' perspectives (Thah and Thah, 2015). These methodologies take into account the cultural and historical contexts in which participants live (Creswell, 2009; Saunders et al., 2012). Interpretive paradigms are associated with qualitative methodologies such as case studies, phenomenology, hermeneutics, and ethnography (Alam, 2019; Tavallaei and Talib, 2010). Similarly, Bryman (2004) and Mason (1996) agree that qualitative methodologies are ontologically and epistemologically interpretive. The study used a phenomenological methodology since it explored the direct experiences of BAME student nurses without preconceptions.

Phenomenological methodology is holistic as it unravels the social, cultural, environmental, political, and economic contexts of phenomena (Salmon, 2012). As a qualitative methodology, phenomenology relies on textual data generated from interviews or focus group discussions to describe or interpret participants' meanings of their experiences of a phenomenon (Neubauer et al., 2019; Polit and Beck, 2014). Rodriguez and Smith (2018) argue that researchers must jettison their own biases, assumptions, and perceptions to understand participants' experiences.

Phenomenology has two branches: descriptive and interpretative phenomenology (Matua and Van Der Wal, 2015; Picton et al., 2017). Descriptive phenomenology tries to uncover and exhaustively describe the meaning of phenomena, while interpretive phenomenology (hermeneutic) aims to interpret the meaning of the experience of phenomena (Pringle et al., 2012; Wertz, 2011). Husserl is recognised as the founder of descriptive phenomenology, which is based on solid epistemological goals (Sundler et al., 2019). Husserl's approach centres on how knowledge is acquired, and this approach sees human experiences as the most significant source of knowledge (Racher and Robinson, 2003). Husserl emphasised that an unbiased description of human experiences could be achieved (Hooker, 2015).

In contrast, Heidegger's hermeneutic phenomenology emphasises understanding human experiences (Horrigan-Kelly, Millar and Dowling, 2016). Heidegger's phenomenological approach accepts that epoche or bracketing is impossible and that the researcher's prior knowledge and experience are required to interpret other people's experiences (Bradbury-Jones, Sambrook and Irvine, 2009). This work adopts the interpretive phenomenological (hermeneutic) approach as my primary interest is the understanding of BAME student nurses' experiences of aggression during clinical placement.

Many scholars criticise interpretive research for various reasons. Scotland (2012) argued that interpretive research is often debated because the interpretive paradigm

rejects the foundational base of knowledge. Also, interpretivism is underpinned by the epistemological belief that reality is subjective, and participants will give different interpretations, making agreement difficult (Collins, 2010; Rolfe, 2006). The knowledge gained through interpretive research is idiographic rather than nomothetic since it is based on data collected from a homogenous group of people with the same perspective on the phenomenon (Larkin et al., 2018). Therefore, the generalisability of knowledge gained through interpretive research is limited as the data are contextualised and subject to different interpretations (Saunders et al., 2012). Greene (2010) described interpretive knowledge as "context-specific working hypotheses", which means that its transferability relies on a sound understanding of the contexts and the individuals involved.

Reflexivity and bracketing in phenomenological research:

According to Smith (2018), phenomenological research involves analysing other people's subjective experiences in order to interpret them in light of their cultural and social context. However, what a researcher sees in phenomena can be filtered through the lens. This influences the researcher's understanding of the meaning participants attach to the experiences of the phenomena (Wheeler et al., 2016). Therefore, some scholars argue that bracketing is crucial in phenomenological research since it enables the researcher to identify, construct, critique, and articulate their positionality (Sorsa, Kiikkala and Åstedt-Kurki, 2015; Tufford and Newman, 2010).

Reflexivity is an essential aspect of interpretive research and crucial to any rigorous qualitative study (Dörfler and Stierand, 2020). The practice of reflexivity makes the

researcher aware of their own culturally mediated presuppositions and preconceptions that may influence the research (Cohen et al., 2018). Similarly, reflexivity entails the researcher's self-consciousness and self-assessment of their views and the nature of the impact these views have on the design, execution, and interpretation of the research data (May and Perry, 2017). Reflexivity also entails a description of the contextual relationships between the participants and the researcher to enhance the credibility of the research (Dodgson, 2019).

In phenomenological research, the researcher is embedded in the research and can influence the research outcome (Darwin Holmes, 2020). However, bracketing prior knowledge and experience is impossible. Crotty (1996) argued that total objectivity in qualitative research is impossible. My prior experiences as a BAME student nurse and registered mental health nurse are crucial to my interpretation of BAME student nurses' experiences. I shared my report with the participants who took part in the focus group and asked them to check if it is a true reflection of the BAME student nurses' experiences of violence and aggression from patients during clinical placement in mental health settings. I am confident that the narrative I have constructed is accurate since the participants agreed that the narrative is a true reflection of their experiences.

Research ethics:

Research is governed by professional guidelines, ethical codes, and state laws or other regulations. The Health Research Authority (HRA) regulates all UK health and social care research (Health Research Authority, 2021). In 2017, the HRA published the UK Policy Framework for Health and Social Care Research to outline the

principles governing all health and social care research (Health Research Authority, 2017). The framework aimed to streamline Good Clinical Practice (GCP) principles with UK legislation. The HRA policy framework safeguards human participants in research (Health Research Authority, 2017). The framework stipulates various responsibilities vested in researchers and sponsors of health and social care research.

Institutional review boards (IRBs) at the University of Birmingham and Birmingham City University approved this research. Ethics review applications were submitted to the ethical review boards of the University of Birmingham and Birmingham City University. The Institutional Review Boards play an important role in maintaining the quality of research conducted at their institutions. Also, IRBs decide on the approval of proposed research and monitor research to ensure that human subjects' welfare, rights, and privacy are protected according to the principles of local ethical codes (Kim, 2012; Page and Nyeboer, 2017). Also, IRBs monitor and evaluate research projects to make sure that researchers adhere to the protocols and that the risk-benefit ratio is acceptable (Rajab et al., 2019). The main criticism of IRBs is the slow process of reviewing research proposals attributed to their lack of resources (Klitzman, 2011).

The original study gained ethical approval from the University of Birmingham on 27/6/2018 (ERN 20-1730). On 8/10/2018 Birmingham City University gave the study ethical approval and indemnity cover. Please note that the original study had both a questionnaire and focus group components, and looked at students from all ethnicities and all fields of practice. On 18/2/2021 the Chair of the ethics committee

at the University of Birmingham agreed that no amendments were needed to the original ethics application and this current study could be undertaken in the abridged form from the original.

Adherence to research ethics frameworks mitigates physical, social, and psychological harms resulting from research (Israel, 2015; Resnik, 2019). Nevertheless, researcher safety has been ignored (Israel, 2015), and research ethics focuses on protecting participants from harm. Kelley (2016) argues that vulnerability to harm in research applies to both research participants and the researcher. Considering the researcher's vulnerability, Kelley and Weaver (2020) propose that the researcher minimises risk to himself or herself. In qualitative studies, the researchers are fully embedded in the research and exposed to vicarious psychological trauma when listening to the distressing stories of the research participants (Stahlke, 2018). Therefore, the researcher faces emotional and psychological risks from engaging in research involving sensitive topics (Israel, 2015).

All ethical research guidelines enshrine participants' right to confidentiality in research (Bos, 2020). In conducting research, it is essential to protect participants' confidentiality and prevent harm associated with respect and dignity (Johnson, Adkins and Chauvin, 2019). Exploring BAME student nurses' experiences of violence and aggression is highly sensitive. Confidentiality was ensured during data collection and analysis by assigning pseudonyms.

Research Tools

Recruitment of participants:

University students are often seen as a convenient population to recruit for research participation, and student recruitment remains a common practice (Aycock and Currie, 2013). Cyr et al (2013) identified interest in the research topic, the desire to help others, and personal gain as the main reasons students will want to participate in research.

This study recruited participants for this study through purposive sampling. The purposive sampling technique is based on the researcher's judgement (Etikan and Bala, 2017). It entails recruiting participants who have experienced the phenomenon being studied (Palinkas et al., 2016). It is possible to collect rich and thick qualitative data using purposeful sampling in order to address the research question (Cresswell and Plano Clark, 2018). Even though purposive sampling is commonly used in qualitative research, it can result in bias and limitations to the generalisability of the research findings (Acharya et al., 2013).

This study explores BAME student nurses' experience of violence and aggression during clinical placements in mental health settings. Given the aim of this study, only student nurses from BAME backgrounds were recruited to participate in focus group discussions. In addition, the BAME student nurses recruited were those who had

completed at least one clinical placement in mental health. This was and fit the criteria to participate.

Participants were purposefully sampled from the NHS Trust where the lead researcher worked, inviting them to participate in the research. A senior lecturer in the school of nursing sent out emails to student nursing to ask if they were willing to participate in the research. Subsequently, the lead researcher visited some in-patient wards to meet potential participants and discuss details of the research. The student nurses were informed that participation in the research was entirely voluntary. Those who showed interest in the study were sent the participant information sheet and consent form via email.

For ethical and unbiased qualitative research, understanding and addressing power dynamics is essential (Ruan, 2020; Riese, 2019). As a senior nurse, the lead researcher understands his own power as well as power dynamics in this context. In light of this, the lead researcher took measures to mitigate the potential impact on the research process and results. Students undergoing clinical placements in the lead researcher's practice area were not recruited to participate.

The main challenge in recruiting participants was that student nurses were already under immense pressure due to factors that included assignment deadlines, attendance at placements, part-time work, and other personal responsibilities. These factors were barriers, as participation in research was seen as an additional source of stress (Zhang, 1996). A total of thirty BAME student nurses were invited to

participate. Twenty-five participants agreed to participate, while five declined. The dates and times I proposed for the focus group sessions were emailed to the participants. I asked prospective participants to indicate the date and time that suits them. Of the twenty-five prospective participants, sixteen participated in the focus group sessions.

Process of obtaining informed consent:

I ensured that potential participants understood that they had the right to decide whether or not to participate in this study in accordance with their right to self-determination. Information about the study and explanations that participation is voluntary is necessary to ensure respect for potential participants' right to self-determination (Franklin et al., 2012). Providing valid consent requires participants to understand the benefits and risks of participating (Nusbaum et al., 2017).

Consequently, the lead researcher provided the participants with all the relevant information to decide whether to take part. Copies of the participant information sheet and consent form were emailed to all BAME student nurses who agreed to participate in the research. The lead researcher encouraged potential participants to read the information sheet to understand the research. The information sheet also provided my contact details as the lead researcher and my supervisors. This is so participants can contact us for further details. Participants completed the consent forms and sent them back to me as email attachments. I informed the participants that they could withdraw from the research even after the focus group starts.

Research Participants:

Four focus groups facilitated by the lead researcher had sixteen participants. Fifteen student nurses were from Birmingham City University and one student nurse was from the University of Birmingham involved in the study. In the study, ten of the participants identified themselves as males, while six identified themselves as females. There were nine black Africans, two Afro-Caribbeans, and five British Asian participants in the study. Participants ranged in age from twenty to fifty years old. A total of three were between the ages of twenty and thirty, seven were between the ages of thirty and forty, and six were between the ages of forty and fifty.

Participants were at various stages of the nursing training program. There was one participant on the first-year placement, seven participants on the second-year placement, and eight participants on the final-year placement.

Data Collection:

The four focus groups ran between June and September 2021. Focus groups have become a commonly used data collection method in qualitative research (Acocella, 2012; Queirós et al., 2017; Stalmeijer et al., 2014). The main advantage is discussing the broader topic and clarifying where necessary (Queirós et al., 2017; Webb and Kevern, 2001). Also, data collection through focus groups can be cheaper and quicker than individual interviews (Flynn, Albrecht and Scott, 2018). A drawback is that while individual participants' privacy is protected, focus group participants could be affected by pressure to impress other participants (Ransome, 2013).

However, there is a lack of consensus on the appropriateness of focus groups as a method of data collection in phenomenological research. Webb and Kevern (2001) assert that focus groups are not suitable for phenomenological research as they believe that interactions between several participants cannot generate 'uncontaminated' data. This viewpoint contends that phenomenology entails participants describing their experiences in 'uncontaminated' ways. In contrast, Beer (2017) argued that a focus group helps collect data that enables the construction of a rich phenomenological narrative. Also, the use of a focus group in phenomenology can promote constructive dialogue among participants and facilitate the bracketing process (Halling and Leifer, 1991). More so, the interactions among individuals with similar experiences around a complicated issue can stimulate some individuals to narrate their personal experiences in straightforward ways (Flowers et al., 2001).

My position on the appropriateness of a focus group in phenomenological research is that a focus group is permissible if it can adequately address the research questions. Focus group sessions were challenging to organise and manage. However, the focus groups yielded detailed accounts of BAME student nurses' experiences of violence and aggression. These accounts support a narrative of the phenomenon in mental health settings.

The ongoing COVID-19 pandemic has made researchers resort to virtual ways of collecting qualitative data, such as Voice Over Internet Protocol (VoIP)-mediated technologies (De', Pandey and Pal, 2020). Initially, I planned to conduct face-to-face

focus group sessions with participants physically present in a room. Eventually, I conducted the four focus group sessions via Zoom® video conferencing.

There are limited studies on VoIP-mediated technologies for data collection in qualitative research (Lo Iacono et al., 2016; Sullivan, 2012; Weller, 2017). VoIP-mediated technologies, on the other hand, provide real-time, easy-to-use, and cost-effective communication over the Internet, mobile devices, and computers (Archibald et al., 2019; Horrell et al., 2015). When using VoIP-based technologies for data collection, researchers like myself face ethical, practical, and interactional challenges (Seitz, 2016; Weller, 2015). Unlike Skype and Facetime, Zoom® provides data management and security features without the use of third-party software, in consideration of the need to protect sensitive research information (Archibald et al., 2019).

I moderated the focus group sessions using a pre-designed schedule. I encouraged the participants to keep their cameras on so that I could observe the non-verbal cues during the discussions. Two of the four focus sessions had one of my academic supervisors attending but not participating in the discussions. The focus schedule defines three broad categories of violence and aggression. Violence and aggression categories are non-physical aggression, physical aggression, and sexual harassment. I read out the definition of each category of aggression to the participants, and I asked them if they had experienced the form of aggression in placement.

Data transcription:

The reporting of the processes involved in transcribing audio recordings from interviews and focus group discussions is crucial to qualitative studies' trustworthiness (Azevedo et al., 2017; Davidson, 2009). Also, transparency in the processes involved in transcription during data collection and analysis should be reported to enable readers to judge the credibility and trustworthiness of qualitative research (Lapadat, 2000; Mero-Jaffe, 2011). However, transcription is an aspect of qualitative research often taken for granted (Davidson, 2009; Nascimento and Steinbruch, 2019). Transcription is a recognised methodological challenge (Haworth, 2018). The transcription process takes time (McMullin, 2021), and the researcher must exercise patience to ensure transcription accuracy. Notwithstanding best efforts, transcription is subjective and inexact as it involves interpretation (Bucholtz, 2007).

Transcription may involve subjective decisions about correcting mistakes and editing grammar and repetitions as an active process. The researcher will choose either naturalised or denaturalised transcription, representing two views of language representation (Oliver et al., 2005). However, there are two contradictory views on the meanings of naturalised and denaturalised transcriptions (Nascimento and Steinbruch, 2019). The first view is that of Bucholtz (2000), who described denaturalised transcription as when speech details are made, and oral details are included in the transcripts. Bucholtz (2000) described naturalised transcription as written in formal language when texts are written. Similarly, Davidson (2009) states that naturalised transcription contains features of textual language absent from

spoken languages. These features include punctuation marks, intonations, rhythms, and mistakes made during discourse.

The second view is Oliver et al (2005), who argue that naturalised transcription contains everything said without alteration. Oliver et al (2005) see denaturalised transcription as containing grammar corrections, changing non-standard speech and accent to standard forms and removing noises from the discourse. Therefore, the two perspectives appear to complement each other since the denaturalised transcription by Bucholtz (2000) is a naturalised transcription by Oliver et al *(2005). What* is the naturalised transcription for Bucholtz (2000) is the denaturalised transcription for Oliver et al (2005). I chose to use the transcription classification by Oliver et al (2005) for the rest of this thesis.

It can be argued that naturalised transcription can lead to misinterpretations if the researcher is not familiar with reading texts with noises, slang, pauses, accents, and other elements of oral discourse (Nascimento and Steinbruch, 2019). Naturalised transcription can demonstrate researcher transparency (Nascimento and Steinbruch, 2019), allowing participants to speak for themselves rather than in their filtered language (Schegloff, 1997). Denaturalised transcription minimizes misinterpretation, but refinements can impact the overall meaning expressed in the discourse (Marshall and Rossman, 2016). Therefore, neither of the types of transcription is better than the other, and the researcher cannot achieve flawless transcription (McMullin, 2021). The choice of transcription method depends on what element of discourse the researcher sees as essential (Loubere, 2017). Denaturalised transcription has been

adopted for this study as I believe it makes the data set easier to read and comprehend.

Artificial intelligence (AI) technologies have improved continuously (Bokhove and Downey, 2018; Gregory et al., 2021). Advances in transcription technologies have resulted in the shift to voice-to-text software rather than human transcription (McMullin, 2021). In this study, I utilised the live text feature of Zoom® video conferencing, which automatically generated transcripts for the focus group sessions. Before starting the data analysis process, I listened to the audiotapes to correct mistakes and refine the transcripts, not to distort the authenticity of the transcripts.

Data analysis

Overview:

In qualitative research, researchers face the difficulty of reducing text data to identify repeated patterns (Castleberry and Nolen, 2018). The method of data analysis should be congruent with the research philosophy (Williamson, Given and Scifleet, 2013). Textual data generated through interviews and focus group discussions need to be organised and structured to portray participants' views and opinions (Creswell and Plano Clark, 2011). Data analysis is used to generate new knowledge (Merriam and Tisdell, 2015).

The data analysis process helps reduce the data to unravel the complex nature of human beliefs and behaviours and enables the researcher to capture an individual's or group's lived experiences (Raskind et al., 2019). The choice of data analysis method in a qualitative study depends on the study framework, research questions, data types, context, and participants (Saldana and Omasta, 2018). This opinion is also shared by Bradbury-Jones et al (2017), who state that research paradigms and study frameworks should determine the data analysis method in qualitative enquiries.

Use of Computer-Assisted Qualitative Data Analysis Software (CAQDAS):

Varieties of Computer-Assisted Qualitative Data Analysis Software (CAQDAS) are available (Chaudra and Shang, 2019). NVivo® (QSR International Pty Ltd), MAXQDA (VERBI GmbH), and ATLAS.ti® (Scientific Software Development GmbH) appear to be the most popular CAQDAS used by qualitative researchers (Dalkin et al., 2020). These CAQDAS tools support data analysis streamlining, making more complex and deeper data analysis possible (Castleberry and Nolen, 2018). It is imperative that CAQDAS help researchers organise, structure and store qualitative data (Castleberry and Nolen, 2018). However, no computer software can analyse qualitative data, meaning that the task of gathering data will be purely researcher-driven (Castleberry and Nolen, 2018).

Castleberry (2014) described NVivo® as user-friendly and enables the generation of graphics that aid researchers in visualising patterns in the dataset. However, all CAQDAS tools have their drawbacks (Zamawe, 2015). The use of NVivo® requires

experience and training, which implies that the researcher must be comfortable with the software to use it correctly (Vignato et al., 2021). Therefore, the validity of the results will depend on the correct use of this software for data analysis. I am a novice researcher, and I have limited knowledge and experience of using NVivo® or other CAQDAS tools. I decided to code and analyse the files manually.

Thematic Analysis:

This study adopted thematic analysis guidelines described by Braun and Clarke (2006). Thematic analysis is a systematic process of reading through textual data to identify, analyse and report repeated patterns (Braun and Clarke, 2006). The thematic approach makes understanding human experiences, thoughts, and behaviours captured in qualitative data possible (Kiger and Varpio, 2020). The thematic analysis offers researchers flexibility and can be applied across various epistemologies and research questions (Castleberry and Nolen, 2018; Nowell et al., 2017). Thematic analysis requires no theoretical underpinning and is easy to use in qualitative data analysis (Maguire and Delahunt, 2017; Nowell et al., 2017).

Thematic analysis helps researchers understand human experiences, thoughts, or behaviours captured in qualitative data (Kiger and Varpio, 2020). The lead researcher decided to take advantage of the thematic analysis's relative simplicity and richness. It is worth stressing that even with the flexibility of thematic analysis (Castleberry and Nolen, 2018), the method is still powerful if used appropriately for a data set (Varpio et al., 2019). Therefore, thematic analysis in this study helped

elucidate BAME student nurses' experiences of violence and aggression during clinical placement in UK mental health settings.

The emphasis on description and interpretation makes the thematic analysis approach similar to qualitative content analysis (Marks and Yardley, 2012). However, in thematic analysis, data context is considered and then searching for themes (Crowe et al., 2015). Also, thematic analysis uses latent contents as themes and manifest contents as categories. In contrast, content analysis uses latent or manifest contents at higher levels of data analysis (Vaismoradi et al., 2016).

Thematic analysis is associated with some well-discussed pitfalls, one of which is incomplete descriptions of the assumptions made during analysis (Javadi and Zarea, 2016). Also, there is the possibility of weak analysis when thematic analysis is not well applied (Javadi and Zarea, 2016). More so, inexperienced researchers may harbour simplistic and unprofessional views that erode the value and validity of thematic analysis (Vaezi et al., 2015; Braun and Clarke, 2006).

The six steps of Braun and Clarke's (2006) thematic analysis approach applied in this study are 1) familiarisation with the data set; 2) the generation of initial codes; 3) searching for themes; 4) the review of themes; 5) defining and naming the themes, and 6) producing a report or manuscript.

- **Familiarisation with the data set**

There were five focus group sessions, and the researcher generated a transcript for each session. The lead researcher read the focus group transcripts between the lines. The reading was repeated four times over two weeks, and the lead researcher became familiar with the data set. The active and repeated reading of the data sets formed the foundation for thematic analysis (Kiger and Varpio, 2020). At this stage, I started compiling the potential codes from the focus group transcripts, which I developed in subsequent stages of analysis.

- **Generation of initial codes**

After familiarising myself with the focus group transcripts, the next step was to generate initial codes. This stage involves organising data at specific levels (Xu and Zammit, 2020). I meticulously organized the focus group transcripts' statements into categories representing different ideas, as stated by Creswell and Creswell (2013). I chose the inductive coding approach as it was more appropriate for the study. In the inductive method approach, codes are generated as the researcher examines the data set with an open mind (Saldana, 2021). The other coding approach, deductive coding, is theory-driven and starts with predetermined codes applied to statements as the researcher reads through the data set with attention to the research question (DeCuir-Gunby, Marshall and McCulloch, 2010). I did not impose codes on the data set; instead, I generated the codes while reading through the dataset. To identify areas of recurrence, I highlighted statements in colour to represent emerging codes.

- **Searching for themes**

The search for themes begins with constructing themes by combining and comparing codes generated from the dataset (Varpio et al., 2017). Each theme should be strongly supported by statements in the dataset (Braun and Clarke, 2006). I considered the relationships between the codes to determine how to combine them to form themes. I organised the themes into a hierarchy of themes and sub-themes and created a table to represent the themes visually.

- **Review of themes**

I undertook a two-stage analytical process to refine the themes generated from the previous data analysis stage. Firstly, I made sure that the code in each theme fits. I merged the themes that did not have enough supporting data with other themes while deleting some themes unrelated to the research. Secondly, I re-read the transcripts to ensure that the themes represent the entire transcript. At the end of this stage, I made sure there were clear boundaries between the themes.

- **Defining and naming the themes**

Braun and Clarke (2013) suggested that the researcher write a description of each theme and how themes are related to the transcripts. I read the dataset and decided what extracts from the transcripts would be included in my final report to support each theme.

- **Producing the report or manuscript**

I wrote the research report to reflect BAME student nurses' views. In writing the qualitative study report, the researcher is obligated to respect the participants' contributions and quotes and present the report truthfully and honestly (Johnson, Adkins and Chauvin, 2019). Below is my presentation of the themes, with data extracts that support transparency and credibility.

Findings

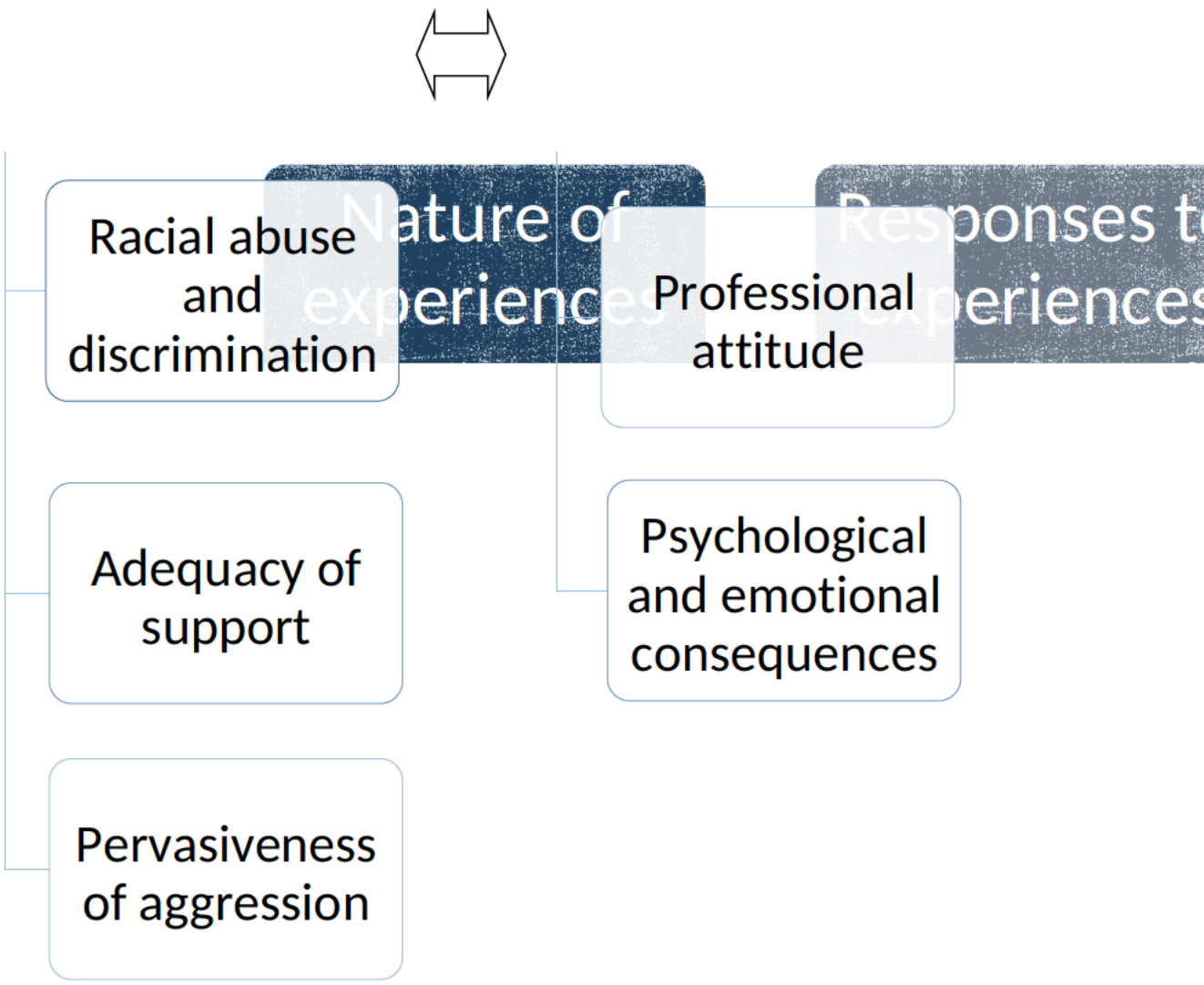
Themes from the focus groups:

The analysis of the focus group transcripts generated two broad strands of themes themes pertaining to the nature of experiences and themes pertaining to the response to experiences. The themes relating to the nature of experiences are racial abuse and discrimination, aggression pervasiveness, and the adequacy of support. On the other hand, the themes relating to responses to experiences are professional attitudes and negative psychological and emotional consequences. The first group and the second group exhibit some interactions between themes within the first group and across the two groups.

The data from the focus groups support the fact that pervasive racism experienced by BAME student nurses, and perceived lack of adequate support following incidents of violence and aggression, have direct detrimental impacts on their well-being.

Also, during the focus groups, there was general agreement that the pervasiveness of aggression and inadequate support made the participants see such incidents as 'part of the job'.

Figure 1: An illustration of the focus group themes.



Themes related to nature of experiences:

This strand of themes covers the predominant aspects of BAME student nurses' experiences of violence and aggression during clinical placement in mental health settings. The four themes are discussed below, supported by relevant quotes from the focus groups.

- **Racial abuse and discrimination**

The analysis of focus group transcripts reveals that racial abuse and discrimination are the most dominant forms of aggression from patients experienced by BAME student nurses during clinical placements in mental health settings. Most participants reported being targets of patients' aggression because of their ethnicity. Some participants have experienced other forms of aggression (such as physical assault). However, they described racial abuse and discrimination from patients as the most distressing of their experiences. The derogatory race label is the most common form of abuse directed at BAME student nurses by patients.

All participants in focus group 1 said that they had experienced patients using racially derogatory expressions towards them during one or more of their clinical placements. Also, the participants agreed that patients tend to refer to black student nurses as 'black monkeys'.

Joshua (FG3): 'Yeah, they tend to refer to black ethnic minority people as black monkeys'

Mohammed (FG1): So, it hurt because of the terms he used because he called me a 'filthy Paki'.

Mohammed's experience in FG1 was echoed by participants in all the other focus groups. Some participants narrated situations in which patients verbally abused them by telling them to go back to Africa. One of the female participants, Amina, in FG2, narrated being called 'black monkey bitch' by a service user in unprovoked verbal aggression.

The participants reported witnessing white patients directing racial abuse toward black patients. Also, participants in the focus groups could not recall any instance in which patients were racially abusive towards white European ethnic backgrounds. The participants described situations where patients showed absolute respect to the white student nurses and then directed abuse at the BAME student nurses. Therefore, it can be argued that student nurses' ethnicity, rather than their position in the staff hierarchy, is why patients target them with racial abuse.

John (FG2): I believe he targeted me because I'm black. After all, there were also other students I was working with on that shift who did not have the same problem I was having. There were students of the white background on shift, and I was the one being verbally abused. I mean, there were many white students. Moreover, they were not abused.

Additionally, BAME student nurses often face racial discrimination from patients. Such experiences are patients refusing to accept care because of their ethnic

background. Peter in focus group 1 narrated an incident where a patient told him that she does not allow black people to care for her.

Peter (FG1): You know, she just said point blank. You know, I don't like black around me. I don't like black to look after me.

- **The pervasiveness of aggression**

The analysis of focus group transcripts showed that aggression against BAME student nurses during clinical placements is pervasive. All focus group participants indicated that they had experienced verbal abuse from service users on multiple occasions and in more than one clinical placement. Furthermore, all participants had witnessed other BAME student nurses being targeted by patients.

Luke (FG3): I mean, I've had many experiences of abuse, you know, like patients tend to be aggressive and use all sorts of language to describe you.

The focus groups agreed that nothing could be done to stop patients from targeting BAME student nurses with racially motivated aggression. The fact that BAME student nurses continue to experience repeated acts of violence and aggression from patients during clinical placements makes them accept aggression 'as part of the job'. BAME student nurses believe student nurses are not allowed to use physical interventions in containing violence and aggression from patients.

Emeka (FG4): Funny enough, because this person has mental health issues, there is nothing you can do about it; you must think, it is part of the job, many things you just must put up with irrespective of how you feel.

Additionally, they expressed their reluctance to report aggression incidents. Consequently, participants stated that they had accepted violence and aggression from patients as part of their job working in mental health.

- **Adequacy of support**

In all the focus groups, there was a discussion on the adequacy of support BAME student nurses receive after being targeted with violence and aggression by patients during placement. The views in the focus groups were that the support offered to BAME student nurses is inadequate considering the level of trauma inflicted as a result of violence and aggression. In many cases, the participants did not receive support from nurses in the placement areas.

Ken (FG4): I think the level of support I got was not what I expected. It was apparent to me that I was treated differently because I am black. Unfortunately, I was asked to finish my shift, and a colleague of mine who obviously is white and was also involved in the same incident was given a debrief and told to go home. I did not get a debrief; I did not get clinical supervision after that incident.

Generally, nurses in clinical areas brush aside complaints from BAME student nurses and even downplay the risks they face. BAME student nurses are often told to cope with abusive patients. BAME student nurses have also been accused by some registered nurses of taking things personally if they report their experiences of patient abuse. BAME student nurses are more distressed by accusations that they are taking things personally. As a result, BAME student nurses chose not to report their experiences.

John (FG2): I reported to the nurse in charge and they were like, you know, this guy is always doing that to everybody, and we don't think it's just you, you're not the first person that he has been doing that to and they were not going to do anything.

Participants across the focus groups agreed that race is a significant factor influencing the level of support a student nurse receives following abuse incidents from patients. However, it was evident from the focus group discussions that registered nurses, irrespective of ethnic background, failed to offer BAME student nurses adequate support following incidents.

Mabel (FG3): And if you notice, or you observed that some other persons who were involved in the same incident with you are getting better support then you begin to think, is it because I'm this, is it because I'm from this kind of background.

It is unclear if discrimination in support results from systemic racial biases. The consensus opinion was that student nurses from white ethnic backgrounds receive preferential support. In contrast, BAME student nurses are told to carry on as if nothing has happened.

Themes related to the response to experiences:

This strand of themes captures the consistent ways participants describe their responses to violence and aggression from patients during clinical placement in mental health settings. There is evidence that these themes interact with themes relating to BAME student nurses' experiences. BAME student nurses' responses to violence and aggression influence their perceptions of such experiences. The themes are presented below with notable quotes from the focus groups.

- **Professional attitude**

All the BAME student nurses who took part in the focus groups expressed a clear understanding of adhering to the NMC code of practice. The focus groups recognised that experiencing violence and aggression from patients is not an excuse to act in ways that contravene the code of practice. BAME student nurses do not take abusive behaviours personally and avoid retaliation. The focus group discussions identified patients' aggression as having negative impacts on their ability to establish and maintain effective therapeutic relationships with patients. However, most of the participants stated that the experiences did not impact their views of

patients. They described their willingness to still offer high-quality nursing care to patients who abused them.

The participants discussed how they had developed resilience which helped them cope with abuse from patients during clinical placements. Most participants will treat patients with compassion and unconditional positive regard while maintaining therapeutic engagement with abusing patients. The focus group discussions revealed that BAME student nurses maintain a non-judgmental attitude towards their patients even after experiencing violence from the patients. When it comes to factors that contribute to patients' aggression, most BAME student nurses suggest that mental illness is a significant factor.

Joshua (FG3): So, this is in placement. I tried to act professionally. I did not retaliate or say anything back, and I would never take it personally. Even though I do not think that is what we should be experiencing, you would not allow your feelings, those feelings, to overtake you.

It was evident from the focus group discussions that when BAME student nurses experience patients' aggression and abuse, they remain calm and respond compassionately. The BAME student nurses summon help from other nursing team members and move out of the immediate area to avoid escalating the situation. It can be inferred that student nurses allow other clinical team members to de-escalate the situation and return when it is safe to do so.

- **Psychological and emotional consequences**

In all the focus groups, discussions were about how violence and aggression from patients during clinical placements impacted BAME student nurses. All the BAME student nurses who participated in the focus group discussions agreed that violence and aggression from patients harm their psychological and emotional well-being. Aside from psychological and emotional traumas, a few participants reported suffering physical injuries due to aggression from patients during their clinical placement. Above all, increased anxiety and discomfort are the most commonly reported psychological consequences.

Amina FG (2): 'I tried to raise the concern to the nurse in charge that this is what is happening to me. I did not feel comfortable, and I will say that it impacted my study because during that year, during that time of my placement, I didn't feel very comfortable.

Also, the participants stated that racial abuse has the most profound negative impact on their psychological well-being compared to other forms of violence and aggression. Most of the BAME student nurses in the focus groups had constant anxiety when returning to clinical areas where they were racially abused. This was especially true if the abusing patients were still in the units.

Furthermore, all the focus groups were unanimous in their opinion that their psychological and emotional traumas are long-lasting. Participants reported that the lingering psychological impacts impeded their ability to utilize the full range of clinical learning opportunities.

Luke FG (4): 'I think the psychological impacts of such experiences are always one of our problems because you are not dealing only with the immediate psychological impact it lingers on you. So, my confidence was impacted, but I also had gradual anxiety about putting myself in such a position again.

A few participants stated that the repeated experiences of aggression from patients during more than one clinical placement made them reconsider their careers.

Mabel (FG3): So, this becomes an enormous challenge when you go out there to perform your duties on placement. Sometimes you just want to stay in the office instead of engaging therapeutically with some of the patients because they target you with abuse.

Many participants stated that they even pretend to be unaffected by patients' violence to show their mentors that they can work in mental health settings. Some participants are not surprised when nurses dismiss racial abuse incidents against them. The statement, 'get on with it, that is how he or she behaves,' is a typical response that BAME student nurses described receiving from nurses. One of the

participants mentioned a case in which the nurse-in-charge accused her of overreacting because she came to the nursing office to report a racially abusive patient to her.

Discussion

The study aimed to explore BAME student nurses' experiences of violence and aggression from patients during clinical placement in UK mental health settings. It is hoped that the study has helped illuminate the link between BAME student nurses' experiences of violence and aggression directed at them by patients. It also illuminates how such experiences hinder their utilisation of learning opportunities during placements, leading to an increased likelihood of students leaving the profession.

Bronfenbrenner's ecological systems theory can be used to illustrate the multi-layer systems that impact BAME student nurses in relation to violence and aggression from patients during clinical placement. Urie Bronfenbrenner used the ecological systems theory to illustrate how multiple aspects of a child's life interact with and affect him. Following a revision to this theory, Urie Bronfenbrenner renamed it the ‘Bioecological model'. This was to reflect a shift from environmental influences on a child’s development to the individual’s experience over time (Hayes et al., 2017). The theory is aptly summarised, ‘…development takes place through the process of progressively more complex reciprocal interactions between an active, evolving biopsychological human organism and the persons, objects, and symbols in its immediate external environment.’ (Bronfenbrenner, 1995).

Besides the study of child development, ecological systems theory has been used in many other studies including Pittenger et al (2016) study of sexual re-victimization of youths, Noursi et al (2020) in explaining black/white disparities in maternal morbidity and mortality in the United States and Snyder and Duchschere (2022) study of juvenile justice youth. The figure below illustrates Bronfenbrenner's ecological systems theory in relation to BAME student nurses' experiences.

BAME student nurse
Microsystem: Family, friends, other BAME student nurses, BAME community organisations
Mesosystem: Registered nurses, patients, patients' visitors including families and friends, non-BAME student nurses, hospital managers, other healthcare professionals etc
Exoosystem: Universities, placement managers, regulatory body (NMC), institutional racism, Media bais
Macrosystem: Government policies on immigration, Black lives Matter, Societal prejudice, social inequalities, the Equality Act 2010, Societal culture

- **The microsystem**

Violence and aggression are significant issues facing BAME student nurses in mental health settings. This study demonstrated how ubiquitous violence and aggression against BAME student nurses during clinical placements are in UK mental health settings. The fact that all the participants in the focus groups experienced one or more forms of violence and aggression on multiple occasions during placements demonstrates the pervasiveness of the phenomenon. Our finding of the pervasive nature of the phenomenon supports other studies such as Edward et al (2016), Hallett, Wagstaff and Barlow (2021), O'Rourke, Wrigley and Hammond (2018) and Pelto-Piri, Warg and Kjellin (2020).

This study shows that patients' violence and aggression against BAME student nurses in clinical settings are mostly verbal, which is consistent with Ozcan et al. (2014), Phillips (2016) and Vento et al. (2020). However, our study found that BAME student nurses experienced verbal aggression in the form of derogatory racial slurs and labelling. These incidents were not reported in previous studies. It has been documented that BAME students in the UK often experience overt and covert racism, such as being called the n-word, racist humour, and negative stereotyping (Osbourne et al., 2022).

The focus groups identified that repeated experiences of racial discrimination have profound negative impacts on BAME student nurses' psychological well-being. It is

documented that perceived racial discrimination is a significant cause of poor mental health (Hackett et al., 2020). It means that students' subjection to discrimination hinders their development and maintenance of a positive social identity (Monaghan and Bizumic, 2017). Thus, students with a strong sense of self-identity are more likely to seek help and take an assertive approach to learning (Kearns et al., 2015). According to Archer and Leathwood (2003), students who have a strong sense of identity have higher self-esteem and are more likely to thrive in school.

- **The mesosystem**

Research shows that patients are significant sources of violence and aggression directed towards student nurses in mental health settings (Birk et al., 2017; Budden, 2015; Ozcan et al., 2013). Patients' risk factors for violence perpetration include mental health disorders, drug and alcohol misuse and poor coping strategies for situational crises (Baby, Glue and Carlyle, 2014).

Studies have shown that student nurses, irrespective of ethnic origin, are subjected to violence and aggression from patients during clinical placements (Hallett et al., 2023). However, our study indicates that BAME student nurses experience a higher level of verbal abuse and discrimination from patients than their white counterparts. Further, participants were only able to recall two instances in which acts of violence and aggression narrated in the focus groups could be attributed to patients' mental illness. The participants in this study unanimously rejected the argument that racism stems from patients' unconscious bias or naivety. Instead, the participants believe

that most acts of patients' violence and aggression against BAME student nurses are premeditated and have no links to mental illness. Overall, the participants firmly believe that their disproportionate experiences of verbal abuse against BAME student nurses are attributable to their ethnic origins.

In addition, the participants' registered nurses' attitudes when BAME student nurses report incidents of violence and aggression against them are largely dismissive. Most of the participants reported that registered nurses in placement areas told them to ‘get used to it’ and ‘deal with it’. Such attitudes from registered nurses indicate the trivialisation and normalisation of aggression. Our study participants expected registered nurses to offer them support that acknowledges the damaging nature of their experiences. Our finding of lack of adequate support for BAME student nurses is similar to the findings of Happell et al (2015) and Hallett, Wagstaff and Barlow (2021) that support from clinical staff is insufficient.

- **The Exosystem**

It is the responsibility of educational institutions and clinical placement providers to create a safe learning environment for all students’ nurses. Available evidence shows that the facilitation of a safe clinical environment by educational institutions and practice placement providers remains insufficient (Ekstedt et al., 2019).

There is limited information available to BAME student nurses on how to seek support from the university following the experience of violence during clinical

placement. A protocol for accessing support from the university should be made available to BAME student nurses before their first clinical placement in a mental health setting.

The educational institutions and placement providers are responsible for creating a learning environment where all students thrive and succeed irrespective of ethnicity. However, clinical placement is an anxiety-provoking experience for all student nurses but especially BAME student nurses. Therefore, there is the need to provide adequate preparation and support for BAME students before and during clinical placement in a mental health setting in relation to their skills and confidence in dealing with aggression from patients.

- **The Macrosystem**

In the UK, the use derogatory racial labels against minority ethnic individuals remain an issue of concern. There is evidence that racially motivated violence is often perpetrated by individuals belonging to families and communities that implicitly endorse prejudice and ethnic hatred (Meeusen, 2014). Studies have demonstrated a strong similarity between parents and their children's ethnic prejudices (Dhont and Van Hiel, 2012; Dhont et al., 2013; Meeusen, 2014). Pirchio et al (2018) shows that parents' prejudice results in children's implicit prejudice irrespective of the parenting style. Similarly, Degner and Dalege (2013) unambiguously illustrate the impact of parental attitudes on children's development of prejudice throughout childhood and adolescence. Therefore, patients' racially abusive behaviour towards the BAME student nurses may be the manifestation of a culture of racism in their families.

Our study illustrates that racial discrimination is the most damaging for BAME student nurses of all the forms of aggression. The experiences of discrimination by people from minority communities are strongly linked to the existence of cultural prejudice in the society (Baldwin, 2017, Fiske, 2017, Ford et al., 2013). Cultural prejudice, as a psychosocial phenomenon, is usually based on the colour of a person's skin, nationality, ethnic origin, and language (Chung et al., 2017). Prejudice and discrimination continue to impact negatively on the minority population in different parts of the world (Negreiros et. al, 2022). The experiences of discriminatory behaviours cause psychological damage to individuals (Douglass et al., 2016). For instance, Zemore et al (2016) attributed the disparity in the incidence of alcohol dependence in Latino/black men and other men in the USA to the greater exposure of Latino and black men to prejudice. Therefore, it is important to explore the extent and nature of the psychological damage to the BAME student nurses caused by the experiences of aggression.

Historical discrimination against minority ethnic groups in the UK is blamed for the persistent inequalities in contemporary UK society. Many times, the UK government may contribute to difficult race relations in the UK by pursuing policies that are intended to deter potential asylum seekers which inadvertently contribute to the stigmatisation of BAME communities (Bloch, 2013; Mayblin, 2013). Publicised statements of some government ministers have projects negative traits on migrants and asylum-seekers, which cause host communities to view ethnic minority individuals as welfare-dependent opportunists rather than as individuals with the

potential to make economically profitable contributions (Philips, 2010). It should be made clear that racial discrimination is not just the beliefs or actions that some races are superior to others but is also the manner that institutions are set up for the more significant benefit of a particular population and not another. The practice of favouring a population leads to the creation of societal imbalance (Gill and Kalra, 2020).

Conclusions

The scoping review conducted on violence and aggression experiences faced by student nurses in mental health settings during clinical placement reveals a significant gap in existing research. No previous studies have documented the unique challenges and experiences of BAME student nurses. Therefore, this thesis has the potential to be important in shedding light on underrepresented issues faced by BAME student nurses. By documenting and analysing their experiences, this research can contribute to a better understanding of the complexities surrounding violence and aggression in mental health settings, ultimately leading to the development of more targeted interventions and support systems for BAME student nurses and the promotion of a safe and inclusive learning environment for all.

This research has shown that in the UK, BAME student nurses' experiences of aggression from patients in mental health settings are significantly different from their white counterparts. Even though not all BAME student nurses are subject to aggression, those who reported them described being abused in similar ways. These are some of the common experiences reported in this research:

- Racial discrimination: BAME student nurses may experience racial discrimination from patients in the form of derogatory comments or racial slurs, or unfair treatment.
- Verbal abuse: Student nurses in mental health settings, regardless of their ethnicity, can suffer verbal abuse, including shouting, threats, and offensive language from patients. However, BAME student nurses most times face additional racial slurs or derogatory comments targeting their ethnic background.
- Physical aggression or violence: In rare cases, BAME student nurses may also face physical aggression, including pushing, grabbing, or being physically assaulted by patients.
- Microaggressions: BAME student nurses in mental health settings may experience subtle forms of racism and microaggressions from patients, which are often unintentional but still hurtful. For instance, stereotyping, assuming language proficiency, or being treated differently based on culture.
- Cultural insensitivity: The cultural insensitivity of the workplace can pose challenges to BAME student nurses during placements. It can be a case of patients or registered nurses not respecting their cultural practices or religious beliefs.

Some experiences may not exclusive to BAME students and can be encountered by any student nurse in the mental health settings. It is possible, however, that BAME student nurses are more vulnerable to racism and discrimination as a result of systemic issues and historical prejudices. It is the responsibility of healthcare institutions and educators to ensure that all nursing students are learning in an inclusive and safe environment.

Recommendations for policy and education

This study supports the need for a review of all policies relating to student nurses' clinical placements. Firstly, universities should offer pre-placement preparation to BAME student nurses that will enable them to deal with racially motivated aggression from patients. Secondly, universities and clinical placement areas should implement robust risk management and incident reporting to deal with patients' violence and aggression. Thirdly, placement areas should formulate and implement a comprehensive system of informing patients and their carers about the role of BAME student nurses. Clarification of the status of BAME student nurses within the nursing team is one of the strategies for managing patients' demands and expectations of BAME student nurses. This leads to frustration and aggression. Finally, the placement areas should adopt a zero-tolerance approach to racism and the orientation for patients should include statements on sanctions for racial abuse.

References

Acharya, A.S., Prakash, A., Saxena, P., et al. (2013) Sampling: Why and how of it? *Indian Journal of Medical Specialities* [online], 4 (2). Available from: https://www.researchgate.net/publication/256446902 Sampling Why and How of i t Anita S Acharya Anupam Prakash Pikee Saxena Aruna Nigam [Accessed 13 November 2021]

Archer, L., and Leathwood, C. (2003). Identities, inequalities and higher education. In A. L. Archer, M. Hutchings, and A. Ross (Eds.), *Higher education and social class: Issues of exclusion and inclusion* (pp. 175 191).

Acocella, I. (2012) The focus groups in social research: Advantages and disadvantages. *Quality & Quantity* [online], 46 (4): 1125 1136. Available from: https://link.springer.com/article/10.1007/s11135-011-9600-4 [Accessed 13 November 2021]

Alam, B. (2019). Qualitative Research Framework: Integrating Philosophical and Methodological Assumptions**.** *Journal of Philosophy, Culture and Religion*. Available from: file:///C:/Users/h-ohagwu/Downloads/46002-49510-1-PB.pdf [Accessed 13 November 2021]

Al-Anazi, N.A., Alosaimi, D., Pandaan, I., et al. (2019) Evaluating clinical placements in Saudi Arabia with the CLES+T scale. *Nurse Education in Practice* [online], 39: 11 16. Available from: https://www.sciencedirect.com/science/article/abs/pii/S1471595318306358?via%3Dihub [Accessed 22 November 2021]

Alharahsheh, H. and Pius, A. (2020). A Review of key paradigms: positivism VS interpretivism. *Global Academic Journal of Humanities and Social Sciences*, 2(3), pp.39-43.

Allen, D.E., Mistler, L.A., Ray, R., et al. (2018) A call to action from the APNA council for Safe Environments: Defining Violence and aggression for research and practice improvement purposes. *Journal of the American Psychiatric Nurses Association* [online], 25 (1): 7 10. Available from: https://journals.sagepub.com/doi/full/10.1177/1078390318809159 [Accessed 17 November 2021]

Allen, B.C., Holland, P., Reynolds, R., et al. (2014) The effect of bullying on burnout in nurses: The moderating role of Psychological Detachment. *Journal of Advanced*

Nursing [online], 71 (2): 381 390. Available from: https://onlinelibrary.wiley.com/doi/10.1111/jan.12489 [Accessed 25 November 2021]

Alsaleem, SA; Alsabaani, A; Alamri, RS; Hadi, RA; Alkhayri, MH; Badawi, KK; Badawi, AG; Alshehri, AA; Al-Bishi, AM (2018). Violence towards healthcare workers: A study conducted in Abha City, Saudi Arabia. *Journal of Family & Community Medicine*, 25(3), pp.188-193

Amoo, S.A., Menlah, A., Garti, I., et al. (2021) Bullying in the clinical setting: Lived experiences of nursing students in the Central Region of Ghana. *PLOS ONE* [online], 16 (9). Available from: https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0257620 [Accessed 25 November 2021]

Anthony, M. and Yastik, J. (2011) Nursing students' experiences with incivility in clinical education. *Journal of Nursing Education* [online], 50 (3): 140 144. Available from: https://journals.healio.com/doi/10.3928/01484834-20110131-04?url_ver=Z39.88-2003&rfr_id=ori:rid:crossref.org&rfr_dat=cr_pub%20%200pubmed [Accessed 26 November 2021]

Archibald, M.M., Ambagtsheer, R.C., Casey, M.G., et al. (2019) Using zoom videoconferencing for qualitative data collection: Perceptions and experiences of researchers and participants. *International Journal of Qualitative Methods* [online], 18: 160940691987459. Available from: https://journals.sagepub.com/doi/10.1177/1609406919874596 [Accessed 13 November 2021]

Arksey, H. and O'Malley, L. (2005) Scoping studies: Towards a methodological framework. *International Journal of Social Research Methodology* [online], 8 (1): 19 32. Available from: https://www.tandfonline.com/doi/abs/10.1080/1364557032000119616 [Accessed 26 November 2021]

Arnetz, J.E. and Arnetz, B.B. (2001) Violence towards health care staff and possible effects on the quality of patient care. *Social Science & Medicine* [online], 52 (3): 417 427.

Asirifi, M.A., Mill, J.E., Myrick, F.A., et al. (2013) Preceptorship in the Ghanaian context: “coaching for a winning team.” *Journal of Nursing Education and Practice* [online], 3 (12). Available from: https://www.sciedu.ca/journal/index.php/jnep/article/view/2529 [Accessed 17 November 2021]

Atakro, C.A., Armah, E., Menlah, A., et al. (2019) Clinical placement experiences by undergraduate nursing students in selected teaching hospitals in Ghana. *BMC Nursing* [online], 18 (1). Available from: https://bmcnurs.biomedcentral.com/articles/10.1186/s12912-018-0325-8 [Accessed 17 November 2021]

Avery J. Cooper J. (2020). *Bias in the law: A definitive look at racial prejudice in the U.S. Criminal justice system*, Lexington Books: London

Aycock, D. and Currie, E. (2013). Minimizing Risks for Nursing Students Recruited for Health and Educational Research. *Nurse Educator*, [online] 38(2), pp.56-60. Available at:

<https://journals.lww.com/nurseeducatoronline/Abstract/2013/03000/Minimizing Risks for Nursing Students Recruited.8.aspx> [Accessed 12 November 2021].

Azevedo, V., Carvalho, M., Costa, F., Mesquita, S., Soares, J., Teixeira, F. and Maia, Â., 2017. Interview transcription: conceptual issues, practical guidelines, and challenges. *Revista de Enfermagem Referência*, [online] IV Série(Nº14), pp.159-168. Available at: <https://pdfs.semanticscholar.org/47e8/212f4b1a3dc5b71c9a246197b4e3b908e30b.pdf> [Accessed 26 April 2022].

Baby, M., Glue, P. and Carlyle, D. (2014). 'Violence is Not Part of Our Job': A Thematic Analysis of Psychiatric Mental Health Nurses' Experiences of Patient Assaults from a New Zealand Perspective. *Issues in Mental Health Nursing*, [online] 35(9), pp.647-655. Available at: <https://www.tandfonline.com/doi/abs/10.3109/01612840.2014.892552> [Accessed 22 July 2022].

Baldwin, J. (2017). Culture, Prejudice, Racism, and Discrimination. *Oxford Research Encyclopedia of Communication*, [online] Available at: <https://oxfordre.com/communication/view/10.1093/acrefore/9780190228613.001.0001/acrefore-9780190228613-e-164> [Accessed 30 July 2022].

Beer, S. (2017). Humanising Phenomenological analysis: using focus groups, food, and drink to collect data for Descriptive and Interpretative Phenomenological Analysis (IPA).

Birks, M., Cant, R.P., Budden, L.M., et al. (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* [online], 25: 14 21.

Available from: https://www.sciencedirect.com/science/article/abs/pii/S1471595317302408?via%3Dihub [Accessed 25 November 2021]

Birks, M., Budden, L.M., Biedermann, N., et al. (2018) A 'rite of passage?': Bullying experiences of nursing students in Australia. *Collegian* [online], 25 (1): 45 50. Available from: https://www.sciencedirect.com/science/article/abs/pii/S1322769616301184 [Accessed 25 November 2021]

Bloom, E.M. (2018) Horizontal violence among nurses: Experiences, responses, and job performance. *Nursing Forum* [online], 54 (1): 77 83. Available from: https://onlinelibrary.wiley.com/doi/abs/10.1111/nuf.12300 [Accessed 28 November 2021]

Bloor, M., Fincham, B., Sampson, H., et al. (2010) Unprepared for the worst: Risks of harm for qualitative researchers. *Methodological Innovations Online* [online], 5 (1): 45 55. Available from: https://journals.sagepub.com/doi/pdf/10.4256/mio.2010.0009 [Accessed 29 November 2021]

Bokhove, C. and Downey, C. (2018). Automated generation of 'good enough' transcripts as a first step to transcription of audio-recorded data. *Methodological Innovations*, [online] 11(2), p.205979911879074. Available at: <https://journals.sagepub.com/doi/full/10.1177/2059799118790743> [Accessed 12 November 2021].

Bolsinger, J., Jaeger, M., Hoff, P., et al. (2020) Challenges and opportunities in building and maintaining a good therapeutic relationship in acute psychiatric settings: A narrative review. *Frontiers in Psychiatry* [online], 10. Available from:

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6974619/ [Accessed 14 November 2021]

Bordignon, M. and Monteiro, M.I. (2019) Predictors of nursing workers' intention to leave the work unit, health institution and Profession. *Revista Latino-Americana de Enfermagem* [online], 27. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6896814/ [Accessed 22 November 2021]

Bos, J. (2020). Confidentiality. In: Research Ethics for Students in the Social Sciences. Springer, Cham. https://doi.org/10.1007/978-3-030-48415-6 7

Bourne, J. (2002) *Racial violence* [online]. Available from: https://irr.org.uk/article/racial-violence/ [Accessed 3 July 2022]

Boyle, M.J. and Wallis, J. (2016) Working towards a definition for workplace violence actions in the health sector. *Safety in Health* [online], 2 (1). Available from: https://safetyinhealth.biomedcentral.com/articles/10.1186/s40886-016-0015-8 [Accessed 17 November 2021]

Bradbury-Jones, C., Breckenridge, J., Clark, M., Herber, O., Wagstaff, C. and Taylor, J. (2017). The state of qualitative research in health and social science literature: a focused mapping review and synthesis. *International Journal of Social Research Methodology*, [online] 20(6), pp.627-645. Available at: <https://www.tandfonline.com/doi/abs/10.1080/13645579.2016.1270583> [Accessed 11 September 2021].

Bradbury-Jones, C., Sambrook, S. and Irvine, F., 2009. The phenomenological focus group: an oxymoron? *Journal of Advanced Nursing*, [online] 65(3), pp.663-671.

Available at: <https://onlinelibrary.wiley.com/doi/epdf/10.1111/j.1365-2648.2008.04922.x> [Accessed 29 March 2022].

Bragge, P., Clavisi, O., Turner, T., et al. (2011) The global evidence mapping initiative: Scoping research in broad topic areas. *BMC Medical Research Methodology* [online], 11 (1). Available from: https://bmcmedresmethodol.biomedcentral.com/articles/10.1186/1471-2288-11-92 [Accessed 26 November 2021]

Braun, V. and Clarke, V. (2006). *Thematic analysis*. In: H. Cooper, ed., APA handbook of research methods of psychology, 1st ed. American Psychological Association. Qualitative Research in Psychology, [online] 3(2), pp.77-101. Available at: <https://chip.uconn.edu/wp-content/uploads/sites/1245/2019/05/Braun-Clarke-2006-Thematic-Analysis.pdf>.

Braun, V. and Clarke, V. (2013). *Thematic analysis*. In: H. Cooper, ed., APA handbook of research methods of psychology, 1st ed. American Psychological Association.

BRODY, H.O.W.A.R.D., LEONARD, S.A.R.A.H.E., NIE, J.I.N.G.-B.A.O., et al. (2014) U.S. responses to Japanese wartime Inhuman experimentation after World War II. *Cambridge Quarterly of Healthcare Ethics* [online], 23 (2): 220 230. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4487829/ [Accessed 13 November 2021]

Bronfenbrenner, U. (1995). *Developmental ecology through space and time: A future perspective*.

Bryan, A. (2004). *Social research methods.* Oxford: Oxford University Press.

Bucholtz, M. (2000). The politics of transcription. *Journal of Pragmatics*, [online] 32(10), pp.1439-1465. Available at: <https://www.sciencedirect.com/science/article/abs/pii/S0378216699000946> [Accessed 12 November 2021].

Budden, L.M., Birks, M., Cant, R., et al. (2017) Australian nursing students' experience of bullying and/or harassment during clinical placement. *Collegian* [online], 24 (2): 125 133. Available from: https://www.collegianjournal.com/article/S1322-7696(15)00116-X/fulltext [Accessed 26 November 2021]

Cabinet Office (2021) *Writing about ethnicity*, GOV.UK. Available at: https://www.ethnicity-facts-figures.service.gov.uk/style-guide/writing-about-ethnicity#:~:text=BAME%20and%20BME,-We%20do%20not&text=The%20terms%20can%20also%20mask,stop%20using%20the%20term%20BAME. (Accessed: 07 August 2023).

Carson, D., Gilmore, A., Perry, C., and Gronhaig, K. (2001). *Qualitative marketing research.* London: Sage Publication.

Castleberry, A. (2014) NVivo 10 [software program]. version 10. QSR International; 2012. *American Journal of Pharmaceutical Education* [online], 78 (1): 25. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3930250/

Castleberry, A. and Nolen, A. (2018). Thematic analysis of qualitative research data: Is it as easy as it sounds? *Currents in Pharmacy Teaching and Learning*, [online] 10(6), pp.807-815. Available at: <https://www.sciencedirect.com/science/article/pii/S1877129717300606#bib0027> [Accessed 25 August 2021].

Chandra, Y. and Shang, L. (2019). *Qualitative Research Using R: A Systematic Approach.* 1st ed. Singapore: Springer.

Cheung, K., Ching, S.S.Y., Cheng, S.H., et al. (2019) Prevalence and impact of clinical violence towards nursing students in Hong Kong: A cross-sectional study. *BMJ Open* [online], 9 (5). Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6530330/ [Accessed 17 November 2021]

Civilotti, C., Berlanda, S., Iozzino, L., et al. (2021) Hospital-based healthcare workers victims of workplace violence in Italy: A scoping review. *International Journal of Environmental Research and Public Health* [online], 18 (11): 5860. Available from: 10.3390/ijerph18115860 [Accessed 25 November 2021]

Clarke, J., van der Riet, P., Bowen, L., et al. (2020) Nurses and undergraduate student nurses' experiences in collaborative clinical placement programs in Acute Hospitals: An integrative literature review. *Nurse Education Today* [online], 95: 104578. Available from: https://www.sciencedirect.com/science/article/abs/pii/S0260691720314283 [Accessed 22 November 2021]

Cohen, L., Manion, L., Morrison, K., et al. (2018) *Research methods in education* [online]. New York: Routledge. Available from: https://doi.org/10.4324/9781315456539 [Accessed 30 November 2021]

Cohen, L., Manion, L. and Morrison, K. (2007). *Research Methods in Education*. 6th ed. London: Routledge, p.7.

Collins, H. (2010). *Creative research: The Theory and Practice of Research for the Creative Industries*. 1st ed. AVA Publishing.

Colquhoun, H.L., Levac, D., O'Brien, K.K., et al. (2014) Scoping reviews: Time for clarity in definition, methods, and reporting. *Journal of Clinical Epidemiology* [online], 67 (12): 1291 1294. Available from: https://www.jclinepi.com/article/S0895-4356(14)00210-8/fulltext [Accessed 26 November 2021]

Creswell, J. and Plano Clark, V. (2018). *Designing and conducting mixed methods research*. Los Angeles: SAGE.

Creswell, J. and Creswell, J. (2013). *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches*. 4th ed. SAGE.

Creswell, J., (Ed.). (2003). *Research design: Qualitative, quantitative and mixed methods approaches*. 2nd ed. London: Sage.

Creswell, J. (Ed.). (2009). *Research design: Qualitative, quantitative and mixed methods approaches.* 3rd ed. London: Sage.

Crotty, M. (1988). *The Foundations of Social Research Meaning and Perspective in the Research Process*. London: SAGE Publications Inc.

Crotty, M. (1996). Phenomenology and nursing research. Melbourne: Churchill Livingston.

Crowe, M., Inder, M. and Porter, R. (2015). Conducting qualitative research in mental health: Thematic and content analyses. *Australian & New Zealand Journal of Psychiatry*, *49*(7), pp.616-623.

Cunningham, K.B. (2014) Social Research Design: Framework for integrating philosophical and practical elements. *Nurse Researcher* [online], 22 (1): 32 37. Available from: https://pubmed.ncbi.nlm.nih.gov/25251818/

Cutcliffe, J.R. and Riahi, S. (2013) Systemic perspective of violence and aggression in mental health care: Towards a more comprehensive understanding and conceptualization: Part 1. *International Journal of Mental Health Nursing* [online], 22 (6): 558 567. Available from: https://onlinelibrary.wiley.com/doi/abs/10.1111/inm.12029 [Accessed 14 November 2021]

Cyr, D., Childs, R., and Elgie, S. (2013). *Recruiting Students for Research in Postsecondary Education: A Guide.* Toronto: Higher Education Quality Council of Ontario.

Dalkin, S., Forster, N., Hodgson, P., Lhussier, M. and Carr, S. (2020). Using computer assisted qualitative data analysis software (CAQDAS; NVivo) to assist in the complex process of realist theory generation, refinement and testing. *International Journal of Social Research Methodology*, [online] 24(1), pp.123-134. Available at: <https://www.tandfonline.com/doi/full/10.1080/13645579.2020.1803528> [Accessed 26 April 2022].

Darwin Holmes, A. (2020). Researcher Positionality - A Consideration of Its Influence and Place in Qualitative Research - A New Researcher Guide. *Shanlax International Journal of Education*, [online] 8(4), pp.1-10. Available at: <https://files.eric.ed.gov/fulltext/EJ1268044.pdf>.

Davidson, C. (2009). Transcription: Imperatives for Qualitative Research. *International Journal of Qualitative Methods*, [online] 8(2), pp.35-52. Available at: <https://journals.sagepub.com/doi/10.1177/160940690900800206> [Accessed 12 November 2021].

Degner, J. and Dalege, J. (2013). The apple does not fall far from the tree, or does it? A meta-analysis of parent child similarity in intergroup attitudes. *Psychological Bulletin*, [online] 139(6), pp.1270-1304. Available at: <https://psycnet.apa.org/doiLanding?doi=10.1037%2Fa0031436> [Accessed 21 July 2022].

De', R., Pandey, N. and Pal, A. (2020). Impact of digital surge during Covid-19 pandemic: A viewpoint on research and practice. *International Journal of Information Management*, [online] 55, p.102171. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7280123/> [Accessed 17 April 2022].

DeCuir-Gunby, J., Marshall, P. and McCulloch, A. (2010). Developing and Using a Codebook for the Analysis of Interview Data: An Example from a Professional Development Research Project. *Field Methods*, [online] 23(2), pp.136-155. Available at: <https://journals.sagepub.com/doi/10.1177/1525822X10388468> [Accessed 3 April 2022].

De Villiers, T., Mayers, P.M., Khalil, D., et al. (2014) Pre-registration nursing students' perceptions and experiences of violence in a nursing education institution in South Africa. *Nurse Education in Practice* [online], 14 (6): 666 673. Available from: https://www.sciencedirect.com/science/article/abs/pii/S1471595314001206?via%3Dihub [Accessed 26 November 2021]

Devlin, C. (2017). Freedom from Unwarranted Experimentation. *Open Journal of Social Sciences*, [online] 05(05), pp.23-48. Available at:

<https://www.scirp.org/journal/paperinformation.aspx?paperid=76063> [Accessed 12 November 2021].

DeWall, C. N., and Anderson, C. A. (2011). *The general aggression model. In Human aggression and violence: Causes, manifestations, and consequences* (pp. 15 33). Washington, DC: American Psychological Association.

Dhont, K., Roets, A. and Van Hiel, A. (2013). The intergenerational transmission of need for closure underlies the transmission of authoritarianism and anti-immigrant prejudice. *Personality and Individual Differences*, [online] 54(6), pp.779-784. Available at: <https://www.sciencedirect.com/science/article/abs/pii/S0191886912006265?via%3Dihub> [Accessed 21 July 2022].

Dhont, K. and Van Hiel, A. (2012). Intergroup contact buffers against the intergenerational transmission of authoritarianism and racial prejudice. *Journal of Research in Personality*, [online] 46(2), pp.231-234. Available at: <https://www.sciencedirect.com/science/article/abs/pii/S0092656611001693?via%3Dihub> [Accessed 22 July 2022].

Dodgson, J.E. (2019) Reflexivity in qualitative research. *Journal of Human Lactation* [online], 35 (2): 220 222. Available from: https://journals.sagepub.com/doi/abs/10.1177/0890334419830990?journalCode=jhla [Accessed 30 November 2021]

Dörfler, V. and Stierand, M. (2020). Bracketing: a phenomenological theory applied through transpersonal reflexivity. *Journal of Organizational Change Management*, [online] 34(4), pp.778-793. Available at:

<https://www.emerald.com/insight/content/doi/10.1108/JOCM-12-2019-0393/full/html>.

Douglass, S., Mirpuri, S., English, D. and Yip, T. (2016). “They were just making jokes”: Ethnic/racial teasing and discrimination among adolescents. *Cultural Diversity and Ethnic Minority Psychology*, [online] 22(1), pp.69-82. Available at: <https://pubmed.ncbi.nlm.nih.gov/26009942/> [Accessed 31 July 2022].

Duan, X., Ni, X., Shi, L., et al. (2019) The impact of workplace violence on job satisfaction, Job Burnout, and turnover intention: The mediating role of Social Support. *Health and Quality of Life Outcomes* [online], 17 (1). Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6543560/ [Accessed 26 November 2021]

Eblin, A. (2020) Horizontal violence towards new graduate nurses: When will it stop? *Issues in Mental Health Nursing* [online], 41 (9): 850 852. Available from: https://www.tandfonline.com/doi/abs/10.1080/01612840.2019.1710008?journalCode=imhn20 [Accessed 28 November 2021]

Edward, K.-leigh, Stephenson, J., Ousey, K., et al. (2016) A systematic review and meta-analysis of factors that relate to aggression perpetrated against nurses by patients/relatives or staff. *Journal of Clinical Nursing* [online], 25 (3-4): 289 299. Available from: https://onlinelibrary.wiley.com/doi/10.1111/jocn.13019 [Accessed 14 November 2021]

Ekstedt, M., Lindblad, M. and Löfmark, A. (2019). Nursing students’ perception of the clinical learning environment and supervision in relation to two different supervision models a comparative cross-sectional study. *BMC nursing*, *18*(1), pp.1-12.

Emanuel, E.J. (2013) Reconsidering the declaration of Helsinki. *The Lancet* [online], 381 (9877): 1532 1533. Available from: https://pubmed.ncbi.nlm.nih.gov/23650661/ [Accessed 13 November 2021]

Equality Hub (2022) *Why we no longer use the term 'bame' in government*, *Equality Hub*. Available at: https://equalities.blog.gov.uk/2022/04/07/why-we-no-longer-use-the-term-bame-in-government/ (Accessed: 06 August 2023).

Esmaeili, M., Cheraghi, M.A., Salsali, M., et al. (2013) Nursing students' expectations regarding effective clinical education: A qualitative study. *International Journal of Nursing Practice* [online], 20 (5): 460 467. Available from: https://onlinelibrary.wiley.com/doi/10.1111/ijn.12159 [Accessed 17 November 2021]

Etikan, I. (2017) Sampling and sampling methods. *Biometrics & Biostatistics International Journal* [online], 5 (6). Available from: https://medcraveonline.com/BBIJ/sampling-and-sampling-methods.html [Accessed 13 November 2021]

Farrell, G.A. and Shafiei, T. (2012) Workplace aggression, including bullying in nursing and midwifery: A descriptive survey (the swab study). *International Journal of Nursing Studies* [online], 49 (11): 1423 1431. Available from: https://www.sciencedirect.com/science/article/abs/pii/S0020748912001903 [Accessed 25 November 2021]

Ferri, P., Silvestri, M., Artoni, C., et al. (2016) Workplace violence in different settings and among various health professionals in an Italian general hospital: A cross-sectional study. *Psychology Research and Behavior Management* [online], Volume 9: 263 275. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5042196/ [Accessed 26 November 2021]

Ferri, P., Stifani, S., Accoto, A., et al. (2020) Violence against nurses in the triage area: A mixed-methods study. *Journal of Emergency Nursing* [online], 46 (3): 384 397. Available from: https://www.sciencedirect.com/science/article/abs/pii/S0099176720300568 [Accessed 16 November 2021]

Fiske, S. (2017). Prejudices in Cultural Contexts: Shared Stereotypes (Gender, Age) Versus Variable Stereotypes (Race, Ethnicity, Religion). *Perspectives on Psychological Science*, [online] 12(5), pp.791-799. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5657003/> [Accessed 30 July 2022].

Flick, U. (2015). *Introducing research methodology: A beginner's guide to doing a research project*. 2nd ed. Sage Publications.

Flynn, R., Albrecht, L. and Scott, S. (2018). Two Approaches to Focus Group Data Collection for Qualitative Health Research. *International Journal of Qualitative Methods*, [online] 17(1), p.160940691775078. Available at: <https://journals.sagepub.com/doi/10.1177/1609406917750781> [Accessed 17 April 2022].

Follingstad, D. (2017). *The challenges of measuring violence against women*. In C. Renzetti, J. Edleson, and R. Bergen (Eds.), Sourcebook on violence against women (3rd ed., pp. 57 77). Thousand Oaks, CA: Sage.

Ford, D., Scott, M., Moore, J. and Amos, S., (2013). Gifted Education and Culturally Different Students. *Gifted Child Today*, [online] 36(3), pp.205-208. Available at: <https://journals.sagepub.com/doi/abs/10.1177/1076217513487069?journalCode=gctc> [Accessed 30 July 2022].

Franz, S., Zeh, A., Schablon, A., et al. (2010) Aggression and violence against health care workers in Germany - a cross sectional retrospective survey. *BMC Health Services Research* [online], 10 (1). Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2837654/ [Accessed 26 November 2021]

Franklin, P., Rowland, E., Fox, R. and Nicolson, P. (2012). Research Ethics in Accessing Hospital Staff and Securing Informed Consent. *Qualitative Health Research*, [online] 22(12), pp.1727-1738. Available at: <https://pubmed.ncbi.nlm.nih.gov/23034775/> [Accessed 31 March 2022].

Franz, S., Zeh, A., Schablon, A., et al. (2010) Aggression and violence against health care workers in Germany - a cross sectional retrospective survey. *BMC Health Services Research* [online], 10 (1). Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2837654/ [Accessed 17 November 2021]

Ghooi, R. (2011). The Nuremberg Code-A critique. *Perspectives in Clinical Research*, [online] 2(2), p.72. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3121268/> [Accessed 12 November 2021].

Gill, P. and Kalra, V. (2020) Racism and health. *British Journal of General Practice* [online], 70 (697): 381 381. Available from: https://bjgp.org/content/70/697/381 [Accessed 3 July 2022]

Gioia, D., Corley, K. and Hamilton, A. (2013). Seeking Qualitative Rigor in Inductive Research. *Organizational Research Methods*, [online] 16(1), pp.15-31. Available at:

<https://journals.sagepub.com/doi/10.1177/1094428112452151> [Accessed 12 November 2021].

Grant, M.J. and Booth, A. (2009) ‘A typology of reviews: An analysis of 14 review types and associated methodologies’, *Health Information & Libraries Journal*, 26(2), pp. 91 108.

Greek, R., Pippus, A., Hansen, L.A., et al. (2012) The nuremberg code subverts human health and safety by requiring animal modeling. *BMC Medical Ethics* [online], 13 (1). Available from: https://bmcmedethics.biomedcentral.com/articles/10.1186/1472-6939-13-16 [Accessed 13 November 2021]

Greene, J. (2010). Knowledge accumulation: Three views on the nature and role of knowledge in social science. In W. Luttrell (Ed.), Qualitative educational research: Readings in reflexive methodology and transformative practice (pp. 63 77). New York, NY: Routledge.

Gregory, R., Henfridsson, O., Kaganer, E. and Kyriakou, S. (2021). The Role of Artificial Intelligence and Data Network Effects for Creating User Value. *Academy of Management Review*, [online] 46(3), pp.534-551. Available at: <https://journals.aom.org/doi/10.5465/amr.2019.0178> [Accessed 12 November 2021].

Grix, J. (2004). *The foundations of research.* London: Palgrave Macmillan

Gul, R. and Ali, P. (2010). Clinical trials: the challenge of recruitment and retention of participants. *Journal of Clinical Nursing*, [online] 19(1-2), pp.227-233. Available at: <https://onlinelibrary.wiley.com/doi/epdf/10.1111/j.1365-2702.2009.03041.x> [Accessed 12 November 2021].

Gullick, J. and West, S. (2019). Heideggerian hermeneutic phenomenology as method: modelling analysis through a meta-synthesis of articles on Being-towards-death. *Medicine, Health Care and Philosophy*, [online] 23(1), pp.87-105. Available at: <https://link.springer.com/article/10.1007%2Fs11019-019-09911-9> [Accessed 12 November 2021].

Hackett, R., Ronaldson, A., Bhui, K., et al. (2020) Racial Discrimination and Health: A prospective study of ethnic minorities in the United Kingdom. *BMC Public Health* [online], 20 (1). Available from: https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-020-09792-1

Hallett, N., Wagstaff, C., Barlow, T.(2021) Nursing students' experiences of violence and aggression: A mixed-methods study. *Nurse Education Today* [online], 105: 105024. Available from: https://www.sciencedirect.com/science/article/abs/pii/S0260691721002811 [Accessed 17 November 2021]

Halling, S., and Leifer, M. (1991). The Theory and Practice of Dialogal Research. *Journal of Phenomenological Psychology* 22, 1, 1-15, Available From: Brill https://doi.org/10.1163/156916291X00019 [Accessed 22 March 2022]

Hamby, S. (2017) 'On defining violence, and why it matters.', *Psychology of Violence*, 7(2), pp. 167 180.

Happell, B., Gaskin, C., Byrne, L., Welch, A. and Gellion, S., (2014). Clinical Placements in Mental Health: A Literature Review. *Issues in Mental Health Nursing*, [online] 36(1), pp.44-51. Available at: <https://www.tandfonline.com/doi/full/10.3109/01612840.2014.915899> [Accessed 31 July 2022].

Hassard, J., Teoh, K.R.H., Cox, T., et al. (2019) Estimating the economic burden posed by work-related violence to society: A systematic review of cost-of-illness studies. *Safety Science* [online], 116: 208 221. Available from: https://www.sciencedirect.com/science/article/abs/pii/S0925753518308610?via%3Dihub [Accessed 22 November 2021]

Haworth, K. (2018). Tapes, transcripts, and trials: The routine contamination of police interview evidence. *The International Journal of Evidence & Proof*, [online] 22(4), pp.428-450. Available at: <https://journals.sagepub.com/doi/full/10.1177/1365712718798656> [Accessed 12 November 2021].

Hayes, N., O'Toole, L., and Halpenny, A. M. (2017). *Introducing Bronfenbrenner: A guide for practitioners and students in early years education*. Taylor & Francis.

Health Research Authority (2017). *UK policy framework for health and social care research*. [pdf] HRA. Available at: <https://s3.eu-west-2.amazonaws.com/www.hra.nhs.uk/media/documents/Final Accessibility uk-policy-framework-health-social-care-research .pdf> [Accessed 19 September 2021].

Health Research Authority (2021). *What we do*. [online] Health Research Authority. Available at: <https://www.hra.nhs.uk/about-us/what-we-do/> [Accessed 8 October 2021].

Hesse-Biber, S.N. (2017). *The practice of qualitative research: Engaging students in the research process*. 3rd ed. California: Sage Publication.

Hibbert, P., Coupland, C., and Macintosh, R. (2010). Reflexivity: recursion and relationality in organizational research processes. *Qualitative Research in*

Organizations and Management: An International Journal, *5*(1), 47-62. https://doi.org/10.1108/17465641011042026

Hills, D.J. (2018) Defining and classifying aggression and violence in Health Care Work. *Collegian* [online], 25 (6): 607 612. Available from: https://www.collegianjournal.com/article/S1322-7696(18)30034-9/fulltext [Accessed 25 November 2021]

Hooker, C. (2015). Understanding empathy: why phenomenology and hermeneutics can help medical education and practice. *Medicine, Health Care and Philosophy*, [online] 18(4), pp.541-552. Available at: <https://link.springer.com/article/10.1007/s11019-015-9631-z#citeas> [Accessed 1 April 2022].

Honarvar, B., Ghazanfari, N., Raeisi Shahraki, H., et al. (2019) Violence against nurses: A neglected and Health threatening epidemic in the university affiliated public hospitals in Shiraz, Iran. *The International Journal of Occupational and Environmental Medicine* [online], 10 (3): 111 123. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6708406/ [Accessed 25 November 2021]

Hopkins, M., Fetherston, C.M. and Morrison, P. (2014) 'Prevalence and characteristics of aggression and violence experienced by Western Australian nursing students during Clinical Practice', *Contemporary Nurse*, 49(1), pp. 113 121. doi:10.1080/10376178.2014.11081961.

Hopkins, M., Fetherston, C.M., Morrison, P., et al. (2018) Aggression and violence in healthcare and its impact on nursing students: A narrative review of the literature. *Nurse Education Today* [online], 62: 158 163. Available from:

https://www.sciencedirect.com/science/article/abs/pii/S0260691717303179?via%3Dihub [Accessed 22 November 2021]

Horrell, B., Stephens, C., Breheny, M., et al. (2015) Online research with informal caregivers: Opportunities and challenges. *Qualitative Research in Psychology* [online], 12 (3): 258 271. Available from: https://www.tandfonline.com/doi/abs/10.1080/14780887.2015.1040318 [Accessed 13 November 2021]

Horrigan-Kelly, M., Millar, M. and Dowling, M. (2016). Understanding the Key Tenets of Heidegger's Philosophy for Interpretive Phenomenological Research. *International Journal of Qualitative Methods*, [online] 15(1), p.160940691668063. Available at: <https://journals.sagepub.com/doi/full/10.1177/1609406916680634> [Accessed 1 April 2022].

Hudson, L.A. and Ozanne, J.L. (1988) Alternative ways of seeking knowledge in consumer research. *Journal of Consumer Research* [online], 14 (4): 508 521. Available from: https://www.jstor.org/stable/2489157 [Accessed 13 November 2021]

Hunter, E.J., Eades, C.E. and Evans, J.M. (2022). Violence experienced by undergraduate nursing students during clinical placements: An online survey at a Scottish University. *Nurse Education in Practice*, p.103323. doi:https://doi.org/10.1016/j.nepr.2022.103323.

Hutchinson, M. (2013) Around half of nurses and midwives report workplace aggression in the Past Month: 36% report violence from patients or visitors and 32% report bullying by colleagues. *Evidence Based Nursing* [online], 17 (1): 26 27. Available from: https://ebn.bmj.com/content/17/1/26 [Accessed 25 November 2021]

Israel, M. (2015) *Research ethics and Integrity for Social Scientists: Beyond Regulatory Compliance*. London: SAGE

Jahn, W. (2011). The 4 basic ethical principles that apply to forensic activities are respect for autonomy, beneficence, nonmaleficence, and justice. *Journal of Chiropractic Medicine*, [online] 10(3), pp.225-226. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4863255/> [Accessed 12 November 2021].

Javadi, M. and Zarea, K. (2016). Understanding Thematic Analysis and its Pitfall. *Journal of Client Care*, [online] 1(1). Available at: <https://pdfs.semanticscholar.org/7e0d/d7ca59631b0cc61a1ce28effd6eb0c78a665.pdf> [Accessed 8 October 2021].

Jeffery, D. and Fuller, P. (2016) Witnessing violence: What are the experiences of Mental Health Nurses? *Mental Health Practice* [online], 20 (2): 15 21. Available from: https://journals.rcni.com/mental-health-practice/witnessing-violence-what-are-the-experiences-of-mental-health-nurses-mhp.2016.e1100 [Accessed 14 November 2021]

Johnson, J., Adkins, D. and Chauvin, S. (2019). A Review of the Quality Indicators of Rigor in Qualitative Research. *American Journal of Pharmaceutical Education*, [online] 84(1), p.7120. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7055404/> [Accessed 18 April 2022].

Joseph, R., Keller, C. and Ainsworth, B. (2016). Recruiting Participants into Pilot Trials: Techniques for Researchers with Shoestring Budgets. *Californian Journal of*

Health Promotion, [online] 14(2), pp.81-89. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5231400/>.

Kassem, A.H. (2015). Bullying Behaviours and Self Efficacy among Nursing Students at Clinical Settings: Comparative Study. *Journal of Education and Practice*, 6(35), pp.25-36.

Kaunomäki, J., Jokela, M., Kontio, R., et al. (2017) Interventions following a high violence risk assessment score: A naturalistic study on a finnish psychiatric admission ward. *BMC Health Services Research* [online], 17 (1). Available from: https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-016-1942-0 [Accessed 14 November 2021]

Kaye, A. and Erdley, C. (2011). Physical Aggression. *Encyclopedia of Child Behavior and Development*, pp.1100-1103.

Kelley, E.C. (2014) Reducing violence in the emergency department: A rapid response team approach. *Journal of Emergency Nursing* [online], 40 (1): 60 64. Available from: https://www.jenonline.org/article/S0099-1767(12)00402-3/fulltext [Accessed 25 November 2021]

Kelley, B. and Weaver, S. (2020). Researching People who (Probably) Hate You: When Practicing “Good” Ethics Means Protecting Yourself. *Computers and Composition*, [online] 56, p.102567. Available at: <https://www.sciencedirect.com/science/article/pii/S8755461520300281> [Accessed 17 April 2022].

Kelley, B. (2016). Toward a goodwill ethics of online research methods. *Transformative Works and Cultures*, 22.

Kearns, M., Muldoon, O., Msetfi, R. and Surgenor, P. (2015). Understanding help-seeking amongst university students: the role of group identity, stigma, and exposure to suicide and help-seeking. *Frontiers in Psychology*, [online] 6. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4586350/> [Accessed 7 August 2022].

Keser Ozcan, N., Bilgin, H., Tulek, Z. and Boyacioglu, N.E. (2014) 'Nursing students' experiences of violence: a questionnaire survey/Ogrenci hemsirelerin siddet deneyimleri: anket calismasi', *Journal of Psychiatric Nursing*, 5(1), 49+, available: https://link.gale.com/apps/doc/A384543382/HRCA?u=anon~19036c39&sid=googleScholar&xid=0d348a78 [accessed 25 Nov 2021].

Khatamian Far, P. (2018). Challenges of Recruitment and Retention of University Students as Research Participants: Lessons Learned from a Pilot Study. *Journal of the Australian Library and Information Association*, [online] 67(3), pp.278-292. Available at: <https://www.tandfonline.com/doi/full/10.1080/24750158.2018.1500436> [Accessed 12 November 2021].

Khishigdelger, L. (2016) Real life experience of nursing students at the clinical practice. *International Journal of Nursing Education* [online], 8 (4): 24. Available from: https://www.researchgate.net/publication/311241415 Real Life Experience of Nursing Students at the Clinical Practice [Accessed 17 November 2021]

Khunti, K., Routen, A., Pareek, M., Treweek, S. and Platt, L., (2020). The Language of Ethnicity. *BMJ*, m4493.

Kibunja, B.K., Musembi, H.M., Kimani, R.W., et al. (2021) Prevalence and effect of workplace violence against emergency nurses at a tertiary hospital in Kenya: A cross -sectional study. *Safety and Health at Work* [online], 12 (2): 249 254. Available from: https://www.sciencedirect.com/science/article/pii/S2093791121000056 [Accessed 22 December 2021]

Kiger, M. and Varpio, L. (2020). Thematic analysis of qualitative data: AMEE Guide No. 131. *Medical Teacher*, [online] 42(8), pp.846-854. Available at: <https://www.plymouth.ac.uk/uploads/production/document/path/18/18247/Kiger an d Varpio 2020 Thematic analysis of qualitative data AMEE Guide No 131.p df> [Accessed 8 October 2021].

Kim, W.O. (2012) Institutional Review Board (IRB) and Ethical Issues in Clinical Research. *Korean Journal of Anesthesiology* [online], 62 (1): 3. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3272525/ [Accessed 30 November 2021]

Kivunja, C. and Kuyini, A.B. (2017) Understanding and applying research paradigms in educational contexts. *International Journal of Higher Education* [online], 6 (5): 26. Available from: https://www.sciedu.ca/journal/index.php/ijhe/article/view/12169 [Accessed 13 November 2021]

Klitzman, R. (2011) Views and experiences of irbs concerning research integrity. *Journal of Law, Medicine & Ethics* [online], 39 (3): 513 528. Available from: https://journals.sagepub.com/doi/10.1111/j.1748-720X.2011.00618.x [Accessed 30 November 2021]

Lapadat, J.C., 2000. Problematizing transcription: Purpose, paradigm and quality. *International journal of social research methodology*, *3*(3), pp.203-219.

Larkin, M., Shaw, R., Flowers, P., et al. (2018) Multiperspectival designs and processes in interpretative phenomenological analysis research. *Qualitative Research in Psychology* [online], 16 (2): 182 198. Available from: https://www.tandfonline.com/doi/full/10.1080/14780887.2018.1540655 [Accessed 29 December 2021]

Laugaland, K., Kaldestad, K., Espeland, E., et al. (2021) Nursing students' experience with clinical placement in nursing homes: A FOCUS Group Study. *BMC Nursing* [online], 20 (1). Available from: https://bmcnurs.biomedcentral.com/articles/10.1186/s12912-021-00690-4 [Accessed 22 November 2021]

Levac, D., Colquhoun, H., O'Brien, K.K., et al. (2010) Scoping studies: Advancing the methodology. *Implementation Science* [online], 5 (1). Available from: https://implementationscience.biomedcentral.com/articles/10.1186/1748-5908-5-69 [Accessed 26 November 2021]

Lepping, P., Lanka, S.V.N., Turner, J., et al. (2013) Percentage prevalence of patient and visitor violence against staff in high-risk UK medical wards. *Clinical Medicine* [online], 13 (6): 543 546. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5873651/ [Accessed 26 November 2021]

Li, N., Zhang, L., Xiao, G., et al. (2019) The relationship between workplace violence, job satisfaction and turnover intention in emergency nurses. *International Emergency Nursing* [online], 45: 50 55. Available from: https://pubmed.ncbi.nlm.nih.gov/30797732/ [Accessed 22 November 2021]

Likupe, G. and Archibong, U. (2013) Black African Nurses' experiences of equality, racism, and discrimination in the National Health Service. *Journal of Psychological Issues in Organizational Culture* [online], 3 (S1): 227 246. Available from: https://onlinelibrary.wiley.com/doi/abs/10.1002/jpoc.21071 [Accessed 24 December 2021]

Li, Y.-L., Li, R.-Q., Qiu, D., et al. (2020) Prevalence of workplace physical violence against health care professionals by patients and visitors: A systematic review and meta-analysis. *International Journal of Environmental Research and Public Health* [online], 17 (1): 299. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6982349/ [Accessed 26 November 2021]

Liu, W., Zhao, S., Shi, L., et al. (2018) Workplace violence, job satisfaction, Burnout, perceived organisational support and their effects on turnover intention among Chinese nurses in tertiary hospitals: A cross-sectional study. *BMJ Open* [online], 8 (6). Available from: https://bmjopen.bmj.com/content/8/6/e019525 [Accessed 22 November 2021]

Liu, J., Gan, Y., Jiang, H., et al. (2019) Prevalence of workplace violence against Healthcare Workers: A systematic review and meta-analysis. *Occupational and Environmental Medicine* [online], 76 (12): 927 937. Available from: https://oem.bmj.com/content/76/12/927.long [Accessed 26 November 2021]

Llor-Esteban, B., Sánchez-Muñoz, M., Ruiz-Hernández, J.A., et al. (2017) User violence towards nursing professionals in mental health services and emergency units. *The European Journal of Psychology Applied to Legal Context* [online], 9 (1): 33 40. Available from:

https://journals.copmadrid.org/ejpalc/archivos/ejpc2017v9n1a4.pdf [Accessed 14 November 2021]

Lo Iacono, V., Symonds, P., Brown, D.H.K., et al. (2016) Skype as a tool for qualitative research interviews. *Sociological Research Online* [online], 21 (2): 103 117. Available from: https://journals.sagepub.com/doi/10.5153/sro.3952 [Accessed 13 November 2021]

Loubere, Nicholas (2017). Questioning Transcription: The Case for the Systematic and Reflexive Interviewing and Reporting (SRIR) Method [46 paragraphs]. *Forum Qualitative Sozialforschung / Forum: Qualitative Social Research*, *18*(2), Art. 15,

MacNaughton, G., Rolfe, S. and Siraj-Blatchford, I. (2001). *Doing Early Childhood Research: International Perspectives on Theory and Practice field research methods.* Sydney: Allen & Unwin.

Magnavita, N. and Heponiemi, T. (2011) Workplace violence against nursing students and nurses: An Italian experience. *Journal of Nursing Scholarship* [online], 43 (2): 203 210. Available from: https://sigmapubs.onlinelibrary.wiley.com/doi/10.1111/j.1547-5069.2011.01392.x [Accessed 25 November 2021]

Maguire, M. and Delahunt, B. (2017). Doing a thematic analysis: A practical, step-by-step guide for learning and teaching scholars. *All Ireland Journal of Higher Education*, [online] 9(3). Available at: <https://ojs.aishe.org/index.php/aishe-j/article/view/335> [Accessed 25 August 2021].

Maguire, B.J., O'Meara, P., O'Neill, B.J., et al. (2017) Violence against emergency medical services personnel: A systematic review of the literature. *American Journal*

of Industrial Medicine [online], 61 (2): 167 180. Available from: https://pubmed.ncbi.nlm.nih.gov/29178541/ [Accessed 22 November 2021]

Malik, A.Y. and Foster, C. (2016) The Revised Declaration of Helsinki: Cosmetic or Real Change? *Journal of the Royal Society of Medicine* [online], 109 (5): 184 189. Available from: https://pubmed.ncbi.nlm.nih.gov/27150712/ [Accessed 13 November 2021]

Marks, D. and Yardley, L. (2012). *Research methods for clinical and health psychology*. Los Angeles: Sage.

Marshall, C. and Rossman, G. (2016). *Designing qualitative research*. Thousand Oaks, Calif.: Sage Publications.

Mason, J. (1996). *Qualitative researching*. London: Sage Publication

Massie, R., Smith, B. and Tolfrey, K. (2015). Recommendations for Recruiting and Retaining Adolescent Girls in Chronic Exercise (Training) Research Studies. *Sports*, [online] 3(3), pp.219-235. Available at: <https://www.mdpi.com/2075-4663/3/3/219/htm> [Accessed 12 November 2021].

Matua, G.A. and Van Der Wal, D.M. (2015) Differentiating between descriptive and interpretive phenomenological research approaches. *Nurse Researcher* [online], 22 (6): 22 27. Available from: https://pubmed.ncbi.nlm.nih.gov/26168810/ [Accessed 13 November 2021]

Mayer, T. and Perry, B. (2017) *Reflexivity: The essential guide*. Los Angeles: SAGE

McMullin, C. (2021) Transcription and qualitative methods: Implications for third sector research. *VOLUNTAS: International Journal of Voluntary and Nonprofit Organizations* [online]. Available from:

https://link.springer.com/article/10.1007/s11266-021-00400-3 [Accessed 13 November 2021]

Meeusen, C. (2014). The parent child similarity in cross-group friendship and anti-immigrant prejudice: A study among 15-year-old adolescents and both their parents in Belgium. *Journal of Research in Personality*, [online] 50, pp.46-55. Available at: <https://www.sciencedirect.com/science/article/abs/pii/S0092656614000191> [Accessed 21 July 2022].

Mero-Jaffe, I. (2011). 'Is that what I Said?' Interview Transcript Approval by Participants: An Aspect of Ethics in Qualitative Research. *International Journal of Qualitative Methods*, [online] 10(3), pp.231-247. Available at: <https://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.678.5891&rep=rep1&type=pdf>.

Merriam, S.B. and Tisdell, E.J. (2015) *Qualitative research: A guide to design and implementation, 4th edition*. New York: John Wiley & Sons Inc

Miles, M., Chapman, Y., Francis, K. and Taylor, B. (2013). Exploring Heideggerian hermeneutic phenomenology: A perfect fit for midwifery research. *Women and Birth*, [online] 26(4), pp.273-276. Available at: <https://www.sciencedirect.com/science/article/abs/pii/S1871519213000711> [Accessed 12 November 2021].

Miranda, H., Punnett, L., Gore, R., et al. (2011) Violence at the workplace increases the risk of musculoskeletal pain among nursing home workers. *Occupational and Environmental Medicine* [online], 68 (1): 52 57. Available from: https://oem.bmj.com/content/68/1/52.short [Accessed 14 November 2021]

Mirza, H.S. (2004) *Black british feminism: A reader*. London: Routledge.

M Reiners, G. (2012). Understanding the Differences between Husserl's (Descriptive) and Heidegger's (Interpretive) Phenomenological Research. *Journal of Nursing & Care*, [online] 01(05). Available at: <https://www.hilarispublisher.com/open-access/understanding-the-differences-husserls-descriptive-and-heideggers-interpretive-phenomenological-research-2167-1168.1000119.pdf> [Accessed 12 November 2021].

Mitchell, G. (2016) Ulf Schmidt, Secret science: A century of poison warfare and human experiments. *Social History of Medicine* [online], 29 (4): 868 869. Available from: https://academic.oup.com/shm/article/29/4/868/2660194 [Accessed 13 November 2021]

Monaghan, C., and Bizumic, B. (2017). Performance in small student groups: Group personality, identity, and norms. In K. I. Mavor and M. J. Platow (Eds.), *Self and social identity in educational contexts* (pp. 240 256). Routledge.

Moreno, J. (1997). Reassessing the influence of the Nuremberg Code on American medical ethics. *Journal Contemporary Health Law Policy*, 1(3), pp.347-360.

Moreno, J.D., Schmidt, U., Joffe, S., et al. (2017) The Nuremberg code 70 years later. *JAMA* [online], 318 (9): 795. Available from: https://pubmed.ncbi.nlm.nih.gov/28817743/ [Accessed 13 November 2021]

Motsaanaka, M.N., Makhene, A., Ally, H., et al. (2020) Student nurses' experiences regarding their clinical learning opportunities in a public academic hospital in Gauteng Province, South Africa. *Health SA Gesondheid* [online], 25. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7059638/ [Accessed 22 November 2021]

Munn, Z., Peters, M.D., Stern, C., et al. (2018) Systematic Review or scoping review? guidance for authors when choosing between a systematic or scoping review approach. *BMC Medical Research Methodology* [online], 18 (1). Available from: https://bmcmedresmethodol.biomedcentral.com/articles/10.1186/s12874-018-0611-x [Accessed 26 November 2021]

Najafi Kalyani, M., Jamshidi, N., Molazem, Z., et al. (2019) How do nursing students experience the clinical learning environment and respond to their experiences? A qualitative study. *BMJ Open* [online], 9 (7). Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6661598/ [Accessed 22 November 2021]

Nascimento, L. and Steinbruch, F. (2019). “The interviews were transcribed”, but how? Reflections on management research. *RAUSP Management Journal*, [online] 54(4), pp.413-429. Available at: <https://www.emerald.com/insight/content/doi/10.1108/RAUSP-05-2019-0092/full/html>.

Nathanson, V. (2013) Revising the declaration of Helsinki. *BMJ* [online], 346 (may08 1). Available from: https://www.bmj.com/content/346/bmj.f2837 [Accessed 13 November 2021]

Negreiros, T.S., Dos Santos, F.Á., Bolis, I. *et al.* Ethnicity, Color and Nationality: an Integrative Literature Review Regarding the Relation of Cultural Prejudice and Discrimination. *Trends in Psychol.* (2022). https://doi.org/10.1007/s43076-022-00199-y

Neubauer, B.E., Witkop, C.T., Varpio, L., et al. (2019) How phenomenology can help us learn from the experiences of others. *Perspectives on Medical Education* [online],

8 (2): 90 97. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6468135/

Neuman, L. (2000). *Social Research Methods: Qualitative and Quantitative Approaches.* 4th ed. Boston: Allyn and Bacon.

NHS England (2021) *NHS England » ethnic minority nurses and midwives* [online]. Available from: https://www.england.nhs.uk/nursingmidwifery/delivering-the-nhs-ltp/cno-black-and-minority-ethnic-bme-leadership/ [Accessed 24 December 2021]

Niu, S.-F., Kuo, S.-F., Tsai, H.-T., et al. (2019) Prevalence of workplace violent episodes experienced by nurses in acute psychiatric settings. *PLOS ONE* [online], 14 (1). Available from: https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0211183 [Accessed 14 November 2021]

NMC (2019) *Standards for pre-registration nursing education* [online]. Available from: https://www.nmc.org.uk/standards/standards-for-nurses/pre-2018-standards/standards-for-pre-registration-nursing-education/ [Accessed 22 November 2021]

Noursi, S., Saluja, B. and Richey, L. (2020). Using the Ecological Systems Theory to Understand Black/White Disparities in Maternal Morbidity and Mortality in the United States. *Journal of Racial and Ethnic Health Disparities*, [online] 8(3), pp.661-669. Available at: <https://link.springer.com/article/10.1007/s40615-020-00825-4> [Accessed 7 August 2022].

Nowell, L., Norris, J., White, D. and Moules, N. (2017). Thematic Analysis. *International Journal of Qualitative Methods*, [online] 16(1), p.160940691773384.

Available at: <https://journals.sagepub.com/doi/full/10.1177/1609406917733847> [Accessed 4 September 2021].

Nusbaum, L., Douglas, B., Damus, K., Paasche-Orlow, M. and Estrella-Luna, N. (2017). Communicating Risks and Benefits in Informed Consent for Research: A Qualitative Study. *Global Qualitative Nursing Research*, [online] 4, p.233339361773201. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5613795/> [Accessed 31 March 2022].

Nau, J., Dassen, T., Halfens, R., et al. (2007) Nursing students' experiences in managing patient aggression. *Nurse Education Today* [online], 27 (8): 933 946. Available from: https://www.sciencedirect.com/science/article/abs/pii/S0260691707000202?via%3Dihub [Accessed 26 November 2021]

Nowrouzi-Kia, B., Chai, E., Usuba, K., et al. (2019) Prevalence of type II and type III workplace violence against physicians: A systematic review and meta-analysis. *The International Journal of Occupational and Environmental Medicine* [online], 10 (3): 99 110. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6708400/ [Accessed 26 November 2021]

Oliver, D., Serovich, J. and Mason, T. (2005). Constraints and Opportunities with Interview Transcription: Towards Reflection in Qualitative Research. *Social Forces*, [online] 84(2), pp.1273-1289. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1400594/> [Accessed 12 November 2021].

O'Rourke, M., Wrigley, C. and Hammond, S. (2018). Violence within mental health services: how to enhance risk management. *Risk Management and Healthcare Policy*, [online] Volume 11, pp.159-167. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6143650/> [Accessed 29 May 2022].

Osbourne, L., Barnett, J., Blackwood, L., et al. (2022) Black students' experiences of “acceptable” racism at a uk university. *Journal of Community & Applied Social Psychology* [online]. Available from: https://onlinelibrary.wiley.com/doi/10.1002/casp.2637?af=R [Accessed 5 July 2022]

Owen, C., Tarantello, C., Jones, M., et al. (1998) Violence and aggression in psychiatric units. *Psychiatric Services* [online], 49 (11): 1452 1457. Available from: https://ps.psychiatryonline.org/doi/10.1176/ps.49.11.1452 [Accessed 14 November 2021]

Ozcan, N.K., Bilgin, H., Tulek, Z., et al. (2014) Nursing students' experiences of violence: A questionnaire survey. *Journal of Psychiatric Nursing* [online], 5 (1): 49 56. Available from: https://jag.journalagent.com/phd/pdfs/PHD-91886-RESEARCH ARTICLE-OZCAN.pdf [Accessed 17 November 2021]

Page, S.A. and Nyeboer, J. (2017) Improving the process of Research Ethics Review. *Research Integrity and Peer Review* [online], 2 (1). Available from: https://pubmed.ncbi.nlm.nih.gov/29451537/ [Accessed 13 November 2021]

Palinkas, L.A., Horwitz, S.M., Green, C.A., et al. (2016) Purposeful sampling for qualitative data collection and analysis in Mixed Method Implementation Research. *Administration and Policy in Mental Health and Mental Health Services Research* [online], 42 (5): 533 544. Available from:

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4012002/ [Accessed 13 November 2021]

Park, M., Cho, S.-H., Hong, H.-J., et al. (2014) Prevalence and perpetrators of workplace violence by nursing unit and the relationship between violence and the perceived work environment. *Journal of Nursing Scholarship* [online], 47 (1): 87 95. Available from: https://sigmapubs.onlinelibrary.wiley.com/doi/10.1111/jnu.12112 [Accessed 17 November 2021]

Peters, M.D.J., Godfrey, C.M., Khalil, H., et al. (2015) Guidance for conducting systematic scoping reviews. *International Journal of Evidence-Based Healthcare* [online], 13 (3): 141 146. Available from: https://journals.lww.com/ijebh/fulltext/2015/09000/guidance for conducting systema tic scoping reviews.5.aspx [Accessed 26 November 2021]

Picton, C.J., Moxham, L., Patterson, C., et al. (2017) The use of phenomenology in Mental Health Nursing Research. *Nurse Researcher* [online], 25 (3): 14 18. Available from: https://pubmed.ncbi.nlm.nih.gov/29251443/ [Accessed 13 November 2021]

Pittenger, S.L., Huit, T.Z. and Hansen, D.J. (2016). Applying ecological systems theory to sexual revictimization of youth: A review with implications for research and practice. *Aggression and violent behavior*, *26*, pp.35-45.

Phillips, Coretta (2010). Institutional racism and ethnic inequalities: An expanded multilevel framework. *Journal of Social Policy* [online], 40 (1): 173 192. Available from: https://www.cambridge.org/core/journals/journal-of-social-policy/article/institutional-racism-and-ethnic-inequalities-an-expanded-multilevel-framework/CC0299D0168307C7F6ED1FD891D74245 [Accessed 3 July 2022]

Phillips, J.P. (2016) Workplace Violence Against Health Care Workers in the United States. *New England Journal of Medicine* [online], 374 (17): 1661 1669. Available from: https://www.nejm.org/doi/10.1056/NEJMra1501998 [Accessed 5 July 2022]

Pirchio, S., Passiatore, Y., Panno, A., Maricchiolo, F. and Carrus, G. (2018). A Chip Off the Old Block: Parents' Subtle Ethnic Prejudice Predicts Children's Implicit Prejudice. *Frontiers in Psychology*, [online] 9. Available at: <https://www.frontiersin.org/articles/10.3389/fpsyg.2018.00110/full> [Accessed 21 July 2022].

Polit, D. and Beck, C. (2014). *Study guide for Essentials of nursing research, appraising evidence for nursing practice*. Philadelphia, Pa.: Wolters Kluwer/Lippincott Williams et Wilkins.

Price, B. (2019). Improving nursing students' experience of clinical placements. *Nursing Standard*, [online] 34(9), pp.43-49. Available at: <https://journals.rcni.com/nursing-standard/cpd/improving-nursing-students-experience-of-clinical-placements-ns.2019.e11328/abs#:~:text=Clinical%20placements%20can%20develop%20nursing,the%20opportunity%20for%20regular%20feedback.> [Accessed 4 September 2021].

Pringle, J., Drummond, J., McLafferty, E. and Hendry, C. (2011). Interpretative phenomenological analysis: a discussion and critique. *Nurse Researcher*, [online] 18(3), pp.20-24. Available at: <https://pubmed.ncbi.nlm.nih.gov/21560922/> [Accessed 12 November 2021].

Queirós, A., Faria, D. and Almeida, F. (2017). Strengths and limitations of qualitative and quantitative research methods. *European Journal of Education Studies*, 3(9), pp.369-387.

Racher, F. and Robinson, S., (2003). Are Phenomenology and Postpositivism Strange Bedfellows?. *Western Journal of Nursing Research*, [online] 25(5), pp.464-481. Available at: <https://journals.sagepub.com/doi/10.1177/0193945903253909?url ver=Z39.88-2003&rfr id=ori:rid:crossref.org&rfr dat=cr pub%20%200pubmed> [Accessed 29 March 2022].

Rajab, M.H., Alkawi, M., Gazal, A.M., et al. (2019) Evaluation of a University's Institutional Review Board based on Campus Feedback: A cross-sectional study. *Cureus* [online]. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6827706/ [Accessed 13 November 2021]

Ransome, P. (2013). *Ethics and values in social research*. Macmillan International Higher Education.

Raskind, I., Shelton, R., Comeau, D., Cooper, H., Griffith, D. and Kegler, M. (2018). A Review of Qualitative Data Analysis Practices in Health Education and Health Behaviour Research. *Health Education & Behaviour*, [online] 46(1), pp.32-39. Available at: <https://journals.sagepub.com/doi/10.1177/1090198118795019> [Accessed 11 September 2021].

Reknes, I., Pallesen, S., Magerøy, N., et al. (2014) Exposure to bullying behaviors as a predictor of mental health problems among Norwegian nurses: Results from the prospective SUSSH-survey. *International Journal of Nursing Studies* [online], 51 (3):

479 487. Available from: https://www.sciencedirect.com/science/article/abs/pii/S0020748913001995?via%3Dihub [Accessed 25 November 2021] Resnik, D.B. (2019) *The ethics of research with human subjects: Protecting people, Advancing Science, promoting trust*. Cham, Switzerland: Springer

Resnik, D. and Elliott, K. (2015). The Ethical Challenges of Socially Responsible Science. *Accountability in Research*, [online] 23(1), pp.31-46. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4631672/pdf/nihms720430.pdf> [Accessed 3 April 2022].

Riese J (2019) What is 'access' in the context of qualitative research? *Qualitative Research* 19(6): 669 684.

Rodriguez, A. and Smith, J. (2018) Phenomenology as a healthcare research method. *Evidence Based Nursing* [online], 21 (4): 96 98. Available from: https://ebn.bmj.com/content/21/4/96 [Accessed 13 November 2021]

Rolfe, G. (2006). Validity, trustworthiness, and rigour: quality and the idea of qualitative research. *Journal of Advanced Nursing*, 53(3), pp.304-310.

Rothman, K.J. (2000) For and against: Declaration of Helsinki should be strengthened for against. *BMJ* [online], 321 (7258): 442 445. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1127802/ [Accessed 13 November 2021]

Rowe, W. E. (2014) 'Positionality' in Coghlan, D., & Brydon-Miller, M. (eds) *The SAGE encyclopedia of action research*, 1-2. London: SAGE Publications Ltd doi: 10.4135/9781446294406

Royal College of Psychiatrists (2021) *Thousands of Black, Asian and minority ethnic staff in mental health trusts experience harassment, bullying, or abuse at work, new analysis finds* [online]. Available from: https://www.rcpsych.ac.uk/news-and-features/latest-news/detail/2021/09/09/thousands-of-black-asian-and-minority-ethnic-staff-in-mental-health-trusts-experience-harassment-bullying-or-abuse-at-work-new-analysis-finds [Accessed 24 December 2021]

Ruan N (2020) Interviewing elite women professors: Methodological reflections with feminist research ethics. *Qualitative Research* 22(1): 110 125.

Saldanã, J. (2021). *The coding manual for qualitative researchers*. 4th ed. London: SAGE.

Saldaña, J. and Omasta, M. (2018). *Qualitative research: Analysing life*. 1st ed. California: Sage.

Salmon, J. (2012) The use of phenomenology in nursing research. *Nurse Researcher* [online], 19 (3): 4 5. Available from: https://journals.rcni.com/nurse-researcher/the-use-of-phenomenology-in-nursing-research-nr.19.3.4.s2 [Accessed 13 November 2021]

Samadzadeh, S. and Aghamohammadi, M. (2018) Violence against nursing students in the workplace: An Iranian experience. *International Journal of Nursing Education Scholarship* [online], 15 (1). Available from: https://www.degruyter.com/document/doi/10.1515/ijnes-2016-0058/html [Accessed 17 November 2021]

Sato, K. and Kodama, Y. (2021) Nurses' educational needs when dealing with aggression from patients and their families: A mixed-methods study. *BMJ Open*

[online], 11 (1). Available from: https://bmjopen.bmj.com/content/11/1/e041711 [Accessed 22 November 2021]

Saunders, M., Lewis, P. and Thornhill, A. (2012). *Research methods for business students.* 6th ed. Harlow: Pearson.

Schegloff, E. (1997). Whose Text? Whose Context?. *Discourse & Society*, [online] 8(2), pp.165-187. Available at: <https://journals.sagepub.com/doi/10.1177/0957926597008002002> [Accessed 12 November 2021].

Scotland, J. (2012) Exploring the philosophical underpinnings of research: Relating ontology and epistemology to the methodology and methods of the scientific, interpretive, and critical research paradigms. *English Language Teaching* [online], 5 (9). Available from: https://eric.ed.gov/?id=EJ1080001 [Accessed 13 November 2021]

Seitz, S. (2015) Pixilated partnerships, overcoming obstacles in qualitative interviews via Skype: A research note. *Qualitative Research* [online], 16 (2): 229 235. Available from: https://journals.sagepub.com/doi/abs/10.1177/1468794115577011?journalCode=qrja [Accessed 13 November 2021]

Shafran-Tikva, S., Chinitz, D., Stern, Z., et al. (2017) Violence against physicians and nurses in a hospital: How does it happen? A mixed-methods study. *Israel Journal of Health Policy Research* [online], 6 (1). Available from: https://ijhpr.biomedcentral.com/articles/10.1186/s13584-017-0183-y [Accessed 25 November 2021]

Shaw, R. (2011) The ethical risks of curtailing emotion in social science research: The case of organ transfer. *Health Sociology Review* [online], 20 (1): 58 69. Available from: https://www.tandfonline.com/doi/abs/10.5172/hesr.2011.20.1.58 [Accessed 30 November 2021]

Shdaifat, E.A., AlAmer, M.M., Jamama, A.A., et al. (2020) Verbal abuse and psychological disorders among nursing student interns in KSA. *Journal of Taibah University Medical Sciences* [online], 15 (1): 66 74. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7033410/ [Accessed 17 November 2021]

Shuster, E. (1997) Fifty years later: The significance of the Nuremberg code. *New England Journal of Medicine* [online], 337 (20): 1436 1440. Available from: https://www.nejm.org/doi/full/10.1056/nejm199711133372006 [Accessed 13 November 2021]

Smith, J. (2018) Phenomenology as a healthcare research method. *Evidence Based Nursing* [online], 21 (4): 96 98. Available from: https://ebn.bmj.com/content/21/4/96 [Accessed 29 December 2021]

Solorzano Martinez, A.J. and De Oliveira, G.C. (2021) Workplace violence training programs for nursing students: A literature review. *Journal of the American Psychiatric Nurses Association* [online], 27 (5): 361 372. Available from: https://journals.sagepub.com/doi/abs/10.1177/1078390321994665 [Accessed 17 November 2021]

Sorsa, M., Kiikkala, I. and Åstedt-Kurki, P. (2015). Bracketing as a skill in conducting unstructured qualitative interviews. *Nurse Researcher*, [online] 22(4), pp.8-12. Available at: <https://journals.rcni.com/nurse-researcher/bracketing-as-a-skill-in-

conducting-unstructured-qualitative-interviews-nr.22.4.8.e1317> [Accessed 16 April 2022].

Stahlke, S. (2018) Expanding on notions of ethical risks to qualitative researchers. *International Journal of Qualitative Methods* [online], 17 (1): 160940691878730. Available from: https://journals.sagepub.com/doi/pdf/10.1177/1609406918787309 [Accessed 16 November 2021]

Stalmeijer, R.E., McNaughton, N., Van Mook, W.N., et al. (2014) Using focus groups in Medical Education Research: AMEE guide no. 91. *Medical Teacher* [online], 36 (11): 923 939. Available from: https://pubmed.ncbi.nlm.nih.gov/25072306/ [Accessed 13 November 2021]

Steizinger, J. (2018) The significance of dehumanization: Nazi ideology and its psychological consequences. *Politics, Religion & Ideology* [online], 19 (2): 139 157. Available from: https://www.tandfonline.com/doi/full/10.1080/21567689.2018.1425144 [Accessed 30 November 2021]

Stephens, W. (2019). *Violence Against Healthcare Workers: A Rising Epidemic*. [online] AJMC. Available at: <https://www.ajmc.com/view/violence-against-healthcare-workers-a-rising-epidemic> [Accessed 5 September 2021].

Sucharew, H. (2019) Methods for Research Evidence Synthesis: The scoping review approach. *Journal of Hospital Medicine* [online], 14 (7): 416. Available from: https://www.journalofhospitalmedicine.com/jhospmed/article/202729/hospital-medicine/methods-research-evidence-synthesis-scoping-review [Accessed 26 November 2021]

Sullivan, J. R. (2012). Skype: An appropriate method of data collection for qualitative interviews? *The Hilltop Review*, 6, pp.54 60.

Sundler, A., Lindberg, E., Nilsson, C. and Palmér, L. (2019). Qualitative thematic analysis based on descriptive phenomenology. *Nursing Open*, [online] Available at: <https://onlinelibrary.wiley.com/doi/10.1002/nop2.275> [Accessed 1 April 2022].

Sunley, K. (2018). *Violence and aggression in the NHS Estimating the size and the impact of the problem*. [pdf] London: Royal College of Nursing. Available at: <https://www.rcn.org.uk/-/media/royal-college-of-nursing/documents> [Accessed 5 September 2021].

Snyder, S. E., and Duchschere, J. E. (2022). Revisiting ecological systems theory: Practice implications for juvenile justice youth. *Translational Issues in Psychological Science, 8*(2), 234 245. https://doi.org/10.1037/tps0000324

Tavallaei, M. and Talib, M.A. (2010). A general perspective on role of theory in qualitative research. *Journal of International Social Research*, 3(11).

Tee, S., Üzar Özçetin, Y.S., Russell-Westhead, M., et al. (2016) Workplace violence experienced by nursing students: A UK survey. *Nurse Education Today* [online], 41: 30 35. Available from: https://www.sciencedirect.com/science/article/abs/pii/S0260691716001209?via%3Dihub [Accessed 17 November 2021]

Temple, R. (1982) Government viewpoint of clinical trials. *Drug Information Journal* [online], 16 (1-2): 10 17. Available from: https://journals.sagepub.com/doi/10.1177/009286158201600102 [Accessed 13 November 2021]

Thanh, N. and Thanh, T. (2015). Paradigm and Qualitative Methods in Education. *American Journal of Educational Science*, 1(2), pp.24-27.

The WRES Implementation team (2020) *NHS Workforce Race Equality Standard: 2019 Data Analysis Report for NHS Trusts*

Tufford, L. and Newman, P. (2010). Bracketing in Qualitative Research. *Qualitative Social Work*, [online] 11(1), pp.80-96. Available at: <https://journals.sagepub.com/doi/abs/10.1177/1473325010368316?journalCode=qswa> [Accessed 16 April 2022].

Wellington, J. (2015). *Educational research: Contemporary issues and practical approaches.* London: Bloomsbury Academic.

www.legislation.gov.uk (n.d.) *Race Relations Act 1965*. Available from: https://www.legislation.gov.uk/ukpga/1965/73/contents/enacted [Accessed 2 July 2022]

Totura, C.M., Fields, S.A., Karver, M.S., et al. (2018) The role of the therapeutic relationship in psychopharmacological treatment outcomes: A Meta-Analytic Review. *Psychiatric Services* [online], 69 (1): 41 47. Available from: https://ps.psychiatryonline.org/doi/10.1176/appi.ps.201700114 [Accessed 14 November 2021]

Üzar-Özçetin, Y.S., Russell-Westhead, M., Tee, S., et al. (2021) Workplace violence: A qualitative study drawing on the perspectives of UK nursing students. *Collegian* [online], 28 (1): 27 34. Available from: https://www.sciencedirect.com/science/article/abs/pii/S1322769620300354 [Accessed 25 November 2021]

Vaezi AA, Tavangar H, Javadi M. (2015). Factors Influencing the Process of Continuous Nursing Education Based on the Experiences of Nurses: A Qualitative Study. *Strides in Development of Medical Education*.11(4), pp.508-522

Vaismoradi, M., Turunen, H., Bondas, T., et al. (2013) Content analysis and thematic analysis: Implications for conducting a qualitative descriptive study. *Nursing & Health Sciences* [online], 15 (3): 398 405. Available from: https://pubmed.ncbi.nlm.nih.gov/23480423/ [Accessed 13 November 2021]

Vaismoradi, M., Jones, J., Turunen, H. and Snelgrove, S. (2016). Theme development in qualitative content analysis and thematic analysis. *Journal of Nursing Education and Practice*, [online] 6(5). Available at: <https://nordopen.nord.no/nord-xmlui/bitstream/handle/11250/2386408/Vaismoradi.pdf?sequence=3> [Accessed 10 September 2021].

Varkey, B. (2020) Principles of clinical ethics and their application to practice. *Medical Principles and Practice* [online]. Available from: https://www.karger.com/Article/FullText/509119 [Accessed 13 November 2021]

Varpio, L., Ajjawi, R., Monrouxe, L.V., et al. (2017) Shedding the cobra effect: Problematising thematic emergence, triangulation, saturation and member checking. *Medical Education* [online], 51 (1): 40 50. Available from: https://onlinelibrary.wiley.com/doi/10.1111/medu.13124 [Accessed 13 November 2021]

Varpio, L., Paradis, E., Uijtdehaage, S., et al. (2019) The distinctions between theory, theoretical framework, and Conceptual Framework. *Academic Medicine* [online], 95 (7): 989 994. Available from:

https://journals.lww.com/academicmedicine/fulltext/2020/07000/the distinctions bet ween theory, theoretical.21.aspx [Accessed 13 November 2021]

Vento, S., Cainelli, F., Vallone, A., et al. (2020) Violence against healthcare workers: A worldwide phenomenon with serious consequences. *Frontiers in Public Health* [online], 8. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7531183/#:~:text=Verbal%20abuse%20%2857.6%25%29%20was%20the%20most%20common%20form,Emergency%20departments%2C%20and%20among%20nurses%20and%20physicians%20%282%29. [Accessed 5 July 2022]

Vignato, J., Inman, M., Patsais, M., et al. (2021) Computer-assisted qualitative data analysis software, phenomenology, and Colaizzi's method. *Western Journal of Nursing Research* [online], p. 019394592110303. Available from: https://pubmed.ncbi.nlm.nih.gov/34238074/ [Accessed 13 November 2021]

Viottini, E., Politano, G., Fornero, G., et al. (2020) Determinants of aggression against all health care workers in a large-sized University Hospital. *BMC Health Services Research* [online], 20 (1). Available from: https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-020-05084-x [Accessed 25 November 2021]

www.legislation.gov.uk (n.d.) *Race Relations Act 1965*. Available from: https://www.legislation.gov.uk/ukpga/1965/73/contents/enacted [Accessed 2 July 2022]

Vollmann, J. and Winau, R. (1996) Informed consent in human experimentation before the Nuremberg Code. *BMJ* [online], 313 (7070): 1445 1447. Available from: https://www.bmj.com/content/313/7070/1445.long [Accessed 13 November 2021]

Wareing, M., Taylor, R., Wilson, A., et al. (2017) The influence of placements on Adult Nursing Graduates' choice of First Post. *British Journal of Nursing* [online], 26 (4): 228 233. Available from: https://pubmed.ncbi.nlm.nih.gov/28230438/ [Accessed 22 November 2021]

Webb, C. and Kevern, J. (2001) Focus groups as a research method: A critique of some aspects of their use in nursing research. *Journal of Advanced Nursing* [online], 33 (6): 798 805. Available from: https://pubmed.ncbi.nlm.nih.gov/11298218/ [Accessed 13 November 2021]

Weindling, P., von Villiez, A., Loewenau, A., et al. (2016) The victims of unethical human experiments and coerced research under National Socialism. *Endeavour* [online], 40 (1): 1 6. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4822534/ [Accessed 13 November 2021]

Weller, S. (2015). *The potentials and pitfalls of using Skype for qualitative (longitudinal) interviews*. Southampton, England: National Centre for Research Methods.

Weller, S. (2017) Using internet video calls in qualitative (longitudinal) interviews: Some implications for Rapport. *International Journal of Social Research Methodology* [online], 20 (6): 613 625. Available from: https://www.tandfonline.com/doi/abs/10.1080/13645579.2016.1269505?journalCode=tsrm20 [Accessed 13 November 2021]

Wertz, F. (2011). *Five ways of doing qualitative analysis*. New York: Guilford Press.

Williamson, K, Given, L and Scifleet, P. (2013) Qualitative data analysis. in K Williamson and G Johanson (eds), *Research Methods: Information, Systems, and Contexts.* 1st / 19 edition, Tilde University Press, Prahran, VIC, pp. 417-439.

Wirihana, L., Welch, A., Williamson, M., Christensen, M., Bakon, S. and Craft, J. (2018). Using Colaizzi's method of data analysis to explore the experiences of nurse academics teaching on satellite campuses. *Nurse Researcher*, [online] 25(4), pp.30-34. Available at: <https://pubmed.ncbi.nlm.nih.gov/29546965/> [Accessed 12 November 2021].

Wheeler, B.L., Murphy, K.M., Hiller, J., et al. (2016) "Epistemological Foundations of Objectivist and Interpretivist Research." In *An introduction to music therapy research*. 3rd ed. [online]. Dallas, TX: Barcelona Publishers. pp. 99 127. Available from: https://ecommons.udayton.edu/cgi/viewcontent.cgi?article=1054&context=books [Accessed 29 December 2021]

WHO (2023) *Violence prevention alliance approach*, *World Health Organization*. Available at: https://www.who.int/groups/violence-prevention-alliance/approach (Accessed: 05 August 2023).

Woo, M.W. and Newman, S.A. (2020) The experience of transition from nursing students to newly graduated registered nurses in Singapore. *International Journal of Nursing Sciences* [online], 7 (1): 81 90. Available from: https://www.sciencedirect.com/science/article/pii/S2352013219304144 [Accessed 22 November 2021]

World Health Organisation (2020). Framework guidelines for addressing workplace violence in the health sector. [online] Who.int. Available at: <https://www.who.int/publications/i/item/9221134466> [Accessed 8 November 2021].

Xu, W. and Zammit, K. (2020). Applying Thematic Analysis to Education: A Hybrid Approach to Interpreting Data in Practitioner Research. *International Journal of Qualitative Methods*, [online] 19, p.160940692091881. Available at: <https://journals.sagepub.com/doi/10.1177/1609406920918810> [Accessed 3 April 2022].

Zamawe, F.C. (2015) The implication of using NVivo software in qualitative data analysis: Evidence-based reflections. *Malawi Medical Journal* [online], 27 (1): 13. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4478399/ [Accessed 13 November 2021]

Zemore, S., Ye, Y., Mulia, N., Martinez, P., Jones-Webb, R. and Karriker-Jaffe, K. (2016). Poor, persecuted, young, and alone: Toward explaining the elevated risk of alcohol problems among Black and Latino men who drink. *Drug and Alcohol Dependence*, [online] 163, pp.31-39. Available at: <https://pubmed.ncbi.nlm.nih.gov/27107846/> [Accessed 31 July 2022].

Zhang JQ (1996). Research attitudes among chiropractic college students. *Journal Manipulative Physiol Ther*.19(7):446-53.

Zhang, S.-E., Liu, W., Wang, J., et al. (2018) Impact of workplace violence and compassionate behaviour in hospitals on stress, sleep quality and subjective health status among Chinese nurses: A cross-sectional survey. *BMJ Open* [online], 8 (10). Available from: https://bmjopen.bmj.com/content/8/10/e019373.long [Accessed 14 November 2021]

Zhang, X. and Xiong, L. (2019) Impact of nurse horizontal violence and coping strategies: A Review. *Yangtze Medicine* [online], 03 (04): 289 300. Available from:

https://www.scirp.org/journal/paperinformation.aspx?paperid=95054 [Accessed 28 November 2021]

Appendix 1:

UNIVERSITY OF BIRMINGHAM
APPLICATION FOR ETHICAL REVIEW

Who should use this form:

This form is to be completed by PIs or supervisors (for PGR student research) who have completed the University of Birmingham's Ethical Review of Research Self Assessment Form (SAF) and have decided that further ethical review and approval is required before the commencement of a given Research Project.

Please be aware that all new research projects undertaken by postgraduate research (PGR) students first registered as from 1st September 2008 will be subject to the University's Ethical Review Process. PGR students first registered before 1st September 2008 should refer to their Department/School/College for further advice.

Researchers in the following categories are to use this form:

1. The project is to be conducted by:
    - staff of the University of Birmingham; or
    - postgraduate research (PGR) students enrolled at the University of Birmingham (to be completed by the student's supervisor);
2. The project is to be conducted at the University of Birmingham by visiting researchers.

Students undertaking undergraduate projects and taught postgraduate (PGT) students

should refer to their Department/School for advice.

NOTES:

- An electronic version of the completed form should be submitted to the Research Ethics Officer, at the following email address: aer-ethics@contacts.bham.ac.uk. Please **do not** submit paper copies.
- If, in any section, you find that you have insufficient space, or you wish to supply additional material not specifically requested by the form, please it in a separate file, clearly marked and attached to the submission email.
- If you have any queries about the form, please address them to the Research Ethics Team.

☒ **Before submitting, please tick this box to confirm that you have consulted and understood the following information and guidance and that you have taken it into account when completing your application:**

- **The information and guidance provided on the University's ethics webpages (https://intranet.birmingham.ac.uk/finance/accounting/Research-Support-Group/Research-Ethics/Ethical-Review-of-Research.aspx)**
- **The University's Code of Practice for Research (http://www.as.bham.ac.uk/legislation/docs/COP_Research.pdf)**

UNIVERSITY OF BIRMINGHAM APPLICATION FOR ETHICAL REVIEW	*OFFICE USE ONLY:* Application No: Date Received:

1. TITLE OF PROJECT

Nursing students' experiences of aggression during clinical placements: focus groups

2. THIS PROJECT IS:

University of Birmingham Staff Research project ☒
University of Birmingham Postgraduate Research (PGR) Student project ☐
Other ☐ (Please specify):

3. INVESTIGATORS

a) PLEASE GIVE DETAILS OF THE PRINCIPAL INVESTIGATORS OR SUPERVISORS (FOR PGR STUDENT PROJECTS)

Name: Title / first name / family name	[redacted]
Highest qualification & position held:	[redacted]
School/Department	School of Nursing
Telephone:	[redacted]
Email address:	[redacted]

Name: Title / first name / family name	
Highest qualification & position held:	
School/Department	
Telephone:	
Email address:	

b) PLEASE GIVE DETAILS OF ANY CO-INVESTIGATORS OR CO-SUPERVISORS (FOR PGR STUDENT PROJECTS)

Name: Title / first name / family name	[redacted]
Highest qualification & position held:	[redacted]
School/Department	School of Nursing
Telephone:	[redacted]
[redacted]	[redacted]ac.uk

c) In the case of PGR student projects, please give details of the student

Name of student:		Student No:	
Course of study:		Email address:	
Principal			

Name of student:		Student No:	
Course of study:		Email address:	
Principal			

4. ESTIMATED START OF PROJECT Date: June 2018

ESTIMATED END OF PROJECT Date: December 2018

5. FUNDING

List the funding sources (including internal sources) and give the status of each source.

Funding Body	*Approved/Pending /To be submitted*
Alumni Impact Fund (£948)	Approved

If you are requesting a quick turnaround on your application, please explain the reasons below (including funding-related deadlines). You should be aware that whilst effort will be made in cases of genuine urgency, it will not always be possible for the Ethics Committees to meet such requests.

Due to an administrative error I was not told that I had been successful with the Alumni Impact Fund in January. The timescales required by the fund mean that I need to run my focus groups in June and July, to have time to transcribe and analyse the data by the end of October.

6. SUMMARY OF PROJECT

Describe the purpose, background rationale for the proposed project, as well as the hypotheses/research questions to be examined and expected outcomes. This description should be in everyday language that is free from jargon. Please explain any technical terms or discipline-specific phrases.

Violence and aggression cause significant problems for healthcare staff working in a range of settings. Data from staff surveys suggest that 30% to 54% of healthcare staff have experienced violence in the past year (Hatch-Maillette et al., 2007; Campbell et al., 2011), and the majority of staff working in psychiatric and mental health services expect to be assaulted at some time in their career (Bilgin and Buzlu, 2006). Verbal abuse is the most commonly experienced type of aggression across all healthcare settings (Edward et al., 2014); physical assaults are most prevalent in mental health and older adult settings (Estryn-Behar et al., 2008), although emergency department staff also experience high levels of physical assaults (Gates et al., 2011). Patients are most likely to be the perpetrators of aggression, followed by patients' friends and relatives (Campbell et al., 2011). Nursing staff experience the highest levels of aggression (Wells & Bowers, 2002). Although there is a large body of evidence describing staff experiences of aggression, the extent of violence and aggression towards nursing students in clinical placements is less well known. The few studies that have examined this have all found high rates of experienced aggression: 45% of respondents in one UK study had experienced verbal abuse (Ferns & Meerabeau, 2007), one third of nursing students in one Australian university had experienced physical aggression, with over half experiencing verbal aggression (Hopkins et al., 2014), 50% in one study in Turkey (mainly verbal abuse) (Çelebioğlu et al., 2010), and 100% in another (Celik & Bayraktar, 2004). A study in Israel found that 23% of student nurses in the study had experienced severe sexual harassment. There have been no recent published studies of UK nursing students' experiences of violence and aggression on clinical placement.

Given that aggression is experienced by healthcare staff across a range of settings, and by student nurses in various countries, it is reasonable to assume that some nursing students at the University of Birmingham, and other UK universities, would also have experienced aggression whilst on clinical placement. However, rates for reporting aggression are consistently low (Sato et al., 2013), so it is likely that many most incidents go unreported. Since 50% of nursing students' time is spent on clinical placement, this has the potential to negatively impact on the student experience.

The research question to be answered by this study is: What are nursing students' experiences of aggression in clinical placement settings?

Answering this question will allow for an in-depth exploration of students' experiences. This is the second phase of a two-phase project. The first phase is a survey on experiences of aggression in clinical placement settings that is currently being completed by undergraduate nursing students at a number of universities. The results of both phases of the study will be used to guide teaching practice and policy development within the School of Nursing. For example, we will explore students' aggression reporting habits, identifying barriers and facilitators.

7. CONDUCT OF PROJECT

Please give a description of the research methodology that will be used

This phase of the project will use focus groups. We are planning to facilitate 6 focus groups with a mixture of students from the University of Birmingham and Birmingham City University (all of whom undertake placements in the same practice settings). We hope to have 6-8 participants per focus group, so approximately 48 participants in total.

Participants will be given a participant information sheet prior to arrival, and will be given the opportunity to ask questions on arrival for the focus group. They will then be given a consent form to read and sign. The focus groups will be facilitated by researchers at the University of Birmingham and Birmingham City University.

The focus groups will be recorded using a voice-recorder, and will be transcribed by a professional transcription company. Participants' names and any identifying information will be changed / removed from the transcriptions prior to analysis. The transcriptions will be analysed using thematic analysis by the researchers at the University of Birmingham and Birmingham City University.

8. DOES THE PROJECT INVOLVE PARTICIPATION OF PEOPLE OTHER THAN THE RESEARCHERS AND SUPERVISORS?

Yes ☒ No ☐

Note: 'Participation' includes both active participation (such as when participants take part in an interview) and cases where participants take part in the study without their knowledge and consent at the time (for example, in crowd behaviour research).

If you have answered NO please go to Section 18. If you have answered YES to this question please complete all the following sections.

9. PARTICIPANTS AS THE SUBJECTS OF THE RESEARCH

Describe the number of participants and important characteristics (such as age, gender, location, affiliation, level of fitness, intellectual ability etc.). Specify any inclusion/exclusion criteria to be used.

All undergraduate nursing students at the University of Birmingham and Birmingham City University who have completed at least one clinical placement will be invited to participate. We are planning to run 6 focus group with 6-8 participants per group, so 36-48 participants in total.

10. RECRUITMENT

Please state clearly how the participants will be identified, approached and recruited. Include any relationship between the investigator(s) and participant(s) (e.g. instructor-student).

Note: Attach a copy of any poster(s), advertisement(s) or letter(s) to be used for recruitment.

All University of Birmingham undergraduate nursing students who have completed at least one clinical placement will be offered the opportunity to participate. Students will be informed about the study via email with an attached copy of the Participant Information Sheet. Students will be given the opportunity to contact a member of the research team prior to participation with any questions they have regarding the study prior, either face-to-face, or via email or telephone.

As the focus groups will be led by staff at the University of Birmingham and Birmingham City University, and participants will come from both those institutions, participants may know some or all of the facilitators (i.e. lecturer-student).

11. CONSENT

a) Describe the process that the investigator(s) will be using to obtain valid consent. If consent is not to be obtained explain why**.** If the participants are minors or for other reasons are not competent to consent, describe the proposed alternate source of consent, including any permission / information letter to be provided to the person(s) providing the consent.

All research participants will be guaranteed confidentiality and anonymity within any future published work, that their right to withdraw from the project at any time until recording of focus groups has started and that they will be able to leave the focus groups at any time but the data given to that point will remain. Participants will be asked to read and sign a consent form, acknowledging that they are providing informed consent to participating in the recorded focus groups. These issues are explained in non-jargon, but in detail, within the participant information sheet prior to participation in the focus groups.

Note: Attach a copy of the Participant Information Sheet (if applicable), the Consent Form (if applicable), the content of any telephone script (if applicable) and any other material that

will be used in the consent process.

b) Will the participants be deceived in any way about the purpose of the study? **Yes** ☐ **No** ☒

If yes, please describe the nature and extent of the deception involved. Include how and when the deception will be revealed, and who will administer this feedback.

12. PARTICIPANT FEEDBACK

Explain what feedback/ information will be provided to the participants after participation in the research. (For example, a more complete description of the purpose of the research, or access to the results of the research).

Participants will be informed that they will be able to access the published paper. A brief presentation of the results will be given as part of the teaching of research methods to nursing students at the University of Birmingham.

13. PARTICIPANT WITHDRAWAL

a) Describe how the participants will be informed of their right to withdraw from the project.

Participants will be informed that they can withdraw from the study at any time until recording of the focus group begins. They will still be able to leave the focus group at any time, but any information they give that is captured by the transcription will be retained.

b) Explain any consequences for the participant of withdrawing from the study and indicate what will be done with the participant's data if they withdraw.

There are no consequences of withdrawal for the participants.

14. COMPENSATION

Will participants receive compensation for participation?

i) Financial **Yes** ☒ **No** ☐

ii) Non-financial **Yes** ☐ **No** ☒

If **Yes** to **either** i) or ii) above, please provide details.

Participants will not receive any financial compensation for participation. They will be offered food and soft drinks during the focus groups.

If participants choose to withdraw, how will you deal with compensation?

n/a

15. CONFIDENTIALITY

a) Will all participants be anonymous? **Yes** ☐ **No** ☒

b) Will all data be treated as confidential? **Yes** ☒ **No** ☐

Note: Participants' identity/data will be confidential if an assigned ID code or number is used, but it will not be anonymous. Anonymous data cannot be traced back to an individual participant.

Describe the procedures to be used to ensure anonymity of participants and/or confidentiality of data both during the conduct of the research and in the release of its findings.

The recordings of the focus groups will contain participants' voices therefore this information will not be anonymous. Participants will be asked to give themselves a 'research name' that will be used during the focus group, and to not divulge any personal information during recording of the focus groups. The transcriptions will be anonymous as any identifying information will be removed or redacted, however as the same researchers may be facilitating the focus groups and analysing the data, they may be able to link statements in the transcriptions with individual participants. Transcription will be completed by a reputable UK based company to ensure the confidentiality of all participants, and will be required to sign an agreement to keep the research data confidential. All names and any identifying information will be changed for publication to ensure the anonymity of participants.

If participant anonymity or confidentiality is not appropriate to this research project, explain, providing details of how all participants will be advised of the fact that data will not be anonymous or confidential.

16. STORAGE, ACCESS AND DISPOSAL OF DATA

Describe what research data will be stored, where, for what period of time, the measures that will be put in place to ensure security of the data, who will have access to the data, and the method and timing of disposal of the data.

All data will be stored securely in line with the University of Birmingham Data Protection Policy:

- Stored on UoB secure servers

All data will be preserved and accessible for ten years, in line with the University of Birmingham Code of Practice for Research, after which time it will be erased from the secure servers.

Focus group transcriptions will be analysed by the research team, comprising staff members from the University of Birmingham and Birmingham City University. If shared electronically, it will be sent via university email, sent as a locked, password-protected file.

Personal information will not be disclosed either orally or in writing or accidentally or otherwise to any unauthorised third party.

17. OTHER APPROVALS REQUIRED? e.g. Criminal Records Bureau (CRB) checks or NHS R&D approvals.

☐ YES ☒ NO ☐ NOT APPLICABLE

If yes, please specify.

18. SIGNIFICANCE/BENEFITS

Outline the potential significance and/or benefits of the research

This will contribute to the body of literature on nursing students' experiences of violence and aggression in clinical placement settings. The information gathered will be used to review and develop relevant policies and procedures within the School of Nursing to improve the student experience on clinical placement and the course overall.

This study will also raise awareness of the issues related to students experiencing violence on clinical placement.

19. RISKS

a) Outline any potential risks to **INDIVIDUALS**, including research staff, research participants, other individuals not involved in the research and the measures that will be taken to minimise any risks and the procedures to be adopted in the event of mishap

No potential risks are identified to the research staff. The main burden to participants is that of the time they give when participating. In the unlikely event that participating in the focus groups raises any negative thoughts or feelings, participants will be given the opportunity to discuss these with either my or Chris Wagstaff after the focus group has finished. We are both Registered Mental Health Nurses.

b) Outline any potential risks to **THE ENVIRONMENT and/or SOCIETY** and the measures that will be taken to minimise any risks and the procedures to be adopted in the event of mishap.

There are no potential risks to either the environment or society.

20. ARE THERE ANY OTHER ETHICAL ISSUES RAISED BY THE RESEARCH?

Yes ☐ **No** ☒

If yes, please specify

21. EXPERT REVIEWER/OPINION

You may be asked to nominate an expert reviewer for certain types of project, including those of an interventional nature or those involving significant risks. If you anticipate that this may apply to your work and you would like to nominate an expert reviewer at this stage, please provide details below.

Name
Contact details (including email address)
Brief explanation of reasons for nominating and/or nominee's suitability

22. CHECKLIST

Please mark if the study involves any of the following:

- Vulnerable groups, such as children and young people aged under 18 years, those with learning disability, or cognitive impairments ☐
- Research that induces or results in or causes anxiety, stress, pain or physical discomfort, or poses a risk of harm to participants (which is more than is expected from everyday life) ☐
- Risk to the personal safety of the researcher ☐
- Deception or research that is conducted without full and informed consent of the participants at time study is carried out ☐
- Administration of a chemical agent or vaccines or other substances (including vitamins or food substances) to human participants. ☐
- Production and/or use of genetically modified plants or microbes ☐
- Results that may have an adverse impact on the environment or food safety ☐
- Results that may be used to develop chemical or biological weapons ☐

Please check that the following documents are attached to your application.

	ATTACHED	NOT APPLICABLE
Recruitment advertisement	☒	☐
Participant information sheet	☒	☐
Consent form	☒	☐
Questionnaire	☐	☒
Interview Schedule	☒	☐

23. DECLARATION BY APPLICANTS

I submit this application on the basis that the information it contains is confidential and will be used by the University of Birmingham for the purposes of ethical review and monitoring of the research project described herein, and to satisfy reporting requirements to regulatory bodies. The information will not be used for any other purpose without my prior consent.

I declare that:

- The information in this form together with any accompanying information is complete and correct to the best of my knowledge and belief and I take full responsibility for it.
- I undertake to abide by University Code of Practice for Research (http://www.as.bham.ac.uk/legislation/docs/COP_Research.pdf) alongside any other relevant professional bodies' codes of conduct and/or ethical guidelines.
- I will report any changes affecting the ethical aspects of the project to the University of Birmingham Research Ethics Officer.
- I will report any adverse or unforeseen events which occur to the relevant Ethics Committee via the University of Birmingham Research Ethics Officer.

Name of principal investigator/project supervisor:	Nutmeg Hallett
Date:	5th May 2018

Please now save your completed form, print a copy for your records, and then email a copy to the Research Ethics Officer, at aer-ethics@contacts.bham.ac.uk. As noted above, please do not submit a paper copy.

Appendix 2: Participant information sheet

UNIVERSITY OF BIRMINGHAM | RISK, ABUSE AND VIOLENCE (RAV) RESEARCH PROGRAMME

Participant Information Sheet

Black, Asian and Minority Ethnic Nursing Students' experiences of violence and aggression during clinical placements in inpatient mental health settings in the United Kingdom

Thank you for reading this sheet. My name is Hillary Ohagwu. I am a mental health nurse working in the NHS and I am also a post graduate student on the MRes Clinical Health Research programme of University of Birmingham. I am inviting you take part in the above research. This is entirely voluntary. Before you decide whether to take part, it is important that you understand the reason why this research is being carried out, and what your participation will involve. Please take time to read the following information carefully. Please feel free to contact me if anything is unclear, and to take as much time as you need to decide whether or not to take part. My contact details are at the end of this information sheet.

What is the purpose of this research?

The aim of this study is to find out about nursing students' experiences of violence and aggression whilst on clinical placement. By investigating this, it is hoped that improvements can be made for the clinical experience of students.

Why have I been chosen to take part?

You have been chosen to take part because you are currently a pre-qualification nursing student at University of Birmingham or Birmingham City University and you are a BAME person.

Who has reviewed the study?

Before any research goes ahead it has to be checked by an ethics committee. They make sure that the research is fair. This project has been reviewed by the University of Birmingham research ethics committee.

Do I have to take part?

Your participation is entirely voluntary. If you decide not to take part, you will not be required to tell us why. You are free to withdraw at any point, even after the focus group has started. Once recording has started you can still leave but we won't be able to remove your data from the transcript.

What do you want me to do?

If you agree to participate in this study you will be expected to join other students from the University of Birmingham and Birmingham City University in a one hour focus group. The points for discussion will explore your experiences of violence and aggression whilst on clinical placements. The focus group will be recorded and that recording will be transcribed.

Version 3
22nd February 2021

What will happen to any information I give?

The goal of this study is to obtain the views of students regarding their experiences of violence and aggression on clinical placement. We will use this information to guide policies and practices within the School of Nursing. We intend to publish the results, and we may directly quote what you say in publications, but no names or locations will be given.

Will my taking part be kept confidential - How will you protect my confidentiality and anonymity?

The focus groups will be recorded, and these recordings transcribed by an external transcription company. During the focus groups I will refer to you by a name of your choosing, your 'research name', to preserve anonymity. When we are writing up the research we will refer to you by your research name. Once the recorded session has been transcribed, the recording will be stored on the university server and destroyed after 10 years, in line with university protocols.

The transcripts of the focus groups will be seen by members of the research team at the University of Birmingham and Birmingham City University. Any information that could reveal your identity will be removed from the transcripts.

What are the benefits of taking part?

There will likely be no direct benefit to you from participating, but the information from this study will be used to try and improve the student clinical experience.

What are the possible disadvantages and risks in taking part?

The main burden to you will be the time you give by participating in the focus groups. It is possible that discussing your experiences of violence or aggression may raise some negative feelings. If you feel like you don't want to continue in the discussions you will be free to leave at any time.

Support

The focus groups will be led by me or my colleague, Chris Wagstaff. We are both Registered Mental Health Nurses. If you, for any reason, find the focus groups too distressing, then we will be available to offer support to you once the focus group finishes.

What if there is a problem?

Any complaint about the way you have been dealt with during the research will be addressed. In the first instance you should speak to one of the group facilitators and we will do our best to answer your concerns. My details are at the end of this sheet. If you remain unhappy and wish to complain formally, you can do this by contacting Professor Annie Topping, Head of School, University of Birmingham, School of Nursing, Medical School, Edgbaston, B15 2TT, 0121 4158599, a.e.topping@bham.ac.uk.

Where can I get further information?

If you need to get any further information regarding this study, you can contact me, Hillary Ohagwu, EF17 Medical School, University of Birmingham, tel: 0121 4146826, email: hio832@student.bham.ac.uk.

Version 3
22nd February 2021

Appendix 3: Consent form

UNIVERSITY OF BIRMINGHAM | RISK, ABUSE AND VIOLENCE (RAV) RESEARCH PROGRAMME

CONSENT FORM

Title of Project: Black, Asian and Minority Ethnic Nursing Students' experiences of violence and aggression during clinical placements in inpatient mental health settings

Please initial each point and sign at the bottom.

	Please initial
I confirm that I have read and understand the information sheet dated … (version …) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	
I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason up until the point when the recording of the Focus Group starts.	
I agree that the focus group will be recorded and that the research interview will be transcribed.	
The researcher has a duty of disclosure; if during the focus group you confess to committing a crime then this may be taken to the appropriate authorities.	
I understand that the researcher may use anonymised direct quotes taken from me in the writing up of the research report.	
I agree to take part in the above study.	

Name of research participant……

Signature of research participant……

Date……

Name of researcher……

Signature of researcher……

Date……

Version 3
25th January 2021

Appendix 4: Email invitation for focus group

Reply Reply All Forward

Thu 27/05/2021 10:33

Hillary Ohagwu (MRes Clinical Health Resear PT)

Consent form for focus group

To shanna-kay.pinnock2@nhs.net; Gregory Davidson; fahad.khan4@nhs.net; sophia.hussain4@nhs.net; annet.nassiwa@nhs.net; emmanuel.folarin1@nhs.net; naimah.ali@nhs.net

Consent form V&A focus groups v3 .docx
31 KB

Hi,

I trust you are all keeping well.

I have emailed you the zoom invitation for the focus group on Tuesday 01/06/2021. Please can you help me in confirming your attendance. Also, I have attached, to this email, a consent form for the meeting which you can feel and email back to me at your convenience.

Best regards.

Hillary Ohagwu (MRes Clinical Health Resear PT)