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Chinese nursing students' experiences of workplace violence in the clinical setting: a qualitative study

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Research Article

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Abstract

Aim

To describe greater understanding of workplace violence toward nursing students within clinical practice in China.

Methods

A descriptive phenomenological study was adopted. Purposive sampling was used to conduct semi-structured interviews with 16 nursing students enrolled in clinical practice between March and June of 2025. Content analysis was used for data analysis.

Results

Four categories—instances of workplace violence, rationale for workplace violence, responses to workplace violence, and impact on nursing students—were identified from the qualitative data. The findings demonstrated that nursing students encountered violence in a variety of ways. Participants attributed the rationale for workplace violence to their own lack of experience and unqualified clinical instructors. The main response to violence was ignoring, pushing themselves to grow up, and seeking emotional support from peers.

Conclusion

Nursing students may benefit from more rigorous clinical instructor appointment scheduling, as well as pertinent courses and training on topics like violence prevention, communication, and resilience.

Introduction

The term "workplace violence" (WPV) refers to events in which employees are subjected to abuse, threats, or assault in connection with their jobs, particularly while commuting to and from work, and in which their safety, wellbeing, or health is explicitly or implicitly endangered [1]. Because of the nature of their work, which includes things like providing direct patient care and unfavorable clinical situations, nurses make up the bulk of WPV victims in healthcare settings [2–4]. Nursing students, usually at the bottom of the hierarchy, are more likely to encounter WPV since they are younger and have less clinical expertise than other staff members [5]. Over 50% of undergraduate nursing students in an Australian study reported having experienced WPV at least one episode in the clinical setting [6]. In Iran, 55.2% of nursing students reported experiencing violence in the previous academic year [7]. In China, clinical practice is mandatory for nursing students throughout their last year of study, lasting at least eight months and encompassing nearly all departments. Chinese scholars found the incidence of WPV among

nursing students ranged from 33.97 to 87.80% [8–10]. The acts that fall under the category of violence include scapegoating, making excessive demands, intimidating others, nonverbal innuendo (for example, rolling of the eyes), spreading rumors, and impeding opportunities for learning or promotion [11–13].

WPV have serious consequences that negatively affect victims' physical, emotional, and psychological well-being [14–15] and threaten the stability of the nursing profession [14, 16]. However, WPV in healthcare settings is seldom reported. Both nurses and nursing students are hesitant to report violence from patients and seniors because it may be seen as a normal aspect of the work [17–18].

As most of the studies of WPV in China were quantitative studies, a descriptive qualitative study was conducted to gain a comprehensive understanding toward nursing students. Since everyone has a distinct definition of WPV, we are utilizing a broad definition that encompasses bullying, incivility, and verbal, physical, and sexual violence.

Method

Design

A qualitative study was conducted to investigate the WPV experience of nursing students.The participants were interviewed one-on-one in-depth and in a semi-structured manner.

Setting and Sample

A purposeful sampling method was used to choose fourth-year undergraduate nursing students at Henan University of Chinese who practiced in four third-tier teaching hospitals in Zhengzhou City, central China. Inclusion criteria for participants included: (□) undergraduate nursing students who were practicing in clinical settings; (≧ 6 months); (□) exposure to WPV; (□) informed consent and participation voluntarily. Ultimately, sixteen participants were included. Data saturation, or the absence of new topics in three consecutive interviews, was used to establish the sample size [19].

Data Collection

In-depth, semistructured in-person interviews were employed to gather data. The time, location, and length of each interview were scheduled according to participants availability. The researchers and the participants were the only people present in the interview. Interviews were conducted by two researchers (XW& LZ). Before starting the interviews, the researchers built trust by outlining the study procedure and offering guarantees regarding the security and privacy of the data. The interview outlines were the following questions: (□)What types of violence have you encountered while working in a hospital? (□)How and why did you handle the situation? (□) How did these experiences affect you? In order to allow participants to express their own opinions, the researchers added exploratory questions to the interview form, which they used as a guide. While conducting the interviews, nonverbal cues, including

expressions on the face, mood swings, worries, and other things, were noted during the interview process. Furthermore, every interview was videotaped and then verbatim transcribed. Each interview lasted 21–57 minutes, and the data gathering period ran from March 2025 to June 2025.

Data analysis

Conventional content analysis was performed on the interview data. The researchers began the data analysis process by reading and rereading the text. Following a line-by-line reading of the texts, the narrative that addressed the interview questions was identified, and primary codes were used. The codes were then categorized based on comparisons. To enhance rigor, an iterative process was employed with three of the researchers (LP, XW and LZ) discussing the coding until consensus was reached. To further guarantee the reliability of the data, reflective procedures also included memo writing and an audit trail [20].

Results

The interview involved sixteen nursing students. The participants' average length of clinical practice was 7.46 months, and their ages ranged from 21 to 24. Four overarching categories of themes were identified: instances of WPV, rationale for WPV, response to WPV, and impact on nursing students. Table 1 outlines supportive quotes.

Instances of Workplace Violence

Participants explained the perpetrators of WPV were mainly patients and their relatives; nurse staff, especially clinical instructors, were also frequent perpetrators. Violence inflicted on nursing students by patients and their families mainly consists of verbal abuse and reprimands. As one student reported:

“That day, I failed to inject into the vein; the patient scolded me and asked my mentor to replace me; since then, he had refused nursing students’ care. I’m frustrated, right? I am indeed a trainee, but only for the opportunity to practice; I can be skilled.” (Participant 2)

Physical assaults and intimidation from patients and their families occasionally occur.

“Once I was a little late for pulling out the intravenous needle of the patient, the patient’s son almost wanted to slap me... He rushed into the nursing station and threatened me.” (Participant 12)

The typical negative experience from instructors was being ignored, being denied an opportunity to learn and lack of respect.

“I had just rotated a new department, so I wasn’t familiar with some operations, my mentor may feel troubled to teach me; she would rather do it by herself. I felt I was a nuisance.” (Participant 5)

“I gave a patient a hypodermic injection, and then I found out from other students that the patient was hepatitis B positive, and my mentor didn’t even caution me about it, which was pretty hard to understand.”(Participant 14)

Rationale for workplace violence

Frequent unit rotation, unprofessional competence, practicum arrangements, and the instructors’ uneven literacy can contribute to the risk of violence targeting nursing students. Some participants viewed being bullied as a rite of passage in the clinical learning environment that students must go through.

“Especially in the busier units, each staff was stressful; as new learners, we become punching bags.” (Participant 5)

“The patient verbally attacked me because I failed to puncture. They can be a little more understanding of that novice and then convey their feelings in a slightly tactful manner.” (Participant 9)

Clinical instructors should set a positive example for their students. However, clinical instructors vary in teaching ability, personality traits, and some have deficiencies in teaching behavior.

“When I practiced in the pediatric department, the instructor tutoring me was young and unprofessional. As she watched me reading books preparing master entrance examination, she told me that I shouldn’t study during working time, such crap. I can’t imagine how such a person can be an instructor.” (Participant 1)

“Clinical instructors should provide shelter for nursing students in the clinical learning environment, but it is disappointing that the instructors themselves become rain. I can understand a patient's uncivil behavior toward me, but I can't accept a instructor’s bullying ” (Participant 10)

Responses to workplace violence

Nursing students’ reaction to WPV is mainly avoidance and stoicism. They expressed horror in the face of violence.

“When I gave administration to a patient, he scolded me that I was extremely unprofessional, even though I did nothing wrong. I decided to ignore him since I didn't want to deal with his nagging and to prevent worse issues.” (Participant 3)

“Prior to clinical practice, school teachers advised us against head-on confrontations with patients, to tolerate what we can. Grin and bear it. Or else it’ll ruin my practicum.” (Participant 14)

However, some reacted to the events actively. They resort to sharing their unhappy experience with classmates and self-adjustment to comfort themselves. Some were empathetic and adaptable.

“My roommate had a similar experience... We swapped our difficult experiences and supported each other.” (Participant 9)

“I consoled myself that since the patients suffered from disease, it was common that their emotion was likely unstable.” (Participant 13)

Some participants felt that effective communication could reduce the incidence of violence.

“I think as long as we can communicate more effectively, most unhappy things can be shunned.” (Participant 9)

The students described how the WPV events motivated them to be productive during the clinical practice.

“Naturally, you have to become skilled. People scolded you, but it was really your own poor performance. How might you go about fixing it? It's that you make an effort to better yourself.” (Participant 3)

Impact on nursing students

Experiencing WPV can have a significant negative impact on the psychology of nursing students. They felt sad, lost, nervous, and lacking in confidence, thus causing greater psychological stress at work.

“I had just switched departments; therefore, I lacked speciality skills of the department. The instructor did not, however, patiently teach me anything. I was a little lost and depressed.” (Participant 7)

“I started to lose confidence after experiencing violence; I was hesitant about some operations because I feared to make mistakes.” (Participant 9)

The professional identity altered after experiencing WPV by nursing students. They perceived nursing as an overwhelming and burnout occupation.

“Clinical nursing is overwhelming; when I was frustrated, I thought about whether I wanted to stick to the job.” (Participant 12)

Discussion

This study confirmed that nursing students experienced frequent WPV in clinical settings. The main forms were psychological violence, including verbal abuse, intentional ignoring, and so on. Physical assault did occur, but less frequently. The findings share similarities to those reported in prior studies [21–22]. China is a populous country, and there is still a certain gap between the level of medical service and that of developed countries. When patients’ needs fail to meet expectations, medical staff often become scapegoats [23]. Different from some studies abroad, clinical instructors were described as one of the common perpetrators [11]. In China, a clinical nursing instructor is first and foremost a nurse, implying the fulfillment of the nurse's job, followed by the role of a supervisor, which is free labor. Nursing

instructors are often overwhelmed with the dual role of clinical nurse and student supervisor, causing stress and prompting uncivil behaviors [24]. Health institutions should establish evaluation and incentive mechanisms to stimulate instructors' motivation and enthusiasm for education.

As of the rationale for WPV, participants attributed it more to their own lack of experience and unqualified clinical instructors. The study found that patients' mistrust of students was a major barrier due to lack of social experience. Since nursing students learn in school are more theoretical, but the actual clinical situation is more complex. The study found that WPV from clinical instructors was characterized by lack of guidance and respect. Compared with the violence from patients, if clinical instructors are the perpetrators, the student experiences more severe psychological harm because they often regard the clinical instructor as a support system or "back wall." Clinical instructors should receive specialized training so they can more effectively fulfill the roles of mentor and supporter.

This study found that nursing students' coping styles with experiences of WPV were polarized. Some nursing students chose to tolerate verbal violence due to powerlessness or fear of revenge, which supported the others' work[3]. The reason is that nursing students lack awareness of zero tolerance for violence and the skills to deal with it [25]. Some participants adopted positive coping styles which can help them reduce the negative impact, and better adapt to the environment [26]. Nursing students chose ways such as sharing their encounters with others and adopt empathy, introspection, and self-improvement after experiencing violence. These defense mechanisms have been confirmed in other studies [27]. Educational institutions and health facilities should provide relevant courses and training to deal with WPV, guide nursing students to correctly recognize WPV, and set up awareness of violence prevention and zero tolerance for violence.

Nursing students reported the negative experiences affected their confidence, which aggravated their impaired psychological status. Nursing educators should pay attention to the fact that nursing students' psychological resilience level is significantly lower than that of clinical nurses, due to their immature psychological defense mechanism and poor ability to adjust to stressful events [28]. The students in this study utilized peer support to alleviate their stress, which aligns with the findings of Qian et al. [29], who emphasized that while peer support was effective for learning, it should not hinder communication with the instructor or lead to missed learning opportunities.

Conclusion

Nursing students experience violence from a range of sources during clinical placement, which often has an impact on their psychological development and future careers. A hierarchical environment, practicum arrangements, and the instructors' literacy can contribute to the risk of violence targeting nursing students. Enhancing the resilience of nursing students holds promise for addressing the issue. Nursing educators and administrators should emphasize the needs of nursing students to cope with violence in the workplace, provide relevant training, and develop policies to create a safe practice environment for nursing students.

Abbreviations

WPV

Workplace violence

Declarations

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Author Contributions

LP and WL designed the study. LZ conducted the literature searches. Data collection and analysis: LZ and XW. Disagreements were resolved by discussion or arbitration by LP and LZ. LP drafted the manuscript. LP, LZ, and XW critically revised the manuscript and approved the final version. All authors have read and agreed to the published version of the manuscript.

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Data availability

All data generated or analyzed during this study are included in this article.

Ethics approval and consent to participate

This study was approved by the Ethics Committee of the First Affiliated Hospital of Henan University (Approval number: 2021HL-110). The study was conducted in full compliance with the principles of the Declaration of Helsinki. All participants took part voluntarily and provided informed consent. The collection and use of data adhered to the principles of confidentiality and anonymity.

Consent for publication

Consent for publication was obtained from all participants.

Competing of interests

The authors declare no competing interests.

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Table 1

Table 1 is not available with this version