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Original Article

Coping strategies for workplace violence among nursing students in Vietnam

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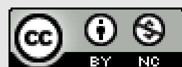

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ABSTRACT

Introduction: Nursing students, facing restricted clinical exposure and interpersonal challenges, are particularly susceptible to workplace violence. Given its profound implications, comprehending their reactions to such occurrences is imperative. This study sought to examine the coping mechanisms employed by nursing students in response to workplace violence in Vietnam.

Methods: A multicenter cross-sectional study was conducted among 776 nursing students conveniently sampled from 10 Vietnamese universities through the KoBo Toolbox platform. Enrollment occurred between March 1, 2023, and August 31, 2023. The research instrument has been developed in accordance with findings from several antecedent studies. The research data gathered through the online survey platform underwent exportation to Microsoft Excel and subsequent analysis using IBM SPSS Version 23. Frequencies and percentages were used to describe coping strategies, and the Chi-square test or Fisher's exact test was used to test differences in reporting workplace violence experiences between student groups.

Results: Students used a variety of strategies to respond to workplace violence. Trying to stay calm to explain to the perpetrator was the most common strategy (71.8% for physical violence; 40.5% and 36.9% for non-physical violence). The rate of reporting experiences of workplace violence with physical violence and non-physical violence by patients/patients' relatives and non-physical violence directed by medical staff/instructors was 35.9%, 9.5%, and 7.9%, respectively. The most common reason nursing students did not report an incident was because they believed it was part of their clinical placement.

Conclusion: Students' response strategies to workplace violence are emotionally oriented and inadequate in their experiences of workplace violence. Appropriate training on how to respond to and report exposure to workplace violence should be provided and or enhanced for nursing students.

Keywords: Coping strategies, Nursing students, Workplace violence

Introduction

Workplace violence is a pervasive concern in healthcare, particularly affecting nursing staff and students.[1] Numerous studies consistently highlight the increased susceptibility of nurses to workplace violence in comparison to other healthcare professionals.[2] The incidence of workplace violence among nurses displays notable fluctuation, spanning from 10.6% to 89.7%; noteworthy, non-physical manifestations of aggression manifest a higher prevalence compared to physical aggression.[3] Encountering violence in the workplace is associated with increased stress levels, exhaustion, and diminished job satisfaction, ultimately compromising the quality of care provided by nurses.[4,5,6]

Nursing students are identified as a vulnerable cohort, with a pronounced susceptibility to workplace violence stemming from various factors including limited clinical exposure, frequent rotations in clinical placements, and interpersonal challenges. Interactions with patients and multidisciplinary teams precipitate rapid engagement.[7] Recent studies have delineated that the incidence of workplace violence among nursing students ranges from 22.0% to 55.9%; notably, non-physical aggression surpasses physical violence in prevalence[8]. Registered nurses are identified as the primary perpetrators of non-physical violence, whereas patients predominantly perpetrate physical violence against nursing students.[8] The enduring repercussions of workplace violence on nursing students, encompassing both physical and psychological domains, are extensively documented.[9] Such occurrences often precipitate negative emotional responses, a decline in confidence, and diminished self-esteem among nursing students.[10]

Notwithstanding the pervasive nature of workplace violence and its multifaceted adverse effects, there exists a lack of clarity regarding the response mechanisms employed by nursing students. Empirical evidence suggests that nursing students commonly resort to informal discussions with acquaintances after experiencing a violent episode, yet the formal documentation of such incidents through incident reports is markedly infrequent.[1,11,12] Various deterrents to reporting have been identified, including the apprehension of retaliation and the perpetuation of violence, coupled with uncertainties surrounding the reporting procedures and recipients.[11,12] Furthermore, a considerable proportion of students perceive workplace violence as an inherent facet of clinical practice or harbor reservations regarding the efficacy of hospital staff in managing such incidents.[11] The failure to report instances of workplace violence not only impedes their resolution but also complicates the identification of potential hotspots for future violent occurrences.[1] A comprehensive elucidation of the factors contributing to under-reporting is imperative for students developing targeted interventions aimed at mitigating the specific barriers students encounter in reporting such incidents.

While considerable endeavors have been made by universities and hospitals to transform the clinical practice culture in Vietnam, the discernible impact of these initiatives remains indeterminate. Drawing on evidence suggesting the prevalence of workplace violence experienced by nursing students in diverse settings and countries, it is reasonable to infer the likelihood of such occurrences among nursing cohorts in Vietnamese academic institutions.[8] Thus, this study endeavors to delineate the coping strategies employed by nursing students in response to workplace violence.

Methods

A cross-sectional study design was used in conformity with Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) guidelines.

Nursing students from 10 universities/colleges in 6 cities across Vietnam, encompassing Hanoi, Nam Dinh, Hue, Da Nang, Ho Chi Minh, and Can Tho, were enlisted for this study via convenience sampling. Enrollment occurred between March 1, 2023, and August 31, 2023. Sample size determination was executed utilizing the designated formula: $(Z^2_{1-\alpha/2}\, p(1-p))/d^2$. In which, , p = 0.16 $(Z^2_{1-\alpha/2}\, p(1-p))/d^2 Z^2_{1-\alpha/2} =$ 1.96(Lanxia et al., 2022), d = 0.03.X. Considering the non-response rate of 20%, we found the minimum sample size to be 718.

This study employed a multicenter survey approach, thereby aiming to acquire a maximum sample size to enhance sample representativeness. Participation was extended to students who had encountered workplace violence at least once. Invitations to take part in the study were disseminated to students via email or Zalo, along with a hyperlink to access the questionnaire deployed on the Kobo Toolbox platform. A total of 1038 students were approached by the

researchers, of whom 776 ultimately completed the questionnaire

Ethical approval for this study was obtained from the Ethics Committee of Nam Dinh University of Nursing (Approval No. 681/GCN-HDDD). Upon accessing the questionnaire link, participants were initially directed to a consent page outlining the study's purpose and procedures. They were assured that participation posed no harm and that all responses would remain confidential. Participants were afforded the autonomy to decline participation and could discontinue the questionnaire at any juncture. Notably, all completed questionnaires were anonymized and voluntary.

The general information survey included age, sex, year of study, and experience with physical/non-physical violence. The research instrument has been developed following findings from several antecedent studies[7,11,12] The original tools used for the study were in English and translated into Vietnamese according to the instructions of Sousa and Rojjanasrirat.[13] Eight experts were invited to assess the validity of the research instrument. Calculate content validity (Content validity index-CVI) with S-CVI/UA = 0.9. Forty-four students were invited to evaluate the reliability of the research instrument. Reliability through the Kappa coefficient of the questionnaire = 0.717. The questionnaire included questions about experiences with physical/non-physical workplace violence, who perpetrated workplace violence, how to respond, reported experiences of workplace violence, and reasons not to report the incident. Participants were asked to describe their experiences with workplace violence by checking the appropriate items, such as the situations they had experienced, recorded in the questionnaire.

The research data gathered through the online survey platform underwent exportation to Microsoft Excel and subsequent analysis using IBM SPSS Version 23. Descriptive statistics, including frequencies and percentages, were utilized to characterize the demographic profiles of respondents, their responses, reporting status, and reasons for non-reporting of workplace violence among nursing students. The Chi-square test value or Fisher's exact test examined discrepancies between student groups concerning their experiences of reporting workplace violence.

Results

A total of 776 students completed the survey. The majority of the surveyed students were females, accounting for 88.5%. The participants were between 20 and 23 years old. Among them, 21-year-olds accounted for the majority of participants, with a rate of 71.9%. Up to 98.6% of the students reported having experienced non-physical violence, while only 5.0% reported experiencing physical violence, and all of it was caused by the patient and the patient's relatives (Table 1).

Table 1: Participant characteristics (n=776)

Variables	Characteristics	Number (%)
Age (in completed years)	20	56 (7.2)
	21	558 (71.9)
	22	148 (19.1)
	23	14 (1.8)
Sex	Male	89 (11.5)
	Female	687 (88.5)
Academic year	2nd year	558 (75.8)
	3rd year	98 (12.6)
	4th year	90 (11.6)
Violence experienced	Physical violence	39 (5.0)
	Non-physical violence	765 (98.6)

Many students have used various methods to cope with physical violence, with the most common approach being to explain the situation to the perpetrator calmly. Another way is to share their experiences with friends, family, or significant others. However, when faced with non-physical violence from patients and their relatives, more than half of the students (55.3%) reported not taking any action. In cases of violence perpetrated by clinical instructors and medical staff at the hospital, 41.9% of students reported not taking any action. Only a tiny percentage of students (36.9%) tried to explain the situation to the perpetrator of violence calmly (Table 2).

Table 2: Students coping strategies for workplace violence

Coping strategies	Physical violence by patients and relatives (n=39)	Non-physical violence by patients and relatives (n=524)	Non-physical violence by healthcare staff and clinical instructors (n=606)
	Number (%)	Number (%)	Number (%)
Try to stay calm to explain to the culprit	28 (71.8)	212 (40.5)	240 (36.9)
Share with family, friends, lovers	14 (35.9)	182 (34.7)	231 (38.1)
Seek help from those around you	13 (33.3)	71 (13.5)	35 (5.8)
Share with hospital medical staff	8 (20.5)	60 (11.5)	32 (5.3)
Share with clinical instructors	7 (17.9)	86 (16.4)	71 (11.7)
Share with teachers at school	7 (17.9)	49 (9.4)	48 (7.9)
There was no reaction	6 (15.4)	290 (53.3)	254 (41.9)
Share emotional status on social networks	4 (10.3)	35 (6.7)	23 (3.8)
Take sedatives to reduce stress	4 (10.3)	15 (2.9)	13 (2.1)
Using alcohol/beer, smoking, or stimulants	2 (5.1)	12 (2.3)	9 (1.5)
Temporary academic leave	2 (5.1)	3 (0.6)	1 (0.2)

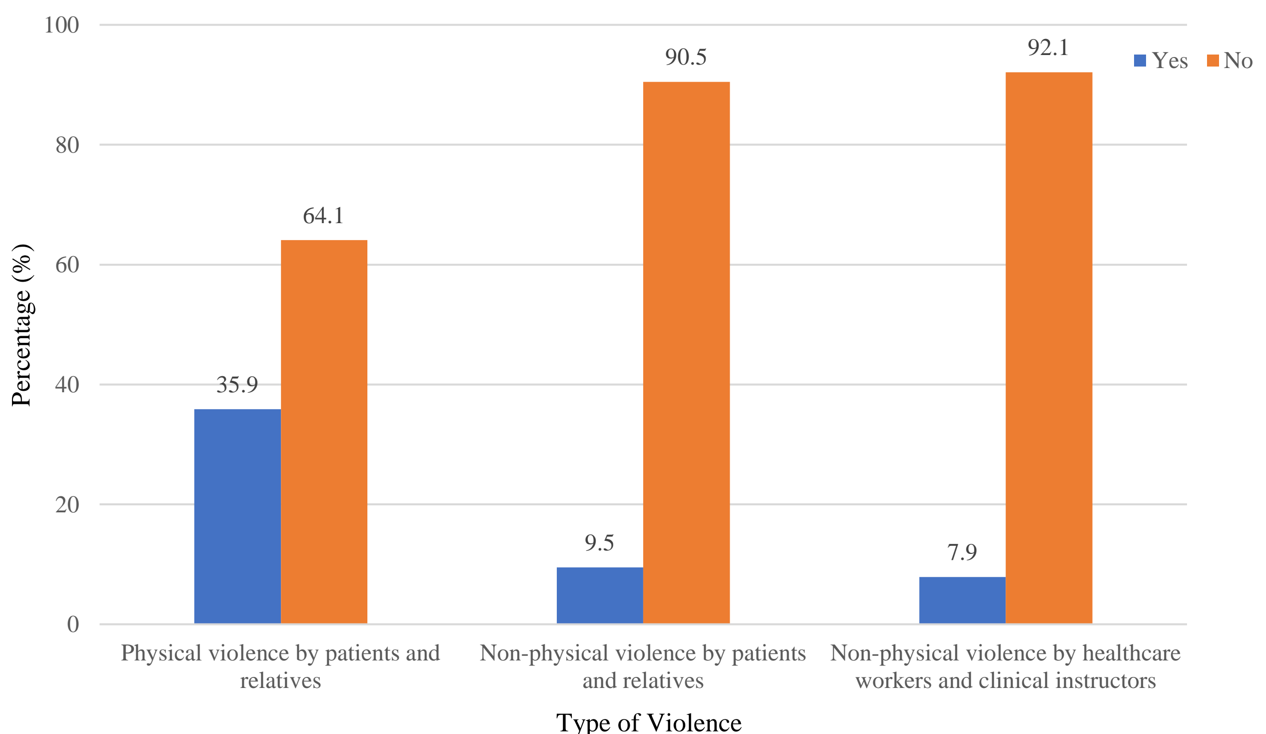

Figure 1. Reporting status of workplace violence among nursing students

The research results indicated that only 35.9% of students who have experienced physical violence reported it to the appropriate authorities, such as school administrators, hospital administrators, police, or local authorities. However, the number of students reporting non-physical violence is much lower. Specifically, only 9.5% of students reported non-physical violence caused by patients or their relatives, and the number of incidents of violence caused by lecturers and medical staff was 7.9% (Figure 1).

In cases involving physical violence from patients and their relatives, a higher proportion was observed among the 21-year-old age group (38.1%) compared to other age cohorts, although the difference did not reach statistical significance across age groups. Likewise, no significant differences were found in cases of non-physical violence from patients and relatives across age groups and genders. Similarly, no significant disparities were noted in cases of non-physical violence from healthcare workers and clinical instructors across age groups, genders, or academic years (Table 3).

Table 3. Association between demographic variables and experience of workplace violence

Variable	Characteristic	Physical violence by patients and relatives	Non-physical violence by patients and relatives	Non-physical violence by healthcare workers and clinical instructors
Age (in complete years)	20	4 (66.7)	3 (7.9)	2 (4.8)
	21	8 (38.1)	30 (8.2)	39 (9.0)
	22	2 (16.7)	6 (6.1)	7 (5.8)
	23	-	2 (18.2)	0 (0.0)
	p	0.115*	0.433*	0.598*
Sex	Male	3 (60.0)	5 (7.9)	6 (10.7)
	Female	11 (32.4)	36 (8.0)	42 (7.6)
	p	0.329*	0.994**	0.432*
Academic year	2nd year	8 (27.6)	34 (9.0)	36 (7.8)
	3rd year	4 (66.7)	4 (6.3)	5 (6.2)
	4th year	2 (50.0)	3 (4.1)	7 (11.5)
	p	0.156*	0.328**	0.493**

"-" Not available; * Fisher's Exact test; ** Chi-Square test

Table 4. Reasons for not reporting workplace violence among students

Reason for not reporting	Physical violence by patients and relatives (n=25)	Non-physical violence by patients and relatives (n=474)	Non-physical violence by healthcare staff and clinical instructors (n=558)
	Number (%)	Number (%)	Number (%)
Fear of retaliation and continued violence	6 (24.0)	88 (18.6)	127 (22.8)
Don't know who to report to or how to report	8 (32.0)	152 (32.1)	138 (24.7)
Not severe enough to report	4 (16.0)	171 (36.1)	150 (26.9)
It's part of the clinical internship	7 (28.0)	297 (62.7)	296 (53.0)
No action was taken upon reporting	4 (16.0)	39 (8.2)	48 (8.6)
It is advised that you should accept being abused	6 (24.0)	73 (15.4)	89 (15.9)
Feeling humiliated and embarrassed, I didn't want anyone to know	2 (8.0)	25 (5.3)	17 (3.0)
No one encouraged me to report the incident	3 (12.0)	39 (8.2)	48 (8.6)
It's my fault	2 (8.0)	27 (5.7)	37 (6.6)

Many students who experienced physical and non-physical violence during their clinical internships did not report the incidents due to various reasons. Not knowing who to report to or how to report is one of the primary reasons for not reporting physical violence. Another common reason is that students believe violence is a part of the clinical internship process. Among the reasons for not reporting non-physical violence by patients, patients' relatives, and classmates, the most common is that it's part of the clinical internship. Fear of retaliation and continued violence are other reasons for not reporting such incidents (Table 4).

Discussion

Scholarly investigations have revealed a continuum of coping strategies among students in response to workplace violence, spanning from active resistance to normalization of such occurrences.[1] Consistent with this notion, the current study unveils a rich tapestry of coping mechanisms adopted by nursing students. Foremost among these strategies is the immediate recourse to calmly explaining the situation to the perpetrator or endeavoring to defend oneself.

However, this is less than 55% (average for all, including all types of violence) of the students who carried out this action. This also coincides with known evidence in previous studies.[8] This study also documented a significant number of nursing students who remained silent after experiencing violence. Nursing students continue clinical practice without reacting because the nursing profession emphasizes caring for people. Therefore, nursing students tend to accept patients' behavior and lack coping skills.[14] Numerous contemporary studies have highlighted the diverse coping strategies employed by nursing students, including the tendency to disregard comments or actions, normalize violence as an occupational hazard, and seek assistance as deemed appropriate[7]. This coping strategy is more emotional than actively addressing the root of the problem.[15]

One concerning revelation from this study is the relatively low proportion of nursing students reporting experiences of violence, with approximately 35.9% encountering physical violence and roughly 9.5% coping with non-physical force from patients and their relatives. Consistent with these results, a study in China found that 83.8% of students did not report their experiences of violence.[11] In another study in this country, the rate was 86.3%[7]. In this study, the predominant justification offered by nursing students for their non-reporting behavior was that"violence is part of clinical practice". This has also been confirmed in many studies during the same period.[7,11] The perception that violence was inherent to nursing practice and warranted reporting solely in the event of a major incident contributed to inadequate institutional support and obscured the gravity of the issue.[16] Adopting the coping mechanism of "doing nothing and remaining silent" effectively communicated to perpetrators that such behavior was tolerated.[17]

Uncertainty regarding whom to report or the appropriate reporting procedures emerged as significant barriers for students in this study, leading to their reluctance to report experiences of violence. Similar to this result, a study in China showed that up to 60.3% of students said they did not know where and how to report after experiencing violence.[11] Students often do not receive training in reporting procedures when experiencing violence during their internships.[7] Lack of understanding of this process can leave students unsure of what to do or who to contact when faced with a violent situation. This is very relevant in the current study, where only 41.3% of students reported receiving training on violence control. Students may also be afraid or worried about the potential consequences of reporting violence. They may be concerned about limited opportunities for professional practice, being undervalued, or experiencing adverse reactions from those involved; this pressure and anxiety may discourage them from reporting.[12]

One of the other alarming findings is the proportion of respondents who perceive that

reporting instances of violence is futile and believe that no action will be taken if they do so. Although this proportion is not excessively high, it remains significant, with 16% for physical violence and 8.6% for non-physical violence. This may suggest a culture of tolerance/tolerance towards violence in the clinical practice of nursing students. A culture of tolerance for violence in nursing is harmful to both providers and patients. It can make nursing students feel unsafe and stressed and can prevent people from getting the care they need.[12]. Hallett et al. posited that negative work experiences could potentially lead nursing students to internalize such behavior; when exposed to bullying, students might come to regard it as normative, and as they advance in their careers, they may perpetuate bullying behavior.[8] Normalization Process Theory (NPT) can illustrate this.[18] The three core elements of this theory include: (1) first, turning practice into action (implementation); (2) actions are regularly integrated into daily work (shaping); (3) The activity was replicated and sustained within the social structures of an organization (integration).

Although workplace violence is widespread, the findings in this study, as well as existing evidence, suggest that nursing students' coping strategies are often more about emotions than solving the root of the problem.[7,15] These strategies need to be more adequate and robust compared to their popularity and impact.[1,11] To improve the ability of nursing students to respond to workplace violence, coordination between nursing educational institutions and their practice hospitals is essential.[12] This group can work together to develop training programs for students about workplace violence. Moreover, the collaborative efforts between academic institutions and healthcare practices were instrumental in establishing secure learning environments for students and fortifying the readiness of the forthcoming workforce[19].

Educational institutions for nursing and clinical settings joined forces to improve the training programs for nursing students. In parallel, they worked together to create standardized policies and procedures aimed at increasing understanding and awareness about the consequences of violence and methods for its prevention.[20] These collaborative efforts were essential in establishing a culture that does not tolerate violence, thereby fostering learning environments grounded in mutual respect

The awareness-raising initiative should commence during students' preparation for clinical placements. This entails furnishing them with comprehensive information to facilitate recognition and understanding of workplace violence, along with clear guidance on reporting procedures. Moreover, students should be assured that reported incidents will be addressed effectively, with provision for post-incident support, including consultation and debriefing sessions. Additionally, universities and clinical settings ought to offer training sessions for clinical instructors on violence management and conduct debriefing sessions with students to reflect on their experiences.[12]

Recognizing the study's cross-sectional design and convenience sampling is vital, highlighting limitations in generalizing findings. Further research is needed to assess nursing students' coping strategies for workplace violence. Integrating qualitative methods may offer deeper insights into students' strategy selection and efficacy perceptions, enhancing investigation comprehensiveness and robustness in this crucial area.

Conclusions

Nurses' responses to violence were often characterized by emotional reactions rather than confrontation of the underlying issues. However, this approach was found inadequate for effectively addressing their encounters with workplace violence. The findings of the study have demonstrated that only a limited proportion of nursing students reported incidents of workplace violence, with common reasons including perceiving such incidents as inherent to clinical practice and lacking knowledge about

reporting procedures. These findings underscored the critical necessity of integrating violence prevention education into professional learning, particularly focusing on training in risk assessment, response strategies, and incident reporting protocols. There is a clear imperative for increased efforts aimed at enhancing nursing students' capacity to address workplace violence in the future.

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