Purpose: Students in undergraduate nursing and psychiatric nursing programs are future professionals entering a health care climate rife with violence and anxiety-provoking life-and-death experiences. According to the Canadian Federation of Nurses Unions (CFNU, 2017), nurses experience three-times more violence than police and correctional service officers combined. Within Manitoba, 25% of nurses consistently experience post-traumatic stress disorder (PTSD) symptoms (Manitoba Nurses Union, 2015). Encountering stressful situations and bullying from both colleagues and superiors compromise the future of the nursing profession with newly-graduated nurses leaving practice to pursue other careers (Chachula, Myrick, & Yonge, 2015).

Methods: The goal of the study is to carefully respond to and identify the needs and vulnerabilities regarding perceptions and experiences of trauma within the Bachelor of Nursing (BN) and Bachelor of Psychiatric Nursing (BPN) student populations within Manitoba, Canada. The McGill Illness Narrative Interview (MINI) methodology developed by Groleau, Young and Kirmayer (2006) derived from medical anthropology is being utilized to better understand how, when, and under what circumstances graduates of BN and BPN programs self-identify as being ‘traumatized’, and/or act on their experiences and feelings of work-related ‘trauma’.

Results: Preliminary findings revealed themes of trauma surrounding witnessing sudden and unexpected death of patients for whom they care, suffering “sabotage” and bullying from practicing nurses, as well as verbal abuse from members of the health care team. Research has demonstrated that nursing students who experienced exhaustion and bullying from staff nurses, clinical instructors, student peers, as well as patients and their families found that learners were significantly more likely to leave the nursing program (Clarke, Kane, Rajacich & Lafreniere, 2012) and the nursing profession following entry into the workforce (Rudman, Gustavsson, & Hultell, 2014; Chachula et al., 2015).

Conclusion: These findings highlight the existence of a perpetual cycle of students and nurses working within a stressful and traumatic occupational culture fueled by oppression, social hierarchies, and power dynamics (Budden, Birks, Cant, Bagley, & Park, 2017; Clarke et al., 2012). Of significant consequence, students who are the future of the nursing workforce, graduate from nursing programs with jeopardized health and well-being, thereby affecting the sustainability of the nursing workforce (Rudman & Gustavsson, 2012).

There is a need for nurse educators to develop strategies that foster resilience, self-efficacy, and healthy coping mechanisms in undergraduate nursing students prior to their entry into the workforce (Rees et al., 2016). This includes the development of policy and guidelines that attends to debriefing procedures for clinical instructors when potentially traumatic and stressful experiences occur with student nurse populations.
Keywords:
Nursing students, Traumatic stress and Undergraduate clinical education

References:


Abstract Summary:
Nursing students have suffered emotional trauma surrounding the witnessing of sudden and unexpected death of patients for whom they provide care, suffering “sabotage” and bullying from practicing nurses, as well as verbal abuse from members of the health care team.

Content Outline:
Introduction
Background
Preliminary Findings

Significance

Implications

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