

**Title:** Experience of Workplace Violence toward Nursing Students in Iran: A Qualitative Study

### **Abstract**

**Background and Aims:** This study explores the dimensions of violence experienced by student nurses in Iran, during their nurse education. The incidence of violence toward students has become a major concern and strategies are needed to reduce the incidence.

**Methods:** A qualitative study was conducted. Participants were 7 male and 9 female third-year undergraduates nursing student. Purposive sampling was used and qualitative data from semi-structured interviews were analyzed using thematic content analysis.

**Results:** From the qualitative data, five categories emerged including, instances of violence, causes of violence, feelings after the violence, reaction after violence and violence prevention strategies.

**Conclusion:** Nursing students need to be taught preventive measures and to receive appropriate support from nurses, instructors, and educational managers, in order to reduce the incidence and provide safer learning environments. Forensic nurses should be active stakeholders in monitoring, supporting and referring nursing students who experience workplace violence.

**Keywords:** Violence, Nursing, Students, Qualitative, Forensic.

## **Introduction**

Workplace violence in the health sector, especially amongst nurses, has become a major concern over recent years. According to global statistics, one-third of the nursing community have experienced some form of violence in the workplace over the previous 12 months, two-thirds have experienced non-physical violence and a quarter have experienced sexual assault (Gillespie, Gates, & Mentzel, 2012).

Healthcare students, who have the lowest executive power in hospitals, are also susceptible to abuse (Sahraian, Hemyari, Ayatollahi, & Zomorodian, 2016). Overall, healthcare students are more exposed to violence due to vulnerabilities such as being younger and having less clinical experience compared to other personnel (Koohestani et al., 2011).

Violence is defined as an attack on a person with the intention to do harm (Garnham, 2001). The World Health Organization's suggest that workplace violence includes incidents where employees are verbally harassed, threatened and attacked at work, or while commuting to work, which undermines their security, well-being, and health ("International Labour Office/International Council of Nurses/ World Health Organization/Public Services. International Framework Guidelines for Addressing Workplace Violence in the Health Sector. Geneva: International Labour Office; 2002.,").

The experience of violence during the studentship period for healthcare students, is not only highly distressing at the time, but can also harm the learning process, leading to students losing interest and passion for learning. Absences and delays in meeting course milestones, along with symptoms such as stress and anxiety have also been reported (Scherer, Scherer, Rossi, Vedana, & Cavalin, 2015).

Several studies have investigated the phenomenon of workplace violence among nursing students. Villiers, Mayers, and Khalil (2014) reported South African nursing students' experiences of violence were

typically caused “racial tension”, and “offensive behavior” (Villiers, Mayers, & Khalil, 2014). Thomas and Burk’s (2009) U.S. study found that junior nursing students experienced vertical violence and a sense of “been ignored”, They also reported incidents of being “not trusted”, “wrongfully accused” and being “publicly despised” (Thomas & Burk, 2009). Scherer, Scherer, Rossi, Vedana, and Cavalin (2015) report similar findings amongst Brazilian student nurses (Scherer et al., 2015). In another study in the US, over 50% of the undergraduate nursing students reported experiencing or witnessing horizontal violence at least once in the clinical setting (Wallace & Tucker, 2019), whilst 37.3% of nursing students in Hong Kong reported having experienced clinical violence during their nursing studies (Cheung, Ching, Cheng, & Ho, 2019) and 55.2% of Iranian nursing students experienced violence in the previous academic year (Fathi et al., 2018).

Given the profound impact of violence on healthcare students during their studentship period and their resulting negative impressions on the profession and their future careers, this study sought to explore this phenomenon in more depth, in Iran. The experience of violence is recognized as a personal and unique issue, but also has wider societal and public dimensions, which require investigation, understanding and potential intervention. Thus, this study was conducted amongst nursing students of the Nursing and Midwifery Faculty of the X University of Medical Sciences in Iran. The aim was to achieve a more comprehensive understanding of workplace violence toward nursing students in Iran in order to develop a strategy of preparation, prevention and support.

## **1. Methods**

### **1.1. Study Design**

This study was qualitative in design, with the aim of exploring the experience of workplace violence toward nursing students. The qualitative method involved the systematic collection, organization, and

interpretation of textual material (Malterud, 2001). Qualitative content analysis provides instruments for examining experiences, resulting in the acquisition of valuable and in-depth data from samples (Holloway & Galvin, 2016). All steps of the research were checked based on reporting guidelines, introduced for qualitative studies, as consolidated criteria for reporting qualitative research (COREQ)(Tong, Sainsbury, & Craig, 2007).

### 1.2. Participants

Sixteen nursing students (7 male and 9 female) from the third-year of their programme (5 and 6 semesters), were chosen for the study. Purposive sampling was used, to identify students by personally asking whether they have ever had experiences of violence and were willing to share. The interviews were conducted alongside the qualitative analysis of the data, and this process continued until data saturation. In total 16 nursing students were interviewed. The mean age of participants was  $24.43 \pm 2.58$ .

### 1.3. Data collection

In-depth semi-structured face-to-face interviews were used for data collection. The schedule of every interview was designed with the participants' cooperation regarding time, place and duration. Before performing the interviews, trust was built through communication techniques, explaining the process of the research and providing reassurances about keeping the data safe.

The process of interview was initiated using open-ended questions, which sought to cover the objectives of the research using effective interview techniques. The questions included:

- Please explain your experiences during your clinical internship/placement.
- Have you ever confronted violence during your internship/placement course?
- Please explain your feeling at the time of violence.

- What measures do you think could be taken to prevent violence against nursing students?

While conducting the interviews, techniques such as observation and note-taking were used for recording nonverbal data including facial expressions, changes in mood, concerns, etc. In addition, all of the interviews were voice-recorded and then transcribed verbatim. The length of each interview varied from 30 to 60 minutes, on average 45 minutes, depending on the participants' circumstances.

#### 1.4. Data analysis

To analyze the data obtained from the interviews, conventional content analysis was used. This method ensures the researcher avoids using predetermined categories, but lets the categories and their names emerge from the data. Hence, the researcher is immersed totally in the data. The key advantage of this method is that the results are directly obtained from the data without interpretation (Hsieh & Shannon, 2005). The analysis of data started with the researcher reading and re-reading the text in order to achieve immersion and to obtain a general understanding of the text. Then, the texts were read line-by-line and the narrative that answered the questions raised in the interview were determined, and primary codes applied. This process was followed continuously and consistently, from extracting the data to applying the codes. By comparing the codes with each other the codes were then categorized, and finally, a set of themes were prepared for each of the categories from the data.

#### 1.5. Rigor

The research team comprised the primary investigator (corresponding author) and two nursing professors who helped to conduct and supervise the study. They have published numerous articles in international journals adopting a qualitative approach. The corresponding author (SV) conducted the interviews, transcription and analyzed the data. In order to increase the rigor in the qualitative part of this study, the following steps were observed: choosing appropriate research method with the research

question, familiarity with the existing culture and context, diversity of sampling, emphasizing being informed, trying to win the participants' trust, repeating the questions in the interview process, analyzing the negative cases, debriefing meetings between the researcher and other members of the research team, using reflexive messages, background descriptions and researcher experience, member check, peers check and experts check. Member check was undertaken during the interview process and at the end of data analyze. The interviewer during the interviews repeated and summarized information and then questioned the participant to determine accuracy. Member check after data analysis was completed by sharing the findings with the participants involved. For Peer check, the impartial peers examined the study's methodology, transcripts, codes, and categories. To verify the obtained findings, the viewpoints of the two professors of nursing were gained regarding the final results that were reported in this study.

#### 1.6. Ethical Consideration

This study was approved by the research council of the X University of Medical Sciences (No.: 1395.102) and was substantiated by the Ethics Committee of the X University of Medical Sciences (ethics code: IR.MUK.REC.1395.102). Participants were informed of the objectives of the research. The methods and objective of the research were explained to all the participants. They participated in the study voluntarily and informed written consent was obtained from each participant. Ensuring students' confidentiality was guaranteed by anonymising and confidential storage of the participants' data. Participants, names were substituted for codes while transcribing the interviews and the information was kept in a safe place to which only the corresponding author had access. Participants were assured that in the reporting of their experiences they will be safe and there would be no effect on their programmer. Also, all the participants were informed that they could withdraw from the study at any time.

### 3. Results

From the data analysis, a total of 85 primary codes and 15 subcategories have been obtained. The analysis of the interview data revealed 5 main categories namely 1. instances of violence, 2. the causes of violence, 3. emotions after experiencing violence, 4. reaction after violence and 5. violence prevention strategies. Table 1 provides details of the sub-categories under each of the main categories.

Table 1 here.

### 3.1. Instances of workplace violence

Participants explained their experiences of workplace violence included personal humiliation, lack of respect and bad manners typically from professional colleagues: "... I was in the male surgery department where one of the female nurses humiliated me; she said that I am even illiterate and that the nursing major is just about injecting drugs and nothing more (P1, Female, 32 years old)." This also included those with responsibility for teaching the students: "... I was not successful in taking IV line while I was a sophomore and the instructor humiliated me by saying that I have shamed him in front of the patients and their companions (P8, Female, 24 years old)". Similarly: "... when I was in the second term, while I was taking an IV line, a drop of blood leaked on the patient's arm, and he disrespected me heavily. (P5, Female, 25 years old)". Such violence was seen as a particular problem in nursing: "... the nurses do not respect each other and the nursing students, but if a medical student came into the department they would respect him/her (P1, Female, 32 years old)". However such behaviour could emanate from other professions too: "...once I asked about the discharge time of the patient and the doctor treated me very harshly and said who the responsible nurse here is? You don't have the right to ask me such a question (P7, Female, 21 years old)". "... When I went to the patient's bed to take history, his companion did not allow me and spoke to me loudly. He said several other people have already taken the history. He wanted to throw me out of the room (P11, Male, 28 years old)".

### 3.2. Causes of Violence

The causes of violence against the students, was seen as symptomatic of societal attitudes toward nurses or nursing in general in Iran: "... In my opinion, there is not a positive viewpoint in our society toward the nurses. I have experienced horrible behaviors from the patients and their companions which revealed their negative viewpoints regarding nurses (P6, Female, 26 years old)". "...In my opinion, one of the main reasons for violence against nurses and the students is that the society is not appropriately educated about nursing and this negative perspective not only exists in the society but also among the healthcare team and the nurses too (P8, Female, 24 years old). There is something about the status of nursing compared to other professions: "...doctors look down on the nurses and consequently, on the nursing students as well (P8, Female, 24 years old)". Moreover, the rules of interaction among the nurses and nursing students is very hierarchical which leads to incidents of humiliation against students.

### 3.3. Feelings after violence

Following any experience violence, students experienced a range of emotions. One said: "...I felt terrible humiliation after that because all the patients and the people, who were there, were watching that scene. They would have a horrible viewpoint toward nursing students and would lose their trust in us" (P5, Female, 25 years old). Another tried to save face: "I did not show any reaction but I felt humiliation, confusion and embarrassment... (P15, Male, 21 years old)." Fear and anger were also a common responses: "After the doctor insulted me, I was scared and I felt bad (P2, Female, 23 years old)." "I feel angry because I had not committed the act that was attributed to me (P16, Male, 23 years old)."

Such incidents also impacted on the students learning experience: "...after being humiliated by my instructor, I was very sad and disappointed ..." (P8, Female, 24 years old). "The patient did not let me take his history and I felt upset and angry..." (P11, Male, 28 years old).

### 3.4. Reaction after violence



The students had various reactions to the violence such as silence, inaction and seeking to share their experiences with their instructors. One said: "I prefer to be silent against passing violence because we don't have a trusting relationship with that person (P3, Male, 23 years old)." "I usually don't do anything when I receive hostility from the patients (P2, Female, 23 years old)". Another react after violence as: "...after experiencing violence from the patient, I felt angry, and I shared the issue with my instructor (P11, Male, 28 years old)". "...I felt horrible about that ward and the nurse who mistreated me, and I asked the instructor to transfer me to another ward (P5, Female, 25 years old)".

### 3.5. Strategies for violence prevention

Suggested strategies for preventing violence against students included promoting the status of nursing in Iran society, strengthening nursing's status amongst other professions, training in communication and interaction skills for instructors, clarifying students' duties and status in practice to avoid role conflict and improve the relationship between student and trained nurses.

Students had strong views about the status of nursing in society "... In my opinion, the status of the nurses and the manner of behaving toward them should be greatly improved including behaviour from patients and their companions. This could be through training, posters and bulletin boards and even mass media" (P11, Male, 28 years old). "...From my point of view, the media should also raise the status of nursing more positively. There needs to be a campaign (P2, Female, 23 years old)".

This seemed to suggest nursing was considered low status in society and this was an attitude seen in other professional's attitudes such as medicine. They felt this could be overcome through interprofessional training: "... The position of nursing and medicine should be clarified by holding workshops and classes together for both the nurses and the doctors to learn from each other in order to develop a shared understanding and mutual respect" (P7, Female, 21 years old). However part of the problem was lack of

clarity about students' duties and the role of nurse instructors, which led to conflict: "... I believe that the university should make the hospital personnel (instructors) understand the students' role and needs and to develop an attitude of cooperation with the students who are coming to the hospital. They need to know that we have come to learn (P5, Female, 25 years old)".

It was also suggested that instructors need to understand how to communicate and interact, emphasizing the responsibility of the instructor in supporting students, in their interactions with patients and other students.

"... The instructors have to be trained regarding behavior because in some cases they don't know how to behave with the students and they need educational classes (P14, Male, 24 years old)". "... Training and educational workshops have to be held, and the trained nurses' (instructors) behaviour should be monitored and supervised directly and indirectly in order to reduce workplace violence" (P13, Male, 25 years old).

#### **4. Discussion**

This study reveals the experience of workplace violence amongst nursing students during their training at one university in Iran. Of concern was the degree of violence, in particular the verbal and psychological bullying, at a time when students should expect support and to be valued through their learning journey. The most prevalent manifestation of violence was humiliation, lack of respect and bad manners toward the students, reportedly reflecting the low status of the nursing profession in Iran.

These findings echo those from similar studies in Iran where 74.9% and 7.38% of the nursing students reported a history of verbal abuse and physical violence in the past year (Koohestani et al., 2011); in Brazil, where many nursing students had reported violence in the form of forced labor, teasing, vulgarity, offense, humiliating attitudes and physical aggression (Scherer et al., 2015); in Columbia where 70 percent of nursing students had a history of experiencing at least one form of violence (Moreno-Cubillos & Sepúlveda-

Gallego, 2013); and in the UK where a survey by Tee et al (2016) found worrying levels of workplace violence toward student nurses (Tee, Özçetin, & Russell-Westhead, 2016).

What is common across these studies is that many of the incidents appear to arise from the abuse of power, ranging from taunts to put-downs, to obscene gestures and physical aggression. But can also emanate from gender or age discrimination. The low status of nursing, seen as a primarily female profession, is evidently a factor and something that national regulatory bodies and governments need to take on board if they are to continue to attract people into the profession. Across the world, females form 70% of workers in the health and social sector and the distribution of female nurses by gender ranges between 65 to 81 percent (Boniol et al., 2019). These figures are consistent with this study, with ratio of male to female to male nurses being 7:1 in latest years (Mehrabi, Madanipour, & Ahmadnia, 2016). Therefore, given the large number of female nursing students who may at higher risk of violence, especially sexual violence, perhaps more attention should be paid to supporting female nursing students in nursing education settings.

The short and long term psychological impact of workplace violence is clear with participants reporting feelings of anger, hostility, frustration, and anxiety. They also reported longer term impact with feelings of sadness, despair, hopelessness and powerlessness, which we know from other studies, will have a negative effect on their learning (Khademian, Moattari, & Khademian, 2016 ; Scherer et al., 2015; Villiers et al., 2014) and even their desire to stay in nursing (Khademian et al., 2016 ). There is clearly a need for more proactive support mechanisms that will reduce such tensions and prevent the negative effects of violence impacting on students' well-being.

One way of addressing this need would be to draw on the support provided by forensic nurses. Forensic nurses have specialist skills, including evaluating and caring for victims of violence and assault. With their unique clinical background, forensic nurses are able to monitor the extent and nature of violence in nursing

colleges and perhaps work as advocates on behalf of nursing students as well as providing the emotional support to victims in the educational system. Forensic nurses can also provide nursing students with the practical information they might need to pursue action in response to an experience of violence.

Whatever the solutions, from the outset it must be the responsibility of the educational institutions and universities, including the academic and clinical educators and educational administrators, to operate systems that will expose incidents of workplace violence towards students and provide the necessary measures to investigate, bring perpetrators to account and support the victims. Alongside this, it is important to develop a culture of communication and learning in the work environment so that students can feel safe. Good communication in the working environment is essential as students tended to choose silence and inaction toward the violence against them, rather than to raise and address the problem more directly. Although inaction is an understandable reaction given the apparent hierarchical and power imbalance, students need help and support to report the violence so that such problems can be revealed, addressed and prevented.

It is also clearly incumbent on clinical nurse instructors to take practical measures to invite and encourage the reporting of incidents so that the students feel motivated to share their problems and receive appropriate support. This will only be achieved through establishing a relationship based on trust, honesty, respect, empathy and proper accountability. This involves creating a welcoming atmosphere, an atmosphere in which students will be accepted and respected for their character, regardless of their actions. If the instructor has empathy they can certainly help them mentally and emotionally (Williams & Stickley, 2010) by regularly communicating with their student, conveying understanding and being willing to listen to what the student is saying.

Taken as a whole it seems nurse education has a serious problem with workplace violence towards its students in educational environments around the world. Whilst there may be cultural, interpersonal, political and gender factors at play, there cannot be any excuse for tolerating this behaviour as it damages individuals, the professional status of nursing, recruitment and retention and the reputation of healthcare service providers.

Perhaps institutions should work more proactively with governments to promote more positive attitudes toward nursing as a discipline and to improve the professional status of nursing more generally. It seems only reasonable for students to expect appropriate treatment and respect during their training without the threat of violence or humiliation.

## **5. Limitations**

The experience of violence can be unpleasant, and we recognize that some students may not have been willing to share their experiences in full. This study only focused on one institution in Iran and so the findings may not be generalizable, although the findings are consistent with other studies around the world. This study also only focused on nursing students and so it may be beneficial to investigate the clinical experience of other healthcare students in order to make comparisons.

## **6. Conclusion**

Workplace violence against nursing students, seems to be a common phenomena, and has a huge psychological impact on students' wellbeing as well as negatively affecting their learning and their desire to remain in the profession. **Clinical instructors and education providers have a responsibility to proactively consider the causes and frequency of workplace violence and implement student-friendly strategies that identify incidents and support victims.** But perhaps more importantly wider consideration should be given to improving the status and image of nursing in countries in which it is viewed as a low status profession.

Only when the nursing profession is given the full value and standing it deserves, will the hierarchical and status issues identified in this study, be appropriately challenged and addressed. Nursing has a worldwide reputation for providing high quality, evidence-based care, but there is also a growing workforce shortage. This will only be addressed when nurse education is seen as an attractive option and when students are fully supported through their training without fear of workplace violence or humiliation.

### **Implications for Clinical Forensic Nursing Practice:**

Healthcare workers, including student nurses are likely to experience violence and harm in the workplace.

There is a need to clarify the student nurse role in order to improve relations and working practices among nurses and other disciplines.

Forensic nursing as a specialty is practiced at the intersection of health care and the law and is well placed to collect evidence of violence in nursing and to help develop appropriate theoretical and practical solutions.

With their unique clinical background, forensic nurses are able to monitor the extent and nature of violence in nursing colleges and perhaps work as an advocate on behalf of nursing students as well as providing the emotional support to victims in the educational system.

Forensic nurses can also provide nursing students with the practical information they might need to pursue action in response to an experience of violence.

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