Pre-registration nursing students' perceptions and experiences of violence in a nursing education institution in South Africa

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ABSTRACT

Violence is a growing problem worldwide in the field of health care and within the nursing profession. A study comprising a survey and focus groups with nursing students, and interviews with nurse educators was conducted to examine nursing students' perceptions and experiences of violence at a nursing education institution in the Western Cape, South Africa. A self-administered questionnaire was distributed to all nursing students. Two hundred and twenty three ($n = 223$) respondents completed the questionnaire. Focus groups were conducted with purposively sampled student participants and semi-structured interviews with nurse educators. The findings indicated that the nature of the violent incidents experienced by students on campus, especially in the residences, ranged from verbal abuse to violation of students' property and personal space, and could be attributed primarily to substance abuse. Violence among student nurses could negatively affect learning. In a profession in which nurses are exposed to violence in the workplace, it is important that violence in the learning environment is actively prevented and respect of individual rights, tolerance and co-operation are promoted.

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Introduction and background

The World Health Organisation (2002, p. 3) defines violence as "intentional use of physical force or power, threatened or actual … that either results in or has a high likelihood of resulting in injury, death, psychological harm, mal-development or deprivation". In South Africa statistics on crime do not present an entirely accurate picture of what is happening, although a useful indicator. Since 1994, the birth of democracy, crimes reported to the police increased, peaking in 2003. Although serious crime, in particular contact crime, has reduced significantly over the last five years, it remains unacceptably high in comparison with global crime statistics. Of particular concern is the violent nature of social behaviour evident in the majority of serious crime categories, and the perceived link of crime and challenging socio-economic conditions (SAPS, 2013).

Parallel to this is the growing number of violent incidents in the health care environment, which has become a global problem for nurses (Farrell, 2001; Blair and Wallace, 2002; Hiffe, 2002; Clark and Springer, 2007; Woelfle and McCaffrey, 2007; Beech, 2008). The nursing profession has seen a steady increase in violence over the last decade (Chapman and Styles, 2006; Edwards and O'Connell, 2007; Taylor, 2013), with an increasing number of violent incidents perpetrated on nursing students (Calvert, 1996; Beech, 2001; Celik and Bayraktar, 2004). Nursing students have experiences of violence in the clinical setting (Çelebioglu et al., 2010; Ferns et al., 2005), but there is limited published research on violence amongst student nurses in nursing education institutions.

In this study, violence has been broadly categorised into physical and psychological/emotional violence. Physical violence or abuse is the most visible form, characterized by infliction of injury. Physical abuse may include (but is not limited to) grabbing, striking, pinching, shoving, slapping, hitting, hair-pulling, biting, arm-twisting, kicking, punching, hitting with objects, and/or use of harmful restraints or weapons. Emotional or psychological violence is defined as routinely making unreasonable demands or intentional infliction of anxiety, hurt, guilt or fear through verbal or non-verbal acts, which serve to degrade and undermine an individual's sense of self-worth and self-esteem while rejecting their opinions and needs. It includes, but is not limited to, attacking a person verbally by yelling, name-calling, constant criticism, insults, threats, intimidation, humiliation, criminally harassing or stalking, isolating the victim from family, friends or regular activities, and

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using 'silent treatment', denying the abuse ever happened and shifting responsibility (Newfoundland Violence Prevention Initiative, 2014). Sexual violence may be physical and/or emotional (Dartnall and Jewkes, 2013).

Violence within the South African context

Violence in South Africa presents has taken on "new and complex forms, and is not a transitional phenomenon but is deeply rooted in the society" (Centre for the Study of Violence and Reconciliation (CSVR), 2007; 5). Violence in South Africa has a long history. Apartheid not only established racialized inequality, but had a destructive psychological impact on self-worth and traditional family structures and values. High levels of violence were manifested in the urban and peri-urban townships in the 1950s prior to escalation of political violence in the 1970s and 1980s (Dissel, 2007). From the 1970s to the 1990s extreme levels of political violence, including widespread use of torture, had a brutalizing impact on individuals and society. The longstanding and well-established system of migrant labour (mass movement of people from their permanent home, usually rural, to a place of work in a city) instituted by the apartheid regime undermined the socialising role of families and other social institutions (Phillips, 2003).

There is a strong link between violence, gender and crime in South Africa (CSVR, 2007). Perpetrators are mostly young men, yet roughly 85% of murder victims are also young men (SAPS, 2013). The age of men at initiation of perpetration of sexual violence (17–25 years old) is a factor in identifying this group for targeting (The 2nd South African National Youth Risk Behaviour Survey (SANYRBS), 2008; Jewkes et al., 2010a, 2010b).

Violence in schools

Violence in South African education settings outside of nursing education institutions, e.g. among high school youth (SANYRBS, 2008; Jewkes et al., 2010a) is a source of concern, providing strong evidence that such experiences commence early. Schools are considered to be especially dangerous. In the 2008 report on public hearings on school based violence, pupils and teachers were found to be perpetrators of violence; both groups suffered the impact of bullying, gender-based violence, accidental violence, sexual assault or harassment, physical and psychological violence (SAHRC, 2008). The high levels of violence in South African schools reflect a complicated combination of past history and recent stresses at individual, school and community levels (Vally et al., 1999; Zulu et al., 2004). Despite the end of apartheid, race and ethnic tensions remain at the centre of much of the violence (Vally et al., 1999). Present-day violence in education in South Africa must be understood with reference to this history and to contemporary political and economic disadvantage and inequality. Flisher et al. (2006) reported on injury-related behaviour among high school learners in six South African sites, in which high rates of adolescent injury-related behaviour in male and female learners in urban and rural settings were found.

Nursing education and violence

Clark and Springer (2007) found that uncivil behaviour had a negative effect on the academic setting and disrupted the teaching-learning environment. Disruptive behaviour such as cheating in examinations and assignments, absenteeism and distractions in class have consistently been reported by nurse educators (Clark and Springer, 2007), but problematic student behaviour such as verbal abuse, yelling at educators and physical contact has been reported as a rising concern (Lashley and De Meneses, 2001). The prevalence of violence among nursing students is not clear. Studies on violence

within the nursing student community in USA, Europe, Australia and Turkey (Calvert, 1996; Celik and Bayraktar, 2004; Chapman and Styles, 2006; Edwards & O'Connell, 2007) have been reported. The prevalence of violent experiences among nursing students in higher education institutions in South Africa is unclear; however there is a high incidence of sexual violence in South African youth (Jewkes et al., 2010a).

The impact of violence on nursing students has physical and mental health consequences (Campbell, 2002; Jewkes et al., 2010b; Taylor, 2013). These include unwanted pregnancy, HIV infection, mental illness such as post-traumatic stress disorder and depression, and stigma. Attrition and throughput rates may also be affected (Hutchinson, 2009).

There is a lack of agreement on the definition of what constitutes aggression and violence, together with no uniform, standard instrument for measuring this (Rippon, 2000). This may exacerbate the challenges of managing this phenomenon. Lashley and De Meneses (2001) recommended that clear definition of 'uncivil behaviours' should be developed for nursing students and nurse educators. The inclusion of violence education, including management thereof, in undergraduate nursing curricula has been recommended (Blair and Wallace, 2002; Johnson and Stevens, 2002; Beech, 2008).

The primary purpose of nursing care is to provide for the patient's physical, emotional and spiritual needs, and violence among nursing students is the antithesis of the caring ethos of the profession. Nurses are unlikely to perform at their best when tensions are high (Woelfle and McCaffrey, 2007). Impaired interpersonal relationships among student nurses can cause poor work performance, errors and accidents (Kolanko et al., 2006).

Problem statement

In the year prior to the study a number of violent incidents among nursing students were reported to the Education institution management, and subsequently to the police. A female nursing student was allegedly raped by a male student; however the case was later withdrawn due to alleged fears of victimisation. In another incident two male students allegedly assaulted a fellow male nursing student. This was reported to the police and the two alleged perpetrators were arrested, but the case was later withdrawn. This study emerged to investigate nursing students' perceptions of violence and their experiences of violence, either observed, or personally experienced (interpersonal, by educators, administrative staff, fellow nurse learners, nurse managers).

Aim

The aim of the study was to explore the perceptions and experiences of violence among pre-registration nursing students in the Western Cape, South Africa.

Method

This study comprised a survey of nursing students' perceptions and experiences of violence at their nursing education campus, followed by focus groups that explored at greater depth the nursing students' experiences of violence. Semi structured interviews were conducted with nurse educators to explore their perceptions of the violence experienced by nursing students.

Research setting

The study was conducted at a nursing education institution campus in the Western Cape Province, which offers pre-and-post