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# Hidden Harm in Clinical Education: Associations of Workplace Bullying with Psychological Distress and Clinical Learning Outcomes Among Nursing Students in Sri Lanka

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ABSTRACT

**Background:** Workplace bullying in clinical learning environments is a growing global concern in nursing education, adversely affecting nursing students' psychological health, clinical learning experiences, and the sustainability of the future nursing workforce. However, empirical evidence from Sri Lanka remains limited.

**Objective:** To determine the prevalence of workplace bullying and examine its associations with psychological distress and clinical learning outcomes among nursing students during clinical placements.

**Methods:** A cross-sectional study was conducted among second- and third-year nursing students at a government nursing education institution in Sri Lanka. Census sampling included all eligible students (N = 240), of whom 220 participated. Data were collected using a validated self-administered questionnaire. Ethical approval was obtained from the Ethical Review Committee of KIU University, Sri Lanka. Data were analyzed using SPSS version 25 with descriptive statistics and Spearman's rank-order correlation.

**Results:** Among the 220 respondents, 96.8% were female, 63.2% were second-year students, and 36.8% were third-year students. Overall, 75.9% experienced at least one form of workplace bullying during the previous year. Non-physical bullying was most common (75.5%), followed by physical aggression (15.9%) and sexual harassment (9.1%). Frequent psychological consequences included frustration (57.3%), stress (55.0%), reduced self-confidence (52.3%), and emotional distress (41.4%). Bullying also negatively affected clinical learning, including reduced quality of patient care (38.6%), fear while providing patient care (33.6%), intention to leave the nursing program (28.6%), and hesitation in performing clinical procedures (22.7%). Workplace bullying was strongly correlated with psychological distress ($\rho = .736$, $p < .001$) and impaired clinical learning outcomes ($\rho = .638$, $p < .001$).

**Conclusion:** Workplace bullying is highly prevalent in clinical nursing education in Sri Lanka and is significantly associated with psychological distress and impaired clinical learning outcomes. The implementation of institutional anti-bullying policies, confidential reporting systems, mentorship programs, and staff training is essential to creating safe and supportive clinical learning environments.

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## 1. Introduction

Clinical education is an essential component of nursing education, enabling students to integrate theoretical knowledge with practical skills while developing clinical competence, professional identity, and confidence. A positive clinical learning environment facilitates effective supervision, constructive feedback, and supportive relationships with healthcare professionals. Despite the importance of supportive clinical learning environments, nursing students frequently encounter negative workplace behaviours that may compromise their psychological well-being, learning experiences, and professional development. Workplace bullying represents a significant threat to the quality of clinical education because it can transform learning environments into sources of fear, stress, and disengagement.

Workplace bullying is defined as repeated exposure to negative behaviours directed toward an individual who experiences difficulty defending themselves because of an actual or perceived imbalance of power (Einarsen et al., 2020). Unlike isolated interpersonal conflicts, workplace bullying is characterized by persistent hostile behaviours, including verbal abuse, humiliation, intimidation, social exclusion, excessive criticism, unfair work assignments, threats, and the misuse of authority (Einarsen et al., 2020).

International evidence indicates that nursing students experience various forms of bullying during clinical placements. Common behaviours include verbal humiliation, disrespectful communication, public criticism, exclusion from clinical activities, denial of learning opportunities, and intimidation by clinical staff (Birks et al., 2024; Cao et al., 2024; Park & Oh, 2026). A recent systematic review and meta-analysis identified workplace bullying as a global problem affecting a substantial proportion of nursing students during clinical practice, with organizational culture, ineffective supervision, and hierarchical power relationships contributing significantly to its occurrence (Zhou et al., 2023). Challenging clinical environments characterized by heavy workloads, staff shortages, time pressures, and stressful working conditions may further increase students' exposure to negative workplace behaviours (Pan et al., 2024).

Exposure to workplace bullying has significant psychological consequences for nursing students. Repeated negative experiences during clinical education have been associated with anxiety, fear, emotional distress, reduced self-esteem, stress, and depressive symptoms (Bahadır-Yılmaz, 2021; Fang et al., 2020). Nursing students who experience bullying often report feeling inadequate, isolated, and emotionally exhausted, which can undermine their confidence and resilience during professional development. Furthermore, incivility experienced in clinical settings has been linked to poorer mental health outcomes, particularly among students who engage in maladaptive coping strategies such as rumination (Qiu et al., 2022). Qualitative evidence also suggests that bullying may become a traumatic experience with long-term psychological effects extending beyond graduation and influencing future professional identity (Hodgins et al., 2024; Roberts, 2024).

Beyond its psychological impact, workplace bullying actively disrupts their clinical learning. When students are exposed to bullying frequently, they demonstrate reduced confidence in performing clinical procedures, avoid interacting with healthcare staff, and become reluctant to ask questions or seek clarification during patient care (Piri et al., 2025). Such avoidance behaviours limit opportunities for experiential learning, hinder the development of clinical competence, and reduce engagement in essential learning activities. Fear of making mistakes or receiving negative criticism may also impair decision-making and communication, creating potential risks for patient safety (Dafny et al., 2023). Persistent bullying has additionally been associated with dissatisfaction with clinical education, diminished motivation to learn, and increased intentions to leave nursing programmes or the nursing profession altogether (Goh et

al., 2022; Hallett et al., 2021). These consequences have important implications not only for individual students but also for the future nursing workforce.

Although workplace bullying among nursing students has received increasing international attention, existing research has mainly focused on its prevalence, contributing factors, and the characteristics of bullying behaviours. Relatively less attention has been given to understanding the consequences of workplace bullying on nursing students' psychological well-being and clinical learning outcomes, especially within low- and middle-income countries. Evidence from South Asian nursing education contexts remains limited, despite the unique challenges associated with hierarchical clinical structures, resource constraints, and intensive clinical training requirements.

In Sri Lanka, nursing students undertake vast clinical placements within government healthcare institutions, where effective supervision and supportive learning environments are essential for developing professional competence. However, empirical evidence remains scarce regarding how workplace bullying experiences affect students' emotional well-being, confidence in providing patient care, engagement in clinical activities, and intention to continue nursing education. Without a clear understanding of these consequences, educational institutions may lack sufficient evidence to develop targeted interventions, student support mechanisms, and strategies to promote psychologically safe clinical learning environments. Therefore, this study aimed to determine the prevalence of workplace bullying and examine its associations with psychological distress and clinical learning outcomes among nursing students in Sri Lanka.

## 2. Method

### 2.1.Study Design

A descriptive cross-sectional study design was used.

### 2.2.Study Setting

The study was conducted at a government nursing education institution in Sri Lanka.

### 2.3.Participants and Sampling

The study population consisted of second- and third-year nursing students who were enrolled in the nursing programme. Students were eligible to participate if they were currently enrolled nursing students, had completed clinical placements, and were willing to participate in the study. Students who were unavailable during the data collection period were excluded. A census sampling method was employed to recruit all eligible participants. The total eligible population consisted of 240 nursing students, of whom 220 completed the questionnaire, resulting in a response rate of 91.6%.

### 2.4.Data Collection Instrument

Data were collected using a validated self-administered questionnaire developed by the researchers based on an extensive review of the literature on workplace bullying in nursing education, particularly drawing on the work of Budden and co-authors (Budden et al., 2017). Existing instruments such as the Negative Acts Questionnaire were considered; however, a context-specific tool was developed to better capture culturally embedded hierarchical and communication dynamics within Sri Lankan clinical settings. The instrument assesses five distinct domains of negative workplace behavior: non-physical bullying, physical aggression, sexual harassment, psychological and emotional consequences, and impact on clinical learning and performance. Responses were measured using a four-point Likert frequency scale. The

questionnaire was administered in English, the medium of instruction in nursing education in Sri Lanka.

The questionnaire consisted of three sections:

**Section A:**

Demographic characteristics

**Section B:**

Workplace bullying experiences

Domains:

- non-physical bullying
- physical aggression
- sexual harassment

**Section C:**

Consequences of bullying

Psychological outcomes:

- Frustration
- Stress
- Reduced self-confidence
- Low self-esteem
- Emotional distress
- Shame or humiliation
- Social withdrawal

Clinical learning outcomes:

- Decreased quality of patient care
- Fear in providing patient care
- Considered leaving the nursing programme
- Hesitation in performing clinical procedures

### 2.5.Validity and Reliability

Content validity was established through expert review by a panel of five experts, comprising three nursing educators with doctoral qualifications and two researchers experienced in instrument development. The experts evaluated the questionnaire for comprehensiveness, relevance, clarity, and cultural appropriateness for the Sri Lankan context. Based on their feedback, minor modifications were made to improve the wording and clarity of several items. A pilot test was conducted with 20 first-year students from the same institution (ensuring no overlap with the final study sample), which confirmed the clarity and relevance of the items. The instrument demonstrated excellent internal consistency (Cronbach's $\alpha = 0.94$).

### 2.6.Data Collection Procedure

Permission to conduct the study was obtained from the principal of the government nursing education institution before data collection. Written informed consent was obtained from all participants. Participation was voluntary, and data were collected using an anonymous self-administered questionnaire to ensure participants' confidentiality and anonymity. Data collection was conducted between October and December 2025.

### 2.7.Ethical Considerations

Ethical approval was obtained from the Ethics Review Committee of KIU University, Sri Lanka (Approval No. KIU/ERC/24/444). Participants provided informed consent before participation. Confidentiality and anonymity were maintained throughout the study.

### 2.8.Data Analysis

Descriptive statistics, including frequencies, percentages, means, and standard deviations, were used to summarize the prevalence and characteristics of bullying experiences. Spearman rank-order correlation analysis was conducted to examine the relationships between bullying, psychological distress, and clinical impairment. Data were analyzed using SPSS version 25. Statistical significance was set at $p < .05$. Completed questionnaires were checked for completeness, and no missing data requiring exclusion were identified.

## 3. Result

### Socio-Demographic Characteristics

Of the 240 eligible students invited to participate, 220 completed the questionnaire, yielding a response rate of 91.6%. The vast majority of participants were female (96.8%). Ages ranged from 24 to 30 years (Mean±SD; 25.4±1.16). 63.2% were second-year and 36.8% third-year students. (Table 1).

**Table 1**

*Socio-Demographic Characteristics of the Study Sample (N = 220)*

| Characteristic | n | % |
|---|---|---|
| **Gender** | | |
| *Female* | 213 | 96.8 |
| *Male* | 7 | 3.2 |
| **Year of Study** | | |
| *Second year* | 139 | 63.2 |
| *Third year* | 81 | 36.8 |
| **Total** | **220** | **100.0** |

### Prevalence and Forms of negative workplace behaviours

Overall, 75.9% of students reported experiencing at least one form of negative workplace behaviour during the previous year of their clinical placement. Non-physical incivility was the most prevalent form (75.5%), followed by physical aggression (15.9%) and sexual harassment (9.1%). (Table 2).

**Table 2**

*Prevalence of Negative Workplace Behaviours Among Nursing Students (N = 220)*

| Type of Bullying | n | % |
|---|---|---|
| Any form of workplace bullying | 167 | 75.9 |
| Non-physical bullying | 166 | 75.5 |
| Physical aggression | 35 | 15.9 |
| Sexual harassment | 20 | 9.1 |

### Psychological and Emotional Consequences

More than half of the students reported experiencing frustration (57.3%), stress (55.0%), and reduced self-confidence (52.3%) as psychological consequences of workplace bullying.

Additionally, over 40% reported emotional distress (41.4%) and feelings of shame or humiliation (41.4%). Social withdrawal was reported by 40.0% of the participants. (Table 3).

**Table 3**

***Psychological and Emotional Consequences of Workplace Bullying (N = 220)***

| Consequence Item | Never n (%) | Occasionally n (%) | Often n (%) | Always n (%) | Any Endorsement n (%) |
|---|---|---|---|---|---|
| Frustration | 92 (41.8) | 93 (42.3) | 17 (7.7) | 16 (7.3) | 126 (57.3) |
| Stress | 94 (42.7) | 86 (39.0) | 22 (10.0) | 13 (5.9) | 121 (55.0) |
| Reduced self-confidence | 102 (46.4) | 85 (38.6) | 22 (10.0) | 8 (3.6) | 115 (52.3) |
| Low self-esteem | 107 (48.6) | 78 (35.5) | 19 (8.6) | 13 (5.9) | 110 (50.0) |
| Emotional distress | 128 (58.2) | 65 (29.5) | 20 (9.1) | 6 (2.7) | 91 (41.4) |
| Shame or humiliation | 124 (56.4) | 65 (29.5) | 17 (7.7) | 9 (4.1) | 91 (41.4) |
| Social withdrawal | 128 (58.2) | 63 (28.6) | 14 (6.4) | 11 (5.0) | 88 (40.0) |

**Impact on Clinical Learning and Performance**

Regarding the impact of workplace bullying on clinical learning and performance, 38.6% of students reported that bullying negatively affected the quality of patient care they provided. Additionally, 33.6% reported experiencing fear while providing patient care during clinical procedures. Furthermore, 28.6% of students had considered leaving the nursing programme, while 22.7% reported hesitation when performing clinical procedures. (Table 4).

**Table 4**

*Impact of Bullying on Clinical Learning and Performance (N = 220)*

| Consequence Item | Never n (%) | Occasionally n (%) | Often n (%) | Always n (%) | Any Endorsement n (%) |
|---|---|---|---|---|---|
| Decreased quality of patient care | 132 (60.0) | 66 (30.0) | 13 (5.9) | 6 (2.7) | 85 (38.6) |
| Fear in providing patient care | 142 (64.5) | 62 (28.2) | 9 (4.1) | 3 (1.4) | 74 (33.6) |
| Considered leaving the nursing programme | 156 (70.9) | 38 (17.3) | 16 (7.3) | 9 (4.1) | 63 (28.6) |
| Hesitation in performing clinical procedures | 167 (75.9) | 37 (16.8) | 12 (5.5) | 1 (0.5) | 50 (22.7) |

**Correlation Between Workplace Bullying, Psychological Outcomes, and Clinical Impact**

Because the study variables were measured on ordinal scales, Spearman's rank-order correlation was used to examine the relationships between workplace bullying, psychological outcomes, and clinical impact. The analysis revealed statistically significant positive correlations among all study variables ($p < .001$). Specifically, workplace bullying was strongly positively correlated with psychological outcomes ($\rho = .736$) and clinical impact scores ($\rho = .638$). A strong positive correlation was also observed between psychological outcomes and clinical impact scores ($\rho = .787$) (Table 5).

**Table 5**

*Spearman Correlation Coefficients Among Bullying, Psychological, and Clinical Impact Scores (N = 220)*

| Variable pair | Spearman ρ | p | Interpretation |
|---|---|---|---|
| Bullying Score -Psychological Score | 0.736 | < .001 | Large positive |
| Bullying Score - Clinical Impact Score | 0.638 | < .001 | Large positive |
| Psychological Score - Clinical Impact Score | 0.787 | < .001 | Large positive |

*Note. All p values are two-tailed. Effect size benchmarks (Cohen, 1988): small ρ < .30; moderate ρ = .30–.50; large ρ > .50.*

## 4. Discussion

The findings of this study reveal an alarmingly high prevalence of negative workplace behaviors among nursing students, with 75.9% reporting at least one form of mistreatment during their clinical placements. This rate aligns closely with global estimates suggesting that bullying in clinical practice is a widespread, systemic issue rather than an isolated occurrence (Zhou et al., 2023). Consistent with recent literature, non-physical incivility was the most frequently reported behavior, far exceeding physical aggression and sexual harassment (Birks et al., 2024; Cao et al., 2024; Pan et al., 2024). The relatively lower rates of physical and sexual harassment observed in our sample mirror findings by Dafny et al. (2023) and Masadeh et al. (2024).

The profound psychological impact of mistreatment is clear from our data. Over half of the students reported experiencing frustration, stress, and low self-esteem, while more than 41% reported symptoms consistent with emotional distress. These results strongly support Abdelaziz and Abu-Snieneh (2021), who identified a significant negative impact of bullying on the mental health and academic achievement of nursing students. The experience of being bullied in a clinical setting acts as a traumatic process that can leave students feeling as though their "core is cracked" (Hodgins et al., 2024, p. 1). The high prevalence of stress aligns with Bahadır-Yılmaz (2021) and Fang et al. (2020), who linked colleague violence and bullying directly to elevated stress levels and diminished health status. Additionally, Qiu et al. (2022) highlight the possibility that repeated reflection on experiences of incivility may contribute to worsening psychological distress and emotional consequences. As nursing students are required to manage both rigorous academic demands and complex clinical responsibilities, substantial psychological distress may compromise cognitive functioning, emotional resilience, and their capacity to engage effectively in clinical learning (Zhang et al., 2024).

A critical finding of this study was the significant positive association between workplace bullying, psychological distress, and clinical impairment. These findings support Hutchinson et

al.'s (2010) multidimensional model of bullying, which highlights that the effects of bullying extend beyond emotional harm and may adversely influence professional functioning. The observed relationship suggests that psychological consequences arising from bullying experiences may contribute to difficulties in clinical learning and performance among nursing students. In our study, 38.6% of students reported that bullying negatively affected the quality of patient care they provided, and 33.6% admitted to feeling afraid when performing patient care. The fear and reduced confidence experienced by students as a consequence of bullying may interfere with clinical decision-making, communication, and performance of patient care activities, potentially posing risks to patient safety. This finding aligns with Pogue et al. (2022), who demonstrated associations between nurse-reported workplace bullying and adverse patient outcomes.

Roberts (2024) further highlighted that incivility can undermine the clinical learning environment by creating psychological insecurity among students. Such experiences may lead to avoidance behaviours and increased vigilance, limiting students' ability to engage in reflective thinking, clinical reasoning, and patient-centered practice.

The combination of impaired learning experiences and psychological distress may contribute to an increased intention to leave the nursing profession among nursing students. In our study, 28.6% of students reported considering leaving the nursing programme, and 22.7% reported hesitation when performing clinical procedures during clinical placements. These findings suggest that workplace bullying may negatively influence students' engagement and confidence in clinical learning, with avoidance behaviours potentially emerging as coping responses to stressful and threatening environments (Piri et al., 2025). Previous evidence supports this concern; Sharif-Nia et al. (2023) demonstrated through a structural model that bullying significantly predicted dropout intentions among nursing students, while qualitative reviews by Yosep et al. (2024) and Amoo et al. (2021) similarly identified bullying as a contributor to students' decisions to discontinue nursing education. Given the critical nursing shortages faced globally, the loss of nearly a third of a student cohort to preventable workplace bullying represents a catastrophic loss of human capital and healthcare resources (Goh et al., 2022; Karatuna et al., 2020).

Sri Lanka faces critical nursing workforce shortages, and the education and training of nurses require substantial financial and institutional investment. Therefore, when workplace bullying contributes to students' disengagement or intention to leave the nursing programme, it may represent not only a loss for individual students but also a potential loss of investment in healthcare workforce development. Furthermore, attrition from nursing education may exacerbate existing workforce challenges by reducing the future supply of qualified nurses. These findings highlight the importance of establishing supportive clinical learning environments, strengthening mentorship systems, and implementing effective anti-bullying strategies to promote student retention and ensure the sustainability of the nursing workforce.

## 5. Conclusion

Workplace bullying represents a significant hidden threat to nursing students' psychological well-being and clinical learning development. The findings demonstrate that exposure to bullying is associated with emotional distress, reduced confidence, and impaired engagement in clinical activities, highlighting the potential impact of bullying experiences on students' emotional well-being, confidence, and professional development.

Addressing this issue requires a collaborative institutional commitment to creating psychologically safe and supportive clinical learning environments. Educational and clinical institutions should implement clear anti-bullying policies, establish confidential and transparent reporting mechanisms that protect students from fear of retaliation, and provide ongoing training for clinical educators to promote respectful supervision and mentorship. Transitioning

from hierarchical approaches based on authority toward supportive, student-centered clinical guidance is essential for developing confident and competent future nurses. Ensuring safe learning environments is fundamental to strengthening nursing education and supporting the delivery of high-quality healthcare in Sri Lanka.

## 6. Limitations

While this study provides valuable insights, several limitations should be acknowledged when interpreting the findings of this study. First, the data were collected from a single government nursing education institution, which limits the generalizability of the results to nursing students across Sri Lanka or in other low- and middle-income countries. Future multi-center studies are needed to confirm these findings. Second, the cross-sectional design precludes establishing definitive causal relationships between workplace bullying, psychological distress, and clinical performance; thus, the directionality of these associations remains unclear. Students with pre-existing psychological distress may be more vulnerable to, or more likely to perceive, workplace bullying. Third, reliance on self-reported data introduces the potential for recall bias and social desirability bias, particularly given the sensitive nature of bullying and sexual harassment. However, the anonymity of the questionnaire was utilized to mitigate this risk. Finally, although the questionnaire demonstrated excellent internal consistency and content validity for the Sri Lankan context, it was a newly developed tool. Consequently, comparing the exact prevalence rates with international studies that utilize standardized instruments, such as the Negative Acts Questionnaire, may be challenging.

## 7. Recommendations For Future Research

Future research should incorporate longitudinal and mixed-methods approaches to examine the evolution of bullying experiences and their psychosocial and academic consequences over time. Expanding the study across multiple institutions would enhance external validity and allow for cross-cultural comparisons. Additionally, the development and validation of culturally adapted bullying assessment tools for the Sri Lankan nursing education context is strongly recommended.

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