

## ORIGINAL ARTICLE

# Bystander apathy, the experience of third-year students of the bachelor's degree course in nursing at the University of Parma

GIOVANNA CASELLA<sup>1,2</sup>, MASSIMO GUASCONI<sup>1,2</sup>, CHIARA CANINI<sup>1,2</sup>, MIRIAM QUAGLIAROLI<sup>2</sup>, ANDREA CONTINI<sup>2</sup>, ANTONIO BONACARO<sup>1</sup>

<sup>1</sup>University of Parma, Department of Medicine and Surgery, Parma, Italy; <sup>2</sup>Azienda USL of Piacenza, Piacenza, Italy.

## ABSTRACT

**Background and aim:** Clinical placements represent a challenge for nursing students, often accompanied by fears and insecurities that may shape their learning. Without effective coping strategies, bystander apathy may occur. This study aims to describe the perception of bystander apathy among in third-year nursing students.

**Methods:** A qualitative descriptive study was conducted. Participants were third-year nursing students who had completed at least one emergency placement. Data were collected through focus groups and analysed through Braun and Clarke's method. University of Parma "Research Ethics Board for Non – Medical Research Involving People" approved the study.

**Results:** 16 students participated. 4 themes were identified: strong emotions, between responsibility and uncertainty, difficult relationships, and the clinical mentor as a professional role model.

**Conclusions:** Bystander apathy was evident in students' clinical experience. Reducing the theory – practice gap may help relieve anxiety and helplessness, lowering the risk of bystander apathy and supporting the transition to professional practice. ([www.actabiomedica.it](http://www.actabiomedica.it))

**Key words:** bystander apathy, nursing students, emergency, focus group, qualitative research



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**Correspondence:** Massimo Guasconi, RN, PhD / University of Parma, Department of Medicine and Surgery, Piacenza School of Nursing, Via Taverna 37, 29121 Piacenza, Italy / E-mail: [massimo.guasconi@unipr.it](mailto:massimo.guasconi@unipr.it)  
ORCID: 0000-0002-8855-8919

## Introduction

The clinical placement represents a challenging phase for nursing students. It is a period of both professional and personal growth, often accompanied by feelings of anxiety (1–3). Such feelings can negatively affect students' performance outcomes (4). The literature suggests that when coping strategies for managing internal tension and stress are lacking, bystander apathy may occur (5–7). Bystander apathy is characterised by the inability to initiate helping behaviours in the presence of others, through avoidance or freezing strategies (5). In nursing, this phenomenon plays a crucial role in patient safety, as failure to intervene, or delayed intervention, can compromise care in any setting, particularly within emergency care contexts (8). The emergency setting is one in which sudden, emotionally charged events that may trigger freezing are especially likely to occur. Bystander apathy is therefore a relevant and compelling phenomenon to investigate, as it reflects the inadequacy of coping strategies, an essential aspect for both students in clinical learning environments and nurses in professional practice. This phenomenon has been studied since 1964, when a crime in New York City involved a woman being stabbed and raped while numerous bystanders failed to act. This behaviour, later referred to as bystander apathy, was explained not so much by indifference but by the belief that someone else would intervene (6). It is of particular interest to explore the occurrence, or non-occurrence, of this phenomenon among nursing students undertaking clinical placement in emergency settings, as they are on the verge of becoming professionals responsible for comprehensive patient care. The purpose of this qualitative study is to describe the perception of bystander apathy among third-year nursing students at the University of Parma – Piacenza teaching site.

## Patients and Methods

### Study design

A qualitative descriptive study was conducted at bachelor's degree in nursing at the University of

Parma – Piacenza teaching site. A descriptive approach was adopted to facilitate the interpretation of the data and to generate detailed accounts (9), which may serve to inform the development and implementation of innovative interventions (10).

### Participants

Third-year students enrolled in the bachelor's degree in nursing at the University of Parma – Piacenza teaching site, were recruited through purposive sampling. Participants had completed at least one clinical placement in the emergency departments of the Azienda USL of Piacenza, specifically in the emergency room, intensive care unit, paediatric emergency room, and emergency psychiatric service. Recruitment was undertaken through institutional e-mail, which was sent to students who met the inclusion criteria by faculty members of the research team. After initial informal interest in the study had been ascertained, detailed information was provided and informed consent was subsequently obtained. Data saturation was applied to ensure the completeness of the information (11).

### Data collection

Data were collected through focus groups, a method that allowed for interaction among the participants, fostering a total understanding of the participants' point of view (12). At the start of the focus group, the interviewer used an icebreaker by presenting a hypothetical sudden emergency in the ward and asking participants to state one word summarising their feelings or intended actions. Subsequently, the semi-structured interview questions used for data collection were administered and are presented in Table 1.

The questions were not asked in a fixed order but were introduced according to the flow of the discussion. Moreover, participants were encouraged to engage by sharing their personal experiences. Through these narratives, it was possible to identify whether or not the bystander apathy had occurred among the interviewees. To ensure maximum comfort for the students, the meetings were held at the Nursing Department of the University of Parma – Piacenza teaching site. The focus groups were audio – recorded and

**Table 1.** The semi structured interview implied for the conduction of the focus groups.

<b>Question 1</b>	Do you know what we mean when we talk about the bystander apathy? If so, have you ever thought that you might have experienced it yourself?
<b>Question 2</b>	In other words, during your clinical experience, have you ever personally engaged in, or observed, behaviours such as avoidance?
<b>Question 3</b>	What is it, in retrospect, that makes you realise you have experienced this phenomenon?
<b>Question 4</b>	How do you think the bystander apathy may have influenced your nursing practice?
<b>Question 5</b>	Do you think this phenomenon may have had an impact on your educational pathway, or perhaps even on your future as professionals?
<b>Question 6</b>	After experiencing the bystander effect, were you prompted to act differently?
<b>Question 7</b>	Are there other considerations that you would like to share?

subsequently transcribed in full respecting the principle of pseudonymization. The focus groups were conducted in September 2023; each session was conducted by a moderator together with an observer.

### **Data analysis**

A reflexive thematic analysis was conducted following Braun and Clarke's approach (9–11). The analysis proceeded through six iterative phases: (1) familiarisation with the data, (2) systematic coding across the entire dataset, (3) generating initial themes by examining shared meaning patterns, (4) reviewing and refining themes in relation to the coded extracts and the dataset as a whole, (5) defining and naming themes, and (6) producing the report. In line with the reflexive orientation of this approach, theme development was understood as an interpretative and recursive process shaped by the researchers' analytic decisions rather than a purely mechanical procedure. (13–15). Two researchers (MQ and CC) independently analysed the transcripts and then compared their findings to reach agreement. In cases where consensus could not be achieved, a third researcher (GC) was consulted. Once the focus groups had been fully transcribed, the two researchers identified units of meaning, which were subsequently grouped into sub – themes and, ultimately, into themes.

### **Ethical statement**

In June 2023, the study received approval from the “Research Ethics Board for Non-Medical Research

Involving People” at the University of Parma, ensuring compliance with ethical principles and adherence to the “European Code of Conduct for Research Integrity”, developed by All European Academies (ALLEA) and the European Science Foundation (ESF) and updated in 2017. Furthermore, the study was conducted in accordance with the ethical principles set out in the Declaration of Helsinki.

### **Rigour**

The study was designed in accordance with the principles of credibility, transferability, dependability, and confirmability (16–18). Credibility was ensured by providing faithful accounts of the entire research process and by reaching consensus within the research group on the interpretation of the data. This process involved the following steps: (i) full transcription of the recorded interviews in order to ensure transparency and coherence, (ii) individual analysis by two independent researchers (MQ and CC) with a third researcher (GC) involved in the event of disagreement and (iii) sharing and discussion of the emerging themes with the research team to reach a shared definition. Transferability was supported by describing both the recruitment context and the participants' characteristics, thereby allowing comparison with studies conducted in similar and/or different settings. Dependability was maintained by critically examining the quality of each stage of data collection and analysis. Confirmability was achieved through the presence of an observer during the focus groups, who took field notes to support the interpretation of the data. In

addition, the entire research team engaged in debriefing by re – examining all the material produced. These criteria are widely recognised as essential to ensuring the rigour of qualitative research (16–18). The reporting of the study was performed in agreement with the Consolidated Criteria for Reporting Qualitative Research (CoreQ) (19).

## Results

Two focus groups were conducted, each lasting approximately 60 minutes, with a total of 16 students (8 participants per group). The majority of participants were female (14 female and 2 male), and their ages ranged from 22 to 50 years. Data saturation was considered achieved when no substantially new themes emerged and existing themes became recurrent across the focus groups. Data analysis resulted in the identification of four main themes, each with related sub – themes (Table 2).

### Theme 1: Strong emotions

All students reported that exposure to high – Complexity situations made the clinical placement a phase rich in emotions that were sometimes difficult to manage. A strong sense of uselessness emerged as a recurrent theme in the students' accounts; it is understood how failing to intervene creates a sense of frustration and uselessness, so much so that they report “...I should have started CPR but I got stuck...I felt

*useless...*” (Cit. 1.1), “...*sometimes you don't understand your role...*” (Cit. 4.1). In specific situations, particularly during emergencies, students expressed feelings of helplessness, conveying a perceived inability to take effective action, especially in settings where the unpredictability of the event is frequent. Respondents report “...*During the ICU internship, I often felt uncomfortable...*” (Cit. 2.1). As mentioned earlier, students perceive clinical placement in emergency settings as a complex challenge that demands growing competence in autonomy and quality of performance. Respondents reported that they do not always feel prepared and, in critical situations, sometimes refrain from intervening because they fear hindering the mentor's work. In addition, they are occasionally discouraged from acting due to the uncertainty surrounding their role, to the extent that they reported “...*as a student in some departments...you feel being in the way...*” (Cit. 3.1)

### Theme 2: Between responsibility and uncertainty

Responsibility emerged as a key theme for all participants. Students frequently questioned the extent of the responsibility they could, and should, assume within the placement environment. “...*sometimes you don't understand how much responsibility you can assume...*” (cit. 3.2). The analysis shows that, on several occasions, students refrained from acting due to a perceived lack of experience in emergency management and, consequently, sought to protect themselves from potential repercussions. The data also highlight

**Table 2.** Themes and sub – themes emerged from the data analysis

Themes	Sub – Themes
Strong emotions	Sense of helplessness Discomfort and anxiety Feeling in the way
Between responsibility and uncertainty	Need to protect themselves Effectiveness of an intervention Difficulty understanding where one's responsibilities end
Difficult relationships	Subjugation towards the mentor or a nurse Difficulties in relationships with other students Lack of collaboration among health professionals
The clinical mentor as a professional role model	Negligence toward a problem Confidence in one's actions

students' difficulty in understanding when they should intervene; in particular, they questioned whether it could be considered their responsibility to act in emergency situations requiring specific skills, reporting "...I often felt like I had to protect myself...I didn't feel well prepared for emergencies and didn't want to intervene..." (Cit 2.3). Uncertainty about how to act led students to question whether their interventions in specific situations would in fact be effective. As one participant reported "...How do we know that our interventions are actually effective in specific situations, such as emergencies?" (Cit. 5.1). The students' accounts clearly reveal feelings of insufficient competence to intervene, uncertainty regarding their degree of responsibility, and, in some situations, a tendency to wait for the mentor or another health professional to act. The data indicate "...I was standing there waiting for someone to intervene, but the nurses wanted me to intervene..." (Cit. 5.2), "...I didn't feel ready, even though I know I should have been..." (Cit. 6.1).

### **Theme 3: Difficult relationships**

The beginning of any new clinical placement represents a complex period for students, who must integrate into an already organised team context. According to participants, the greatest challenge lies in the relationship established with the clinical mentor. Students perceived the mentor's judgement as having a strong influence on their ability to intervene when required, and in some situations, they reported feeling "inhibited" from acting. "It was the first time I met my mentor, and I felt uncomfortable because we did not know each other." (Cit. 1.2). Data analysis indicates that sharing the placement experience with other students may foster a sense of competition, thereby intensifying feelings of insecurity, "...a kind of competition..." (Cit 8.1). "...sometimes I felt inferior, and this gave me anxiety..." (Cit 8.1). An additional area of interest concerns the lack of collaboration among healthcare professionals within the team. Students described how a mere division of labour may inhibit both the student and the mentor from taking action, while also posing potential risks to the patient. Thus, bystander apathy may not be attributable solely to psychological factors but may also be influenced by underlying organisational issues.

### **Theme 4: The clinical mentor as a professional role model**

Students reported that the clinical mentor can make a significant difference to the placement experience. Although most mentors were perceived as positive role models, respondents also noted that they did not always encounter a competent professional able to impart knowledge effectively by serving as a model to emulate. From the analysis, it emerged that "My mentor intentionally chose not to intervene; he believed someone else would act." (Cit. 9.1). "My mentor's positive example made me realise that I was in the right place...and I felt safe!" (Cit. 11.2)

## **Conclusions**

### **Discussion**

Managing clinical situations with a high emotional impact represents a major challenge within nursing students' clinical placement; feelings of helplessness, discomfort, and anxiety were reported as highly recurrent (12–14). The sense of helplessness encapsulates the concept of bystander apathy, the feeling of being stuck, unable to act or respond when faced with a complex and stressful situation. Anxiety and discomfort also emerged as negative emotions, linked to not feeling equal to the demands of the situation and to the burden of approaching professional practice, a process often described as transition. The literature indicates that "transition shock" is a common phenomenon that negatively affects the experience of newly qualified nurses and may even contribute to leaving the profession (15). Anxiety and discomfort were found to foster the occurrence of bystander apathy, leading students to remain immobile in situations that would instead require prompt intervention. A review conducted in 2020 reported that anxiety is associated with negative outcomes in relation to students' performance goals (16). Another aspect that emerged was the discrepancy between what students learn at a theoretical level and the difficulties they encounter in applying this knowledge in practice. This gap often translates into feelings of being in the way, inadequate, or unprepared, accompanied by a fear that their actions might harm

the patient, conditions in which bystander apathy finds fertile ground. In the process of growth, progression, and transition towards becoming a nurse, the clinical mentor plays a pivotal role, being responsible for the student's practical training in the field (17). The role and example provided by the clinical nurse mentor influence not only the student's placement experience but also the interpersonal relationship established between the two, and, consequently, the presence or absence of bystander apathy. Two models emerged from the analysis: the first is a positive model, in which the mentor, confident in their knowledge and skills, is able to guide the student in critical situations, thereby preventing the onset of bystander apathy. The second is a negative model, described as negligent (17). This is closely related to another issue that emerged, namely the difficulty of interacting with other members of the team, which often results in inaction and the recurrence of bystander apathy. In light of these findings, it becomes necessary to explore this issue further. The sense of helplessness, anxiety, discomfort, and the gap between theory and practice provide valuable insights that could be addressed within teaching programmes to strengthen learning pathways and reduce the occurrence of bystander apathy, thereby enabling students to approach the transition from student to newly qualified nurse with greater confidence. With regard to mentoring models, it would be advisable to provide specific training for clinical mentors so that the positive model is the one most frequently encountered by nursing students in clinical settings. Furthermore, it would be relevant to extend the investigation of this phenomenon to the wider population of healthcare professionals.

### **Strength and limitations**

The strength of this study lies in having highlighted the presence of the bystander apathy among nursing students, a phenomenon that has been little explored but may have a significant impact on nursing care. This study has several limitations: (i) despite reaching data saturation, the number of students involved was relatively small; (ii) the study was conducted at a single centre; and (iii) there was a clear gender bias (14 females and 2 males). These factors may affect the generalisability of the findings and limit comparisons with other studies.

### **Recommendations for further research**

Further studies are needed to examine the bystander apathy in settings other than emergency care and in contexts beyond the Italian one, in order to broaden and deepen understanding of this phenomenon.

### **Conclusions**

The bystander apathy appears to be a frequent occurrence during nursing students' clinical placements and is triggered by a range of factors. Reducing the incidence of these factors, such as anxiety, helplessness, discomfort, and the gap between theory and practice, together with analysing and strengthening the role of the clinical mentor, may help to mitigate the effect itself. This, in turn, would enable students to approach the transition to professional practice with greater confidence, acting promptly to assist patients rather than remaining powerless in the face of events.

**Ethic Approval:** On 7 June 2023, the study received approval from the "Research Ethics Board for Non-Medical Research Involving People" at the University of Parma (prot. 0146752).

**Conflict of Interest:** Each author declares that he or she has no commercial associations (e.g. consultancies, stock ownership, equity interest, patent/licensing arrangement etc.) that might pose a conflict of interest in connection with the submitted article.

**Authors Contribution:** GC: Conceptualization, Methodology, Formal analysis, Writing - Original Draft. MG: Methodology, Writing - Original Draft. CC: Formal analysis, Data Curation. MQ: Investigation. AC: Writing - Review & Editing. AB: Writing - Review & Editing, Supervision.

**Declaration on the Use of AI:** None.

### **References**

1. Babamohamadi H, Aghaei N, Asgari MR, Dehghan-Nayeri N. Strategies used by Iranian nursing students for adjusting to internship: a qualitative study. *BMC Med Educ.* 2023;23(1):454. doi: 10.1186/s12909-023-04441-8
2. Calamassi D, Rotondi K, Bambi S, Tamburini L. Experiences, perceptions and emotions of the students of degree course in

- nursing in the internship: a mixed method study. *Prof Infirm.* 2020;73(3):141-52. doi: 10.7429/pi.2020.733141
3. Yi QF, Yan J, Zhang CJ, Yang GL, Huang H, Yang Y. The experience of anxiety among Chinese undergraduate nursing students in the later period of their internships: findings from a qualitative study. *BMC Nurs.* 2022;21(1):70. doi: 10.1186/s12912-022-00847-9
  4. Aghaei N, Babamohamadi H, Asgari MR, Dehghan-Nayeri N. Barriers to and facilitators of nursing students' adjustment to internship: a qualitative content analysis. *Nurse Education Today.* 2021;99:104825. doi: 10.1016/j.nedt.2021.104825
  5. Grissinger M. Actively caring for the safety of patients: overcoming bystander apathy. *P T.* 2012;37(6):317-9.
  6. Hortensius R, Schutter DJLG, De Gelder B. Personal distress and the influence of bystanders on responding to an emergency. *Cogn Affect Behav Neurosci.* 2016;16(4):672-88. doi: 10.3758/s13415-016-0423-6
  7. Labrague LJ, McEnroe-Petitte DM, Gloe D, Thomas L, Papatnasiou IV, Tsaras K. A literature review on stress and coping strategies in nursing students. *Journal of Mental Health.* 2017;26(5):471-80. doi: 10.1080/09638237.2016.1244721
  8. Özkaya Sağlam B, Sözeri Eser İ, Ayvaz S, Çağrı N, Mert H, Küçükçüçlü Ö. Intensive care experiences of intern nurse students: a qualitative study. *Nurse Education Today.* 2021; 107:105098. doi: 10.1016/j.nedt.2021.105098
  9. Braun V, Clarke V. Reflecting on reflexive thematic analysis. *Qualitative Research in Sport, Exercise and Health.* 2019;11(4):589-97. doi: 10.1080/2159676X.2019.1628806
  10. Braun V, Clarke V. Using thematic analysis in psychology. *Qualitative Research in Psychology.* 2006;3(2):77-101. doi: 10.1191/1478088706qp063oa
  11. Braun V, Clarke V. *Thematic analysis: a practical guide.* SAGE Publications; 2021.
  12. Liu H, Liu X, Xu W. Prevalence and influencing factors of anxiety in medical students during the COVID-19 pandemic. *Heliyon.* 2022;8(9):e10487. doi: 10.1016/j.heliyon.2022.e10487
  13. Walker A, Costa BM. Transition into the workplace: comparing health graduates' and organisational perspectives. *Contemporary Nurse.* 2017;53(1):1-12. doi: 10.1080/10376178.2016.1254050
  14. Woo MWJ, Newman SA. The experience of transition from nursing students to newly graduated registered nurses in Singapore. *International Journal of Nursing Sciences.* 2020;7(1):81-90. doi: 10.1016/j.ijnss.2019.11.002
  15. Duchscher JEB. Transition shock: the initial stage of role adaptation for newly graduated registered nurses. *Journal of Advanced Nursing.* 2009;65(5):1103-13. doi: 10.1111/j.1365-2648.2008.04898.x
  16. Simpson MCG, Sawatzky JAV. Clinical placement anxiety in undergraduate nursing students: a concept analysis. *Nurse Education Today.* 2020;87:104329. doi: 10.1016/j.nedt.2019.104329
  17. Rodger KS, Juckes KL. Managing at risk nursing students: the clinical instructor experience. *Nurse Education Today.* 2021;105:105036. doi: 10.1016/j.nedt.2021.105036

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