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Lived Experiences of Clinical Instructor on Workplace Verbal Bullying: A Phenominological Studies

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ABSTRACT

Workplace verbal bullying remains a significant concern in nursing education, yet little is known about the experiences of Clinical Instructors in the Philippine context. This study explored the lived experiences of Clinical Instructors who encountered workplace verbal bullying in a private higher education institution in Quezon City, Philippines. Guided by Roy's Adaptation Model, Neuman's Systems Model, and Watson's Theory of Human Caring, the study employed a descriptive phenomenological design. Purposive sampling was used to recruit 8–12 full-time Clinical Instructors who met the inclusion criteria. Data were collected through semi-structured interviews and analyzed using Colaizzi's Seven-Step Phenomenological Method. Findings revealed that workplace verbal bullying was characterized by repeated experiences of disrespectful communication, humiliation, intimidation, professional belittlement, exclusion, and hostile interpersonal interactions. These experiences negatively affected participants' emotional well-being, professional identity, self-confidence, teaching effectiveness, and workplace relationships. Despite these challenges, participants demonstrated resilience through emotional regulation, social support, reflective practice, and sustained commitment to nursing education. The findings also emphasized the importance of supportive leadership, accessible reporting mechanisms, and organizational cultures that promote respect and psychological safety.

Keywords: *Workplace Violence; Bullying; Faculty, Nursing; Nursing Education; Phenomenology; Qualitative Research; Psychological Well-Being.*

INTRODUCTION

Workplace verbal bullying remains a significant occupational health concern in healthcare and nursing education, contributing to psychological distress, burnout, reduced job satisfaction, and impaired professional performance among healthcare workers (Galanis et al., 2024; Machul et al., 2024). Although workplace bullying has been extensively investigated among clinical nurses, limited qualitative evidence has explored the lived experiences of Clinical Instructors who perform dual roles as educators and clinical supervisors. Guided by Roy's Adaptation Model, Neuman's Systems Model, and Watson's Theory of Human Caring, this descriptive phenomenological study explored the lived experiences of Clinical Instructors who experienced workplace verbal bullying to generate evidence that may inform institutional policies, faculty support programs, and psychologically safe academic work environments (Galanis et al., 2024).

Statement of the Problem

Workplace bullying remains a persistent challenge in nursing education, yet little is known about how Clinical Instructors experience and make meaning of workplace verbal bullying within their dual roles as educators and clinical supervisors. Despite growing evidence on workplace bullying among nurses, qualitative research focusing on nursing faculty remains limited.

Grand Tour Question

Specifically, the study sought to answer the question: What are the lived experiences of Clinical Instructors who experienced workplace verbal bullying in the nursing education setting?

Scope and Delimitations

Using a descriptive phenomenological design, this study investigated the lived experiences of full-time, licensed Clinical Instructors encountering workplace verbal bullying at a private higher education institution in Quezon City, Philippines. Through semi-structured interviews with nursing educators with at least 1 year of experience, researchers examined how verbal bullying affected participants' psychological well-being, professional identities, and teaching practices. The scope strictly focused on academic verbal bullying, excluding part-time instructors, non-nursing educators, hospital-based nurse educators, and incidents involving students, patients, or hospital personnel.

Review of Related Literature

International evidence consistently demonstrates that workplace bullying is associated with adverse psychological and professional outcomes among nurses, including increased stress, burnout, emotional exhaustion, reduced job satisfaction, and diminished quality of care (Galanis et al., 2024; White et al., 2025). Qualitative studies further indicate that bullying undermines professional confidence and workplace relationships while emphasizing the importance of supportive leadership, effective reporting systems, and organizational cultures that promote psychological safety (White et al., 2025).

Theoretical Framework

This study was guided by Roy's Adaptation Model, Neuman's Systems Model, and Watson's Theory of Human Caring, which continue to provide relevant conceptual foundations for understanding human adaptation, stress responses, and caring relationships in contemporary nursing practice (Watson Caring Science Institute, 2023). Roy's Adaptation Model explains how individuals adapt to environmental stressors, while Neuman's Systems Model conceptualizes workplace verbal bullying as an external stressor that threatens psychological and professional stability. Collectively, these theories provided the conceptual lens for understanding how Clinical Instructors experienced, interpreted, and adapted to workplace verbal bullying and its influence on their psychological well-being and professional practice (Watson Caring Science Institute, 2023).

METHODOLOGY

This study employed a descriptive phenomenological design to explore the lived experiences of Clinical Instructors who experienced workplace verbal bullying. The study was conducted in a private higher education institution in Quezon City, Philippines. Participants were purposively selected based on predefined inclusion criteria, with recruitment continuing until data saturation was achieved. Colaizzi's Seven-Step Phenomenological Method was used to identify significant statements, formulate meanings, and develop emergent themes.

Research Design

This study employed a descriptive phenomenological research design to explore the lived experiences of Clinical Instructors who experienced workplace verbal bullying. Descriptive phenomenology was selected because it enables an in-depth understanding of participants' perceptions and meanings while describing the essence of a shared phenomenon without imposing preconceived interpretations.

Research Steps

Following approval from the Institutional Ethics Review Committee and the participating institution, eligible Clinical Instructors were identified through purposive sampling and invited to participate in the study. Written informed consent was obtained prior to conducting in-depth semi-structured interviews, which were audio-recorded and transcribed verbatim. Data collection continued until thematic saturation was achieved.

Data Collection and Sample Selection

Purposive sampling was employed to recruit Clinical Instructors from a private higher education institution in Quezon City, Philippines, who had experienced workplace verbal bullying and met the study's inclusion criteria. Participant recruitment continued until data saturation was achieved. Data were collected through individual in-depth semi-structured interviews using an expert-validated interview guide. Each interview lasted approximately 30–60 minutes.

Data Analysis Methods

Data were analyzed using Colaizzi's Seven-Step Phenomenological Method to identify the essence of participants' lived experiences. Interview recordings were transcribed verbatim, and the transcripts were read repeatedly to achieve immersion in the data.

Trustworthiness and Validation

Trustworthiness was established using the criteria of credibility, dependability, confirmability, and transferability. Credibility was enhanced through member checking, prolonged engagement with the data, and verbatim transcription of interviews.

Study Limitations and Ethical Considerations

This study was limited to Clinical Instructors from a single private higher education institution in Quezon City, Philippines, which may limit the transferability of the findings to other academic or healthcare settings. As a qualitative phenomenological study, the findings reflect the participants' lived experiences and are not intended to be generalized to the broader population.

Ethical Considerations

Ethical approval was obtained from the Saint Bernadette Lourdes College Institutional Ethics Review Committee before the conduct of the study.

RESULTS AND DISCUSSION

Analysis of the interview transcripts using Colaizzi's Seven-Step Phenomenological Method generated seven interconnected themes that described the lived experiences of Clinical Instructors who experienced workplace verbal bullying: (1) Workplace Bullying Beyond Words: Subtle Organizational Aggression; (2) The Vulnerability of Being a New Clinical Instructor; (3) Threatened Professional Identity and Self-Worth; (4) Emotional and Psychological Consequences of Workplace Bullying; (5) Professionalism, Assertiveness, and Adaptive Coping; (6) Silence, Hierarchy, and the Normalization of Bullying; and (7) Resilience and Professional Growth Through Adversity. Workplace verbal bullying includes subtle behaviors like public criticism, exclusion, and undermining. Organizational silence, hierarchy, and normalized disrespect discourage reporting, as victims doubt it leads to change. Higher education institutions must create safe reporting channels, increase leadership accountability, and implement anti-bullying policies to foster respectful environments.

SUMMARY

This descriptive phenomenological study explored the lived experiences of Clinical Instructors who experienced workplace verbal bullying within the nursing academe. Analysis using Colaizzi's Seven-Step Phenomenological Method generated seven interconnected themes that characterized workplace verbal bullying as a multidimensional organizational phenomenon embedded within institutional culture and hierarchical relationships. The findings further revealed that organizational hierarchy, power imbalance, and the normalization of disrespectful behaviors discouraged formal reporting and perpetuated workplace bullying.

CONCLUSIONS

Workplace verbal bullying among Clinical Instructors is a complex organizational phenomenon characterized primarily by subtle forms of aggression embedded within hierarchical workplace relationships rather than overt verbal hostility. These experiences adversely affect psychological well-being, professional identity, and teaching practice while discouraging formal reporting because of organizational culture, power imbalance, and fear of retaliation.

RECOMMENDATIONS

Nursing institutions should implement anti-bullying policies, confidential reporting, and support programs to promote workplace safety and civility. Future research should evaluate intervention effectiveness and organizational factors by including diverse clinical instructors using mixed-methods approaches.

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AI DECLARATION STATEMENT

AI-supported tools helped with grammar and structure in creating this article. No AI tools were used to collect, analyze, or interpret data; all authors are credited for their academic contributions.

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