

**Nurse Interns' Experience of Workplace Violence during the Internship
Transition Programme Period in Saudi Arabia: A Convergent Mixed-Method
Study**

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Discussion and writing up

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Background: The nurse internship programme (NIP) was designed to ease the transition from educational to clinical practice for nurse interns (NIs) who finished their Bachelor of Nursing programme. Nurse interns face challenges adjusting to the work environment, and the internship programme supports them during this transition. As of today, it is unknown whether or not these programmes can support nurse interns who are experiencing workplace violence (WPV).

Aim: The overall aim of this study is to understand nurse interns' experiences of workplace violence during an internship programme and explore this programme's current role in supporting interns in dealing with workplace violence

Method: A convergent mixed-method study was conducted using a cross-sectional design for the quantitative phase and an exploratory design for the qualitative phase.

Data collection: Two Saudi universities participated in this study, and 123 NIs responded to the Massachusetts Nurse's Association (MNA) survey. Of those NIs, 20 participated in semi-structured interviews.

Data analysis: For the quantitative phase, a descriptive analysis was conducted using SPSS, and for the qualitative phase, a thematic analysis was performed using NVivo.

Results: Most of the NIs experienced different types of WPV, including physical and verbal acts. In most cases, patients and family members of patients committed these acts—nurses and doctors in senior staff positions verbally abused and threatened NIs. The results found that although NIP eased NIs' transition and improved their clinical skills, it failed to provide NIs with the necessary support they needed while experiencing WPV. Several factors contribute to this situation, including a lack of communication between universities and hospitals, a lack of education regarding WPV, and a lack of support. As a result, NIs become disempowered, normalize WPV incidents, and lose their voice.

Conclusion: A conceptual model was developed to help understand the gaps between universities and hospitals in guiding and delivering the NIP and NIs' WPV experience. This model highlights the need for improved communication, education, and increased support for NIs to address WPV. Additionally, the models point to a need for increased awareness of the issue. This is to empower NIs to speak out and challenge WPV normalization. This model could help re-develop the NIP, ease NIs' transition into clinical practice, support them during WPV, and help them deal with WPV. There is a need for more research to investigate the macro-level reasons why WPV occurs during programme enrolment.