Violence Against Nursing Students During Clinical Training in the North West Bank: A Cross-Sectional Survey on Prevalence and Characteristics

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Abstract- **Background**: Workplace violence (WPV) is a significant occupational hazard in healthcare, with nursing students being particularly vulnerable during clinical training. This study aimed to assess the prevalence, types, characteristics, and reporting of WPV experienced by undergraduate nursing students in the North West Bank, Palestine.

Methods: A descriptive cross-sectional study was conducted using a convenience sample of 332 nursing students from three universities in the North West Bank (An-Najah National University, Arab American University, Nablus University). Data were collected via a self-administered online questionnaire adapted from the WHO/ILO/ICN/PSI survey instrument, covering demographics, exposure to physical, verbal, bullying, sexual, and racial violence, reporting procedures, satisfaction with incident handling, and perceived usefulness of preventive measures. Data analysis involved descriptive statistics, ANOVA, and t-tests using SPSS version 21.

Results: Verbal violence was the most prevalent form reported (68.9%), followed by bullying (60.5%), racial violence (44.3%), physical violence (31.1%), and sexual violence (19.8%). While verbal violence and bullying were common, they had lower perceived disturbance scores compared to physical and sexual violence, which, although less frequent, were associated with higher disturbance. Significant gaps in awareness of reporting procedures were found (52.7% unaware). Satisfaction with incident handling was generally neutral. Female students reported significantly higher rates of physical and sexual violence ($p < 0.05$). Significant differences in violence types were observed across universities. Improving the environment and providing training were perceived as the most useful preventive measures.

Conclusion: Workplace violence is highly prevalent among nursing students in the North West Bank, with significant underreporting and systemic weaknesses in institutional support. Verbal abuse and bullying are common, while physical and sexual violence pose serious threats, particularly to female students. Urgent interventions are needed, including enhanced training, clear reporting protocols, robust institutional support, and university-hospital collaboration, to ensure student safety and well-being in clinical settings.

Keywords- Workplace Violence; Nursing Students; Clinical Training; Palestine; Cross-sectional Survey

I. INTRODUCTION

Workplace violence (WPV) represents a pervasive threat across various societal settings, with healthcare environments being particularly high-risk zones [1-3]. Defined by organizations like OSHA and WHO as acts or threats of physical violence, harassment, intimidation, or the intentional use of power likely to cause harm [2, 3], WPV manifests in both physical and psychological forms [4]. While healthcare professionals, especially nurses, bear significant exposure [5], nursing students undergoing clinical training face considerable vulnerability to aggression and violence [6]. This exposure is not trivial; it casts a shadow over the nursing profession, potentially influencing career longevity and contributing to attrition [7]. The International Council of Nurses (ICN) underscores the vulnerability of student nurses, who often lack the power to effectively address WPV encountered during their placements [7]. The consequences are far-reaching, encompassing academic difficulties, persistent anxiety, career doubts, and even abandonment of the profession [7].

In Palestine, the context is further complicated by chronic conflict, economic instability, and resource limitations, factors known to exacerbate WPV risks [8]. Despite these heightened risks, there is a significant paucity of research specifically examining WPV against nursing students in Palestine. Existing local studies have primarily focused on licensed professionals [8] or explored related issues like vertical violence qualitatively [9] or the psychological impact of political violence [10]. This research gap leaves the specific experiences, prevalence rates, and characteristics of violence faced by Palestinian nursing students during their crucial clinical training largely undocumented.

The significance of addressing WPV in nursing education cannot be overstated. Globally, WPV is recognized as a crisis, with substantial percentages of nurses experiencing violence during their careers [11,12]. Studies from regions like Saudi Arabia highlight the prevalence of verbal and physical violence among nursing students and associated psychological distress [13]. Given the unique socio-political context of Palestine and the documented vulnerability of nursing students internationally [14-

19], understanding the scope and nature of WPV in this specific population is critical.

This study, therefore, aimed to assess the prevalence and types of workplace violence against nursing students during clinical practice in the North West Bank, Palestine. Specific objectives included assessing students' concerns and reporting behaviors regarding violence, evaluating the perceived usefulness of preventive measures and satisfaction with incident handling, and examining the relationship between students' demographic characteristics and their exposure to WPV. The study sought to answer key questions regarding the prevalence of WPV, its relationship with demographics, its perceived impact, and the effectiveness of existing support systems. We hypothesized the high prevalence of WPV, a significant relationship between demographics and violence exposure, and low satisfaction with incident handling and reporting systems within clinical settings.

Literature Review

Workplace violence against nursing students during clinical placements is a recognized global issue. To contextualize our study, a systematic search of PubMed and Google Scholar was conducted using keywords like "workplace violence," "nursing students," and "clinical placement," focusing on peer-reviewed quantitative studies in English published between 2012 and 2024. Eleven international studies meeting inclusion criteria (focus on nursing students, quantitative design, peer-reviewed) were selected for review. Notably, no prior quantitative studies specifically targeting nursing students in Palestine were found, highlighting a critical research gap. A 2012 Palestinian study on licensed nurses [8] was included for contextual relevance. International studies reveal high prevalence rates but varying patterns. In South Africa (2017), 95% of 680 students experienced intra-professional violence, primarily from registered nurses, with female and younger students more vulnerable [15]. An Australian study (2014) found over 57% of 153 students faced non-physical aggression and over 32% faced physical violence, mostly from patients [16]. A large Turkish study (2020) involving 1216 final-year students reported over 60% experienced violence (verbal abuse, racism, assault, harassment), mainly from nurses and doctors, leading to significant psychological distress, yet only 4% reported incidents [19]. Another Australian study (2024) across 20 universities found over half of 381 students experienced WPV (verbal 66.1%, physical 26.5%, sexual 19.4%, racial 18.8%), primarily from patients but also staff, with underreporting linked to fear and lack of support [17].

In the UK, a 2016 survey of 657 students showed 42.2% experienced bullying/harassment, mostly from registered nurses, impacting career considerations and perceived patient safety: only 19% reported incidents [23]. A 2021 UK mixed-methods study found 81% of 129 students experienced non-physical aggression, 56% physical, and 40% sexual harassment, mostly from patients, with low reporting rates due to normalization and perceived futility [13].

Studies in the Middle East also show high rates. A Saudi Arabian study (2020) found 55% of interns experienced verbal abuse annually, primarily ignoring and criticism, linked to depression and anxiety [18]. The aforementioned Palestinian study on licensed nurses (2012) found 80.4% experienced WPV (20.8% physical, 59.6% non-physical), mainly from patients' relatives, with low reporting [8].

European studies add further perspective. A Scottish study (2021) found 77% of 138 students reported verbal violence and 70% physical aggression, mostly from patients, with higher exposure among younger and female students [20]. An Italian study (2019) involving 603 students reported 35.1% experienced verbal violence and 8.1% physical violence, mainly from patients, with significant underreporting due to fear and perceived inaction [21]. Lastly, a Hong Kong study (2012) found 61.8% of 338 students experienced violence (verbal 54.7%, bullying 35.8%, sexual 19.5%, physical 10.1%), linked to increased psychological distress and reduced placement satisfaction [22].

These studies collectively demonstrate that WPV against nursing students is pervasive, frequently underreported, and has significant negative consequences. While patterns vary, verbal abuse is consistently high, and perpetrators include patients, relatives, and healthcare staff. The lack of specific data from Palestine underscores the importance of the current research.

Theoretical Framework

This study utilizes a theoretical framework adapted from the UniSAFE project (2021) [23] (Figure 1), originally designed for gender-based violence in academia, and tailored here for WPV against nursing students in clinical settings. The framework integrates feminist theory (viewing violence through power relations), intersectionality (considering overlapping vulnerabilities like gender, age, academic level), organizational violence perspectives (examining institutional culture and hierarchies), and structural violence theory (highlighting systemic factors like policy failures or tolerance of abuse) [23, 24].

It comprises three core components:

1. **Determinants**: Individual (sex, gender), social (age, university type), and functional (academic year, student status) factors influencing violence exposure.
2. **Prevalence**: The frequency and forms (physical, psychological, verbal, sexual, racial) of violence experienced.
3. **Consequences**: Impacts on personal well-being, psychological health, learning environment satisfaction, and academic performance.

This multi-level approach considers micro (student), meso (institution), and macro (socio-cultural) factors. It also incorporates the 7P model (Prevalence, Prevention, Protection, Prosecution, Provision of services, Partnerships, Policies) to analyze institutional responses to violence [23, 24].
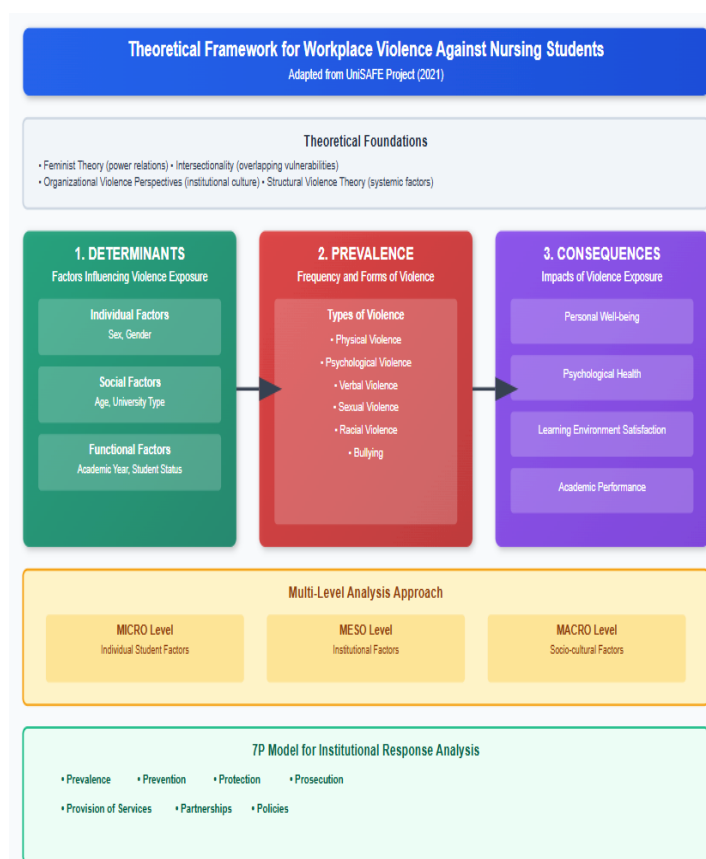
Figure 1: Theoretical framework for workplace violence against nursing students

II.　METHODS

Design and Setting

This study employed a descriptive cross-sectional design to investigate the prevalence of physical and psychological violence among nursing students during their clinical placements in the North West Bank, Palestine. The study was conducted across three higher education institutions: An-Najah National University in Nablus, Arab American University in Jenin, and Nablus University for Vocational and Technical Education - Ibn Sina College for Health Sciences. These universities were specifically selected as the only institutions in the northern West Bank that offer bachelor's degree programs in nursing. Clinical training for students from these universities takes place in various governmental and private hospitals across the region, providing relevant exposure to real-world clinical environments where workplace violence may occur.

Population and Sampling

The study targeted nursing students enrolled in bachelor's degree programs at the three selected universities in the North West Bank. According to institutional records, the total target population included 2,181 male and female nursing students distributed as follows: 720 students at An-Najah National University, 361 students at Nablus University, and 1,200 students at the Arab American University. A convenience sampling technique was employed to recruit nursing students who were

readily accessible and willing to participate in the study. This non-probability method was selected due to its practicality in reaching students across multiple universities during their clinical placements. The final sample included 332 students, distributed as follows: 140 from An-Najah National University (approximately 20% of its nursing student population), 120 from the Arab American University (approximately 10%), and 72 from Nablus University (approximately 20%). This distribution was designed to ensure a degree of proportional representation while accounting for logistical limitations and participant availability. However, the final analysis was conducted on 167 complete questionnaires, representing a response rate of 50.3%.

Inclusion and Exclusion Criteria

Students were eligible for inclusion if they met the following criteria:
1. Currently enrolled in an undergraduate bachelor's nursing program at one of the selected universities
2. Currently undergoing or had recently completed clinical training in a healthcare facility in the West Bank
3. Provided informed consent to participate in the study

Students were excluded if they:
1. Had not yet begun their clinical placements
2. Were enrolled in programs other than bachelor's degree nursing
3. Were not actively engaged in clinical training during the study period

Study Instrument

The instrument used for data collection was a structured, self-administered questionnaire adapted from the internationally recognized "Workplace Violence in the Health Sector" survey, developed jointly by the World Health Organization (WHO), the International Labour Organization (ILO), Public Services International (PSI), and the International Council of Nurses (ICN) [4]. The questionnaire was translated and modified to suit the cultural context and academic level of undergraduate nursing students in Palestine, as opposed to professional healthcare staff.

The final version of the questionnaire consisted of 78 items, organized into five main sections:
1. **Demographic data**: This section captured participants' personal and academic characteristics, including age, gender, marital status, academic year, and university affiliation.
2. **Exposure to physical violence**: This section assessed students' experiences with physical violence during clinical placements, including frequency, perpetrators, settings, and responses to incidents.
3. **Exposure to psychological violence**: This section examined various forms of psychological violence, including verbal abuse, bullying, sexual harassment, and racial discrimination. For each type, students reported frequency, perpetrators, settings, and personal impacts.
4. **Institutional response**: This section evaluated students' awareness of reporting procedures, encouragement to report incidents, satisfaction with how incidents were

handled, and perceived effectiveness of institutional support.

5. **Students' perceptions**: This section assessed students' views on the usefulness of various measures to address violence in clinical settings, using a four-point Likert scale (1 = not useful, 4 = very useful).

The questionnaire was designed primarily with closed-ended questions in multiple-choice and Likert-scale formats to allow for clear, quantifiable analysis. For the assessment of violence exposure, the following interpretation scales were used:

- Violence disturbance level: (5–11.7) = Low Disturbance, (11.8–18.5) = Moderate Disturbance, (18.6–25) = High Disturbance
- Satisfaction with incident handling: (1–2.33) = Low Satisfaction, (2.34-3.67) = Neutral Satisfaction, (3.68–5) = High Satisfaction
- Usefulness of measures: (1–2) = Low Impact, (2.1–3.1) = Moderate Impact, (3.2–4) = High Impact

Validity and Reliability

The instrument used in this study demonstrated acceptable levels of reliability and validity. Content validity was established through review by a panel of experts in nursing education, workplace violence, and research methodology. The experts evaluated the questionnaire for clarity, relevance, comprehensiveness, and cultural appropriateness.

Reliability was assessed through internal consistency using Cronbach's Alpha. In the pilot study conducted with 17 participants (10% of the final sample), the Cronbach's Alpha value was 0.824. In the main study, the Cronbach's Alpha value was 0.801, both exceeding the acceptable threshold of 0.70. These results suggest that the instrument had good internal consistency and was suitable for measuring the intended variables. Furthermore, previous research using a similar instrument reported a high level of internal consistency (Cronbach's Alpha = 0.93), further supporting the reliability of the tool.

Data Collection

The self-reported online survey was created and distributed using Google Forms. After obtaining formal approval from the deans of the nursing faculties in the participating universities, an official email containing the survey link was sent to them. In addition to institutional distribution, the research team also shared the survey link through various social media platforms to increase reach and encourage participation.

Students were informed about the purpose of the study, assured of the confidentiality and anonymity of their responses, and participation was entirely voluntary. Informed consent was obtained electronically before participants could access the survey questions. Data collection took place over a period of two weeks, from April 15 to May 1, 2025.

Data Analysis

Version 21 of SPSS (Statistical Package for Social Sciences) was used to conduct the statistical analysis. The purpose of data analysis was to evaluate the pattern of violence against nursing students during clinical training in the North West Bank. Descriptive statistics, including frequencies, percentages, means, and standard deviations, were used to summarize the demographic data and describe the prevalence and characteristics of workplace violence.

Inferential statistics were employed to examine relationships between demographic variables and experiences of violence. Analysis of Variance (ANOVA) was used to test for differences in violence experiences across age groups, marital status, academic years, and universities. Independent t-tests were conducted to examine gender differences in experiences of violence. Every statistical test was two-sided, and a p-value of less than 0.05 was considered statistically significant.

Ethical Considerations

Prior to commencing the study, Institutional Review Board (IRB) approval was obtained from Nablus University Ethical Committee. In addition, formal permission was requested from the participating universities by sending official emails to the deans of the nursing faculties. Approval of the use and adaptation of the questionnaire was also requested by the original authors of the instrument. All participants were provided with detailed information about the study before participating and were given the freedom to choose whether or not to participate. The electronic consent form clearly explained the purpose of the research, the contents of the questionnaire, the voluntary nature of participation, and the right to withdraw at any time without consequences. The consent form also included information about data security and confidentiality measures. Participants were assured that their responses would remain anonymous, as no personally identifying information was collected. They were informed that the collected data would be used solely for scientific research purposes and would be stored securely with access restricted to the research team only. The study adhered to the ethical principles outlined in the Declaration of Helsinki and followed the ethical guidelines for research involving human subjects. Participants were not exposed to any physical risks, though the sensitive nature of the topic might have caused some psychological discomfort. To address this, participants were provided with contact information for support services if needed.

III. RESULTS

Demographic Characteristics

The study included 167 participants who completed the questionnaire. The majority were female (66.5%), single (77.2%), and young adults aged 19-24 (97.6%). Students were predominantly in their third (35.9%) and fourth (32.3%) academic years. Participants were recruited from An-Najah National University (42.5%), Arab American University (AAUP)

(35.9%), and Nablus University (21.6%). (See Table 1 for details).

Table 1: Demographic Characteristics of Participants (n=167)

Variable	Category	Frequency (F)	Percentage (%)
Age Groups	19-24	163	97.6
	25-30	3	1.8
	31-35	1	0.6
Marital Status	Single	129	77.2
	Married	37	22.2
	Divorced	1	0.6
Academic Year	First year	22	13.2
	Second year	31	18.6
	Third year	60	35.9
	Fourth year	54	32.3
Gender	Male	56	33.5
	Female	111	66.5
University	Nablus University	36	21.6
	An-Najah University	71	42.5
	AAUP University	60	35.9

Concerns and Reporting Regarding Violence

Concerns about violence varied: 54.5% expressed moderate to high concern, while 45.5% had little to no concern. Awareness of reporting procedures was low: only 34.7% confirmed their existence, 12.6% stated none existed, and 52.7% were unaware. Encouragement to report was split (50.9% felt encouraged, 48.5% did not). Key sources of encouragement were administration (34.1%) and unions (16.8%). (See Table 2).

Table 2: Nursing Students' Concerns and Reporting Regarding Violence (n=167)

Question	Response	Frequency (F)	Percentage (%)
How concerned are you about violence on your current training site?	Not concerned at all	31	18.6
	Slightly concerned	45	26.9
	Moderately concerned	49	29.3
	Concerned	30	18.0
	Very concerned	12	7.2
Are there procedures for reporting violence at your training site?	No	21	12.6
	Yes	58	34.7
	I don't know	88	52.7
Is there encouragement to report violence on your training site?	No	81	48.5
	Yes	85	50.9
If yes, by whom? (Multiple responses possible)	Administration	57	34.1
	Colleagues	21	12.6
	Friends	14	8.4
	Family	11	6.6
	Union	28	16.8
	Other	36	21.6

Prevalence and Perceived Disturbance of Violence Types

Verbal violence was the most reported type (n=115), followed by bullying (n=101), racial violence (n=74), physical violence (n=52), and sexual violence (n=33). Mean disturbance scores (on a scale potentially ranging 5-25, where higher means more disturbance) indicated low disturbance for verbal (M=11.6, SD=3.08), bullying (M=11.6, SD=3.43), and racial violence (M=10.9, SD=2.60). Physical (M=12.5, SD=3.35) and sexual violence (M=13.1, SD=4.40) showed moderate disturbance levels, suggesting higher impact despite lower frequency for sexual violence. (See Table 3).

Table 3: Descriptive Statistics of Violence Exposure Types (n=167)

Violence Type	N	Mean (M)	Std. Dev (SD)	Interpretation*
Physical Violence	52	12.5	3.35	Moderate Disturbance
Verbal Violence	115	11.6	3.08	Low Disturbance
Bullying Violence	101	11.6	3.43	Low Disturbance
Sexual Violence	33	13.1	4.40	Moderate Disturbance
Racial Violence	74	10.9	2.60	Low Disturbance
Interpretation based on scale: (5–11.7) = Low; (11.8–18.5) = Moderate; (18.6–25) = High Disturbance				

Satisfaction with Incident Handling

Satisfaction with how incidents were handled was generally neutral across all violence types (Mean scores between 2.34-3.67 on a 1-5 scale). Physical violence handling had the highest mean satisfaction (M=2.94, SD=1.25), followed by racial violence (M=2.81, SD=1.09). Verbal, bullying, and sexual violence

handling received slightly lower, but still neutral, satisfaction scores (M=2.53-2.57). (See Table 4).

Table 4: Satisfaction with the way the incident was handled (n=167)

Violence Type	N Reporting Satisfaction	Mean (M)	Std. Dev (SD)	Interpretation*
Physical Violence	49	2.94	1.25	Neutral Satisfaction
Verbal Violence	30	2.53	1.14	Neutral Satisfaction
Bullying Violence	42	2.57	1.33	Neutral Satisfaction
Sexual Violence	30	2.53	1.14	Neutral Satisfaction
Racial Violence	32	2.81	1.09	Neutral Satisfaction
Interpretation based on scale: (1–2.33) = Low; (2.34–3.67) = Neutral; (3.68–5) = High Satisfaction				

Usefulness of Preventive Measures

Students perceived most proposed measures to address violence as having a high impact (Mean > 3.2 on a 1-4 scale). Improving the surrounding environment (M=3.55), training (M=3.29), increasing awareness (M=3.28), rotating schedules (M=3.21), and restricting public access (M=3.07, interpreted as high impact based on scale provided) were rated highest. Enhancing security, reviewing patient records, and avoiding certain assignments/carrying valuables were seen as having moderate impact (M=3.04-3.26). (See Table 5).

Table 5: Usefulness of Measures to Address Violence (n=167)

Measure	Mean (M)	Std. Dev (SD)	Interpretation*
Increasing security measures	3.25	1.10	High Impact
Improving the surrounding environment	3.55	0.792	High Impact
Reviewing patient records	3.26	1.002	High Impact
Restricting public access	3.07	0.842	Moderate Impact
Avoiding carrying large amounts of money during training	3.04	0.936	Moderate Impact
Not assigning trainees to patients with a history of violence	3.16	1.00	Moderate Impact
Increasing awareness	3.28	1.02	High Impact
among students about violence and how to deal with it			
Rotating or shifting schedules	3.21	0.956	High Impact
Training	3.29	0.969	High Impact
Interpretation based on scale: (1–2) = Low; (2.1–3.1) = Moderate; (3.2–4) = High Impact			

Patterns of Violence Across Demographics

ANOVA tests showed no significant differences in violence exposure based on age, marital status, or academic year (p > 0.05 for all). However, significant differences were found based on university affiliation for physical (p=0.034), verbal (p=0.005), and sexual violence (p=0.028). AAUP students reported higher means for physical (M=13.14) and sexual violence (M=15.08), while An-Najah students reported the highest mean for verbal violence (M=12.51). (See Table 6 & 7).

Independent t-tests revealed significant gender differences for physical (p=0.045) and sexual violence (p=0.035), with females reporting higher mean scores (Physical: M=12.92 vs 11.47; Sexual: M=13.54 vs 12.00). No significant gender differences were found for verbal, bullying, or racial violence (p > 0.05). (See Table 8).

Table 6: Summary of ANOVA Results for Violence across Age, Marital Status, Academic Year (n=167)

Demographic	Violence Type	F-value	p-value	Significance
Age	Physical	0.023	0.880	No
Age	Verbal	0.001	0.979	No
Age	Bullied	0.514	0.475	No
Age	Sexual	0.283	0.598	No
Age	Racial	0.001	0.975	No
Marital Status	Physical	0.008	0.931	No
Marital Status	Verbal	1.522	0.220	No
Marital Status	Bullied	0.032	0.859	No
Marital Status	Sexual	0.003	0.956	No
Marital Status	Racial	0.302	0.585	No
Academic Year	Physical	1.571	0.209	No
Academic Year	Verbal	0.163	0.921	No
Academic Year	Bullied	0.367	0.777	No
Academic Year	Sexual	0.534	0.662	No
Academic Year	Racial	1.008	0.395	No

Table 7: Summary of ANOVA Results for Violence across University (n=167)

Violence Type	University	Mean (M)	F-value	p-value	Significance
Physical	Nablus University	11.00	0.975	0.034	Yes
	An-Najah Univ.	12.27			
	AAUP University	13.14			
Verbal	Nablus University	10.73	5.454	0.005	Yes
	An-Najah Univ.	12.51			
	AAUP University	10.67			
Bullied	Nablus University	12.22	0.372	0.690	No
	An-Najah Univ.	11.70			
	AAUP University	11.26			
Sexual	Nablus University	13.00	2.206	0.028	Yes
	An-Najah Univ.	11.69			
	AAUP University	15.08			
Racial	Nablus University	10.81	0.128	0.880	No
	An-Najah Univ.	11.00			
	AAUP University	10.87			

Table 8: Summary of T-Test Results for Violence across Gender (n=167)

Violence Type	Gender	Mean (M)	t-value	p-value	Significance
Physical	Male	11.47	-2.020	0.045	Yes
	Female	12.92			
Verbal	Male	10.98	-1.405	0.162	No
	Female	11.91			
Bullied	Male	11.27	-0.945	0.346	No
	Female	11.79			
Sexual	Male	12.00	-2.132	0.035	Yes
	Female	13.54			
Racial	Male	10.73	-0.619	0.537	No
	Female	10.98			

IV. DISCUSSION

This study provides the first quantitative assessment of workplace violence (WPV) against nursing students during clinical training in the North West Bank, Palestine. The findings confirm the high prevalence of violence, aligning with global trends but also highlighting unique local challenges. Verbal violence (68.9%) and bullying (60.5%) were the most common forms, consistent with studies in the UK, Italy, and Hong Kong [21,22,26]. However, the relatively low perceived disturbance scores for these common types in our study might suggest normalization or minimization, a phenomenon also noted elsewhere [18,26], contrasting with findings from Turkey where verbal violence had significant psychological impact [19].

Physical (31.1%) and sexual violence (19.8%), though less frequent, registered moderate disturbance levels, indicating significant impact when they occur. The finding that sexual violence had the highest disturbance score despite being least reported underscores its severity and potential for deep psychological harm, mirroring patterns in the UK and Turkey [19,26]. The prevalence of physical violence aligns with some international findings [16] but is lower than reported in Scotland [20], suggesting contextual variations.

A critical finding is the poor state of reporting mechanisms and awareness. Over half (52.7%) of the students were unaware of reporting procedures, and less than half felt encouraged to report. This lack of awareness and support, coupled with generally neutral satisfaction regarding incident handling, points to significant institutional failures. While underreporting due to fear or perceived futility is common globally [18-21], the lack of basic knowledge about procedures in Palestine suggests a deeper structural gap compared to contexts where fear of repercussions might be the primary barrier [21].

Demographic factors played a role. Consistent with studies from Italy, Saudi Arabia, and Scotland [3,20,21], female students in our sample experienced significantly more physical and sexual violence than their male counterparts. This highlights a gendered dimension to WPV vulnerability in this context. Furthermore, significant variations in physical, verbal, and sexual violence rates across the three participating universities suggest that institutional factors, such as specific clinical placement environments, supervision quality, or institutional culture, influence students' risk exposure. This aligns with findings from multi-site studies like the one in Australia [17]. Age, marital status, and academic year did not show significant associations with violence exposure in our sample.

Compared to the limited previous research in Palestine, which focused on licensed staff [8] or used qualitative methods [9], this study offers crucial quantitative data on the vulnerability of nursing students. It confirms that students face substantial WPV risks early in their professional development. The findings reflect both shared global challenges (high prevalence, underreporting, impact of violence) and unique local obstacles related to institutional capacity, awareness, and potentially the broader socio-political context.

Limitations: This study has limitations. Its reliance on convenience sampling and focus on the North West Bank may limit generalizability. Self-reporting may lead to

underestimation, particularly for sensitive issues like sexual violence. Data collection also faced challenges due to time constraints and political instability.

V.   IMPROVEMENT AS PER REVIEWER COMMENTS

Analyze and understand all the provided review comments thoroughly. Now make the required amendments in your paper. If you are not confident about any review comment, then don't forget to get clarity about that comment. And in some cases there could be chances where your paper receives number of critical remarks. In that cases don't get disheartened and try to improvise the maximum.

VI.   CONCLUSION AND RECOMMENDATIONS

Workplace violence against nursing students in the North West Bank is a prevalent and serious issue, characterized by high rates of verbal abuse and bullying, significant occurrences of physical and sexual violence (particularly affecting female students), and critical weaknesses in reporting systems and institutional support. This study, the first of its kind in Palestine, underscores the urgent need for targeted interventions.

Recommendations include:
1. Educational Reform: Integrate comprehensive WPV training (recognition, response, reporting) into nursing curricula.
2. Institutional Policies: Develop and clearly communicate robust policies for student protection, including accessible, confidential reporting mechanisms within clinical sites.
3. University-Hospital Collaboration: Strengthen partnerships to ensure joint supervision, mentorship, and structured debriefing for students exposed to violence.
4. Awareness and Culture Change: Implement awareness campaigns and promote a zero-tolerance culture towards violence, addressing gender sensitivities.
5. Further Research: Conduct broader, longitudinal studies across Palestine to better understand WPV dynamics and intervention effectiveness.

Addressing WPV is essential not only for student well-being and academic success but also for the retention of future nursing professionals in Palestine's challenging healthcare system.

Abbreviations
- WPV: Workplace Violence
- SPSS: Statistical Package for Social Sciences
- SD: Standard Deviation
- M: Mean
- ANOVA: Analysis of Variance
- IRB: Institutional Review Board

Financial Disclosure

Conflict of Interest

The authors declare no conflicts of interest.
This manuscript is not under consideration by another journal and has not been published or presented elsewhere in part or in full except on the Research Square preprint server.

Ethical Approval

Approval was granted by the Institutional Review Board of Nablus University for Vocational and Technical Education, Palestine.
Researchers explained the purpose and procedures to all participants before data collection. Participation was voluntary, and confidentiality was assured. Written informed consent was obtained from all participants.

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