**INTRODUCTION**

- Students in undergraduate nursing and psychiatric nursing programs are entering a health care climate ripe with violence and anxiety-provoking life-and-death experiences.
- Nurses experience three-times more violence than police and correctional service officers combined (CFNU, 2017).
- In Manitoba, 25% of nurses consistently experience Post-Traumatic Stress Disorder symptoms (MNU, 2015).
- Stressful situations and bullying compromise the future of the nursing profession with new nurses leaving practice (Chachula et al., 2015).

---

**RESULTS: 5 KEY THEMES**

**Theme 1: Witnessing Sudden & Unexpected Death**
- Involvement in code blues.
- Dealing with death.
- Witnessing sudden decline and change in patient status.

**Theme 2: Verbal Abuse, Bullying, Sabotage & Rumors**
- Sources included nurses, physicians, and patients.

**Theme 3: Faculty Incivility**
- Transgressions from faculty members and instructors.

**Theme 4: Sexual Inappropriateness & Exposure to Physical Violence**
- Participants reported patient-perpetrated accounts of sexual harassment and numerous accounts of violence.

**Theme 5: Emotional Labour**
- Regulating emotions while witnessing suffering.

---

**METHODS, SAMPLE, SETTING**

- The McGill Illness Narrative Interview (MINI) methodology (Groleau et al., 2006) derived from medical anthropology.
- 7 graduates within 2 years of convocation and successful pass on license exam.
- Semi-structured interview format.

---

**Funding Provided By:**
- The Workers Compensation Board of Manitoba
- The Canadian Nurses Foundation

Contact: chachulak@brandonu.ca

---

**CONCLUSIONS**

There is a need for nurse educators to:
- develop strategies that foster resilience, self-efficacy, and healthy coping mechanisms in undergraduate students prior to their entry into the workforce (Rees et al., 2016); and
- develop policy and guidelines that attend to debriefing procedures for clinical instructors when potentially traumatic and stressful experiences occur.