

**Violence Among Nurse Learners:
A descriptive study examining nurse learners'
experiences of violence.**

by

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**A mini-dissertation submitted to the
Faculty of Health Sciences, University of Cape Town,
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Master of Science (Nursing)**

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DECLARATION

I, Tania de Villiers declare that this research report is my own work. It is being submitted for the degree of Master of Science in Nursing in the University of Cape Town. This research report has not been submitted before any degree or examination at this or any other University.

Signed by candidate

August 2008

DEDICATION

To my Lord and Saviour Jesus Christ, who granted me the Grace and strength to complete this thesis.

To my loving, husband, Granville de Villiers, who supported me financially, emotionally and spiritually throughout this process. His support and encouragements enabled me to stay focused on my goal to complete this thesis.

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University of Cape Town

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Violence among nurse learners – a descriptive study examining nurse learners' experiences of violence

Abstract

Over the last decade there has been a steady increase in media reports on violence in our society. This trend of violence is paralleled in the field of health care, and has become a growing problem among nurses globally. This descriptive study aimed to examine nurse learners' perceptions and experiences of violence at a college of nursing in the Western Cape.

Methods used to conduct this research study were both quantitative and qualitative. A questionnaire survey of 223 nurse learners at a college of nursing in the Western Cape was conducted. Semi-structured interviews were conducted with 5 nurse educators and focus groups took place with 9 nurse learners. The survey results were analyzed for meaning which reflected the occurrence, nature and extent of violence observed and experienced among nurse learners at the college of nursing. The semi-structured interviews and focus groups were audio-taped, transcribed verbatim and analyzed for meaning. The interviews with nurse educators revealed their experiences of violence, and thematic analysis revealed six themes: substance abuse, vandalism and violation of others' property, abusive behaviour, clashes with the law, fearfulness and anxiety, and abuse experienced by nurse learners outside the college. The focus group interviews, which described the nurse learners' experiences of violence, revealed five themes: violation of others' property and space, substance abuse, abusive behaviour, anxiety about the environment, and helplessness.

Similarities were found between the results of the survey, interviews with nurse educators and focus groups with nurse learners. A number of recommendations are offered based on the findings of the study, which may facilitate awareness of and active participation in eradicating violence among nurse learners and within the nursing education environment.

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DEFINITION OF TERMS

Violence - The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, mal-development or deprivation" (WHO, 2002a:3).

Aggression - hostile or violent behaviour or attitudes.

Nurse learner - a person who is undergoing nursing training at a nursing college approved by the South-African Nursing Council (SANC), according to regulation R425, 22 February 1995. (Internationally known as student nurse).

Nurse educator - a person involved in teaching nurse learners (otherwise referred to as lecturer).

Western Cape - one of the nine provinces of the Republic of South-Africa

The College - a college of nursing in the Western Cape offering undergraduate nurse training leading to registration (R425, 22 February 1985, as amended) with the South-African Nursing Council (SANC) as a registered nurse (General, Psychiatry and Community Nursing Science) and Midwife.

Residence - the place where nurse learners reside during their training. (The residence is situated on the premises of the college).

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Chapter 1: Introduction

1.1 Background and need for the study

Over the last decade there has been a steady increase in media reports on violence in our society. This trend of violence is paralleled in the health care environment and has become a growing problem among nurses globally (Farrel, 2001; Blair & Wallace, 2002; Hiffe, 2002; Beech, 2008; Clark & Springer, 2007; Woelfle & McCaffey, 2007). For example, a terrifying event shocked the community of Arizona on 28 October 2002: three professors of nursing at the University of Arizona were shot and killed by a nurse learner (in America referred to as student nurse) who later killed himself (Clark & Springer, 2007).

Violence among nurse learners is a concern because violence at this level could arguably impact on the quality of patient care and the ethos of nursing practice in general.

The primary purpose of nursing care is to provide for the patient's physical, emotional and spiritual needs. Impaired interpersonal relationships among nurse learners can cause poor work performance, errors and accidents (Farrel, 1997). Nurses are unlikely to perform at their best when tensions are high, the result often being poor patient care (Woelfle & McCaffrey, 2007). Violence in the nursing profession has risen steadily over the last 5 - 10 years (Blair & Wallace, 2002; Chapman & Styles, 2006; Edwards & O'Connell, 2007), with more and more incidents of violence perpetrated on nurse learners (Calvert, 1996; Beech, 2001; Muro, Tomas, Moreno & Rubio, 2002; Celik & Bayraktar, 2004).

Considering the caring nature of nursing, it is of concern that violence among nurse learners – the future of the nursing profession – is a growing reality. If nurses are fighting among each other, where does it leave those who seek their care?

This study describes perceptions and experiences of violence among nurse learners at a college of nursing in the Western Province, and forms part of a larger study conducted by Khalil (2007) on violence in the nursing profession. The main study examined violence in nursing at three distinct levels, and assessed the extent to which five categories of nurses resort to specific behaviour patterns towards others. Nurse learners were one of the categories of nurses in the larger study on violence in nursing, and the presence of violence among nurse learners was confirmed.

1.2 Problem Statement

In 2005 the researcher was working as a clinical educator at a college of nursing in the Western Province where a number of violent incidents among nurse learners were reported to the nursing management and subsequently to the police. Anecdotal information from a staff meeting during this period included the following: in 2005 a female learner was allegedly raped by a fellow male nurse learner, but the case was later withdrawn. In October 2006 a male nurse learner was allegedly assaulted by two fellow male learners. While the case was reported to the police and the two alleged perpetrators were arrested, again it was later withdrawn after requests from the families of the alleged perpetrators.

The aim of this study was to explore the perceptions and experiences of violence among nurse learners in South Africa, specifically in the Western Province. The researcher anticipated that the findings of this study would provide information which might be useful to managers and educators at the nursing college and other institutions. Recommendations that could be implemented in an attempt to help eradicate violence in nursing colleges were also anticipated.

1.3 Research questions, aims and objectives

1.3.1 Research questions

A number of research questions were addressed in this study:

- What is the profile of nurse learners at the nursing college?
- What are nurse learners' perceptions of violence?
- What are nurse learners' experiences of violence?
 - Interpersonal
 - Educational (lecturers, administrative staff, fellow nurse learners, nurse managers)
 - Observed violence

1.3.2 Aims and objectives

This study set out to achieve the following aims and objectives:

Aim 1:

To explore and describe factors contributing to violence among nurse learners.

Objectives:

1. To describe the profile of nurse learners at the college

2. To examine nurse learners' perceptions of violence.
3. To explore nurse learners' experiences of violence.

1.4 Conceptual framework guiding the study

Violence in society is a growing reality globally, and is affecting everyone. Daily media reports demonstrate how violence has infiltrated our schools (from primary to tertiary level) as well as the workplace. Nurse learners admitted to nursing colleges originate from these violent societies.

When they enter the college, their only goal is to become professional nurses and ward managers. However, the violent experiences and modeling that they receive prior to entering nursing will be carried over into their professional career (Bandura & Kupers, 1964), and will negatively impact on patient care and the broader healthcare profession. Findings from a study conducted in Hong Kong found that early nursing experiences can have long-term effects on the professional development and socialization of individual nurses (Wong & Lee, 2000) and tend to offer support to this conceptual framework.

There are two main theories underpinning this conceptual framework. The first is Bandura's social learning theory (Bandura & Kupers, 1964), which focuses on the learning that occurs within a social context. Bandura's theory postulates that people learn from one another, including such concepts as observational learning, imitation and modeling. In other words, people learn violent behaviour from what they observe in their environment or what they see significant people in their lives (e.g. their parents) model. Children learn what they see, and if parents fight and hit each other all the time they will learn this behaviour and

later on in life display it. Similarly, nurse learners who have been exposed to violent and aggressive behaviour will adopt this in their clinical practice.

The second underpinning theory is the learning perspective, which postulates the frustration-aggression hypothesis (Dollard, Doob, Miller, Mowrer & Sears, 1939). The latter translated some of Freud's psychoanalytical concepts (Freud, 1932) into learning theory and claimed that frustration always produces aggression and aggression is always the result of frustration. According to Dollard *et al.* (1939) aggression would only be aroused by frustrating situations and events. One aspect of learning theory based on the interaction between a person and his environment is that people (humans) are born with the cognitive and morphological potential to behave aggressively, but whether or not they do so depends on what happens in their environment (Lanza, 1983). For example, a child who grows up in an environment where mom and dad hit each other will be inclined to start hitting others.

1.5 Layout of chapters and brief summary of content

This chapter has outlined the background to and need for this study, the research questions, aims and objectives, and the conceptual framework used. In Chapter two a broad overview of the literature surrounding violence in nursing, particularly among nurse learners, is reviewed in order to provide a framework for this study. Issues of violence in society in general are examined as well as causative factors. This chapter also places violence within the South African context and traces global trends of violence in nursing, violence among nurse learners and violence within the nurse education framework.

Chapter three provides justification for the choice of research methodology and research design employed, with a detailed description of the research process. Population, sampling, sample size, data collection, data management and data analysis are described. Important ethical issues around the conduct of this study are addressed.

Chapter four presents the findings of the study. Qualitative and quantitative findings from the questionnaire are presented, as well as the themes that emerged from the focus group interviews and semi-structured interviews with nurse educators (key informants). Chapter five provides a discussion of these findings from the questionnaires, focus group interviews and key informant interviews, which are compared to those from the literature reviewed. Chapter six outlines the limitations of the study, and Chapter seven set forward recommendations based on the findings also concluding comments.

1.6 Summary

This chapter provided an overview of the purpose and objectives of this study. The significance of violence among nurse learners and its impact on the nursing profession have been discussed. The next chapter presents a review of the literature regarding violence among nurse learners and impact on nursing education.

Chapter 2: Literature review

2.1 Introduction

This chapter attempts to define and describe violence in general and violence in schools, and traces global trends in violence among nurse learners and in nursing education. The literature search for this study used electronic databases ERIC, CINAHL and Southern African Studies. Both Pubmed and EBSCO vendors were used. Further internet search engines, Google and Google Scholar and hand searches were used. Literature published between 1932 and 2008 was reviewed.

2.2 Defining violence

Providing a satisfactory definition(s) or an explanation of violence is a complex task, because a range of vastly differing theories, models and philosophical beliefs about violence exist. Some scientists (Bylinsky, 1973:3) define violence as “aggression gone awry”, while the World Health Organisation (WHO, 2002:3) defines it as: “The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, mal-development or deprivation”. According to Blair and Wallace (2002:360), violence can be described as “an epidemic that affects every member of society”.

The common thread in the definition of violence is its destructive nature and harmful effects at both a physical and psychological level. The focus of this study will be on horizontal violence among nurse learners. Horizontal violence (also referred to as lateral violence) refers to aggressive or destructive behaviour from one nurse learner towards another (Woelfle & McCaffey, 2007).

2.2.1 Types of violence

According to the Centre for the Study of Violence and Reconciliation (CSVR, 2007) in South-Africa, there are various forms of violence. For the purposes of this discussion, these will be described according to 1) physical and 2) psychological violence.

1). Physical violence or abuse is the most visible form of abuse, and is characterized by the infliction of injury. Physical abuse may include (but is not limited to) such acts of violence as grabbing, striking, pinching, shoving, slapping, hitting, hair-pulling, biting, arm-twisting, kicking, punching, hitting with objects, and/or use of harmful restraints or weapons.

Sexual abuse forms part of physical violence and is defined as any unwanted or inappropriate sexual contact or activity that forces a person to participate in any unwanted, unsafe or degrading sexual activity that is considered non-consensual, coerced or against a person deemed incapable of giving consent. Perpetrators are most often known and trusted by the victim. Forms of sexual abuse may include inviting or manipulating for sexual purposes, petting, fondling, intercourse, date/marital rape, beating sexual parts of the body, bestiality, forced prostitution, sodomy, sex with weapons, exhibitionism and use

of pornography. Penetration does not have to occur for sexual abuse to take place. It also may include undermining a person's sexuality by derogatory comments, withholding sexual affection, criticism of desired sexuality, and unfounded allegations of promiscuity and/or infidelity, humiliating, criticizing, or trying to control a person's sexuality or reproductive choices (Dissel, 2007 (a)).

2). Emotional or psychological violence is defined as routinely making unreasonable demands or the intentional infliction of anxiety, hurt, guilt or fear through verbal or non-verbal acts. Emotional or psychological abuse serves 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, and criminally harassing or stalking. It also includes isolating the victim from family, friends or regular activities, and using the 'silent treatment', denying the abuse ever happened and shifting responsibility for abuse, using the statement "It's your fault." Other examples include exposing a child to family violence, using threats of harm (either to the perpetrator, another person or their loved ones or others), and threats of damage/destruction of property. Kidnapping, rape and murder are extreme examples of emotional and psychological maltreatment (<http://www.gov.nf.ca/vpi/abusetypes.html>).

2.2.2 Theories of violence

Violence does not have one root cause, but rather many tangled roots (Dissel, 2007(a)) and this makes categorization of theories of violence complex. For the purposes of this review, the researcher attempts to describe the causes of violence according to three categories: biological theories; sociological theories; and psychological theories.

Biological theories: Many biological factors have been nominated as candidates for causes of violence. Some biologists believed that aggression is “shaped by the brain” and that the brain shapes violent behaviour (Bylinsky, 1973). The work by Bylinsky (1973) also shed light on how environmental influences, by affecting the brain, can trigger violence. Others, for example Siann (1985), suggested that neurotransmitters, “brain messengers” noradrenalin, dopamine and serotonin, have all been found in increased concentrations in the limbic system in the brain and associated with fighting behaviour in animals. Valzelli (1981) found that there was a relationship between serotonin levels and emotional and aggressive behaviour. However, biological causes of violence are complex and poorly understood, and therefore cannot be strictly adhered to (Bioulac, Benezech, Renaud, Noel & Roche, 1980; Boelkins & Heiser, 1970).

Sociological theories: Social scientists, who knew or cared little about biology, argued that violence is strictly a social phenomenon best dealt with by elimination of slums, overcrowding and racial discrimination, alleviation of poverty and the prison system (Bylinsky, 1973). Bandura, Ross, D & Ross, (1963) and other social learning theorists (Vygotsky, 1978; Rotter, 1982)

believed in the value of observational learning and modeling as an introduction to aggression and violence. Therefore, according to the social learning theory, people (e.g. children) learn from observing behaviour patterns such as aggression and violence within their environment.

Psychological theories: Psychological explanations of violence originate within the person. According to Freud's psychoanalytical theory, aggression is an innate response and humans are naturally inclined to act violently (Freud, 1932). According to this theory violence is the product of failure of constraint or control.

2.3 Violence within the South African context

Violence in South Africa has become a topic of discussion in every realm of society today. High levels of violence were manifested in the townships in the 1950's prior to the escalation of political violence in the 1970's and 1980's. Official violence also has a long history, not only on the part of political authorities, but also, for example, as a key form of control on the mines. Apartheid did not only establish racialised inequality, but also destructive psychological impacts in undermining self-worth and traditional family structures and values (Dissel, 2007(a)).

During the 1970's to the 1990's extreme levels of political violence, including widespread use of torture, had a brutalizing impact on individuals and society. The consequences of this brutality and dealing with the trauma of this violence remain a reality today. Furthermore, South Africa's 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 socializing role of families and other social institutions (Phillips, 2003).

According to the CSV (2007), there is a strong link between violence, gender and crime in South Africa. Perpetrators of violence are mostly young men. At the same time, roughly 85% of murder victims in South Africa are young men. Victim and perpetrator are not always clearly distinguishable categories. Young men may be a core victim and perpetrator constituency, except in gender crimes, where women are most often the victims, e.g. in domestic violence and sexual assault (Dissel, 2007(a)).

Statistics on crime do not present an entirely accurate picture of what is happening, although serving as a useful indicator. Since 1994 the total number of crimes reported to the police has increased by 7%, peaking in 2003. While statistics showed a 17% decline in crimes such as murder, aggravated robbery and assault by the end of 2005, these crimes were still at high levels compared to global crime statistics. In 2005/2006, 18 545 murders were reported in South Africa (Dissel, 2007(b)). In 1994 the Child Protection Unit opened 23 664 cases of child abuse, of which 62% were sexual offenses. In 1996 this figure increased to 35 838 (Pierce & Bozalek, 2003).

Researchers have found a clear link between crime and inequality (Wood, 2004; Demombynes & Ozler, 2005), particularly in South Africa. According to Wood

(2004), South Africa had both the worst income inequality and the highest murder rate compared with the USA, Britain and Europe. Experiences of crime are often linked to marginalization and poverty. However, Altbeker (2005) concluded from his study that there appears to be no correlation between average income and murder rate in South Africa, thus indicating that poverty alone is not correlated with violent crime. While further discussion on crime, inequality and poverty are important informants on the phenomenon of violence, it is beyond the scope of this review.

2.4 Violence in schools

Violent acts in South African schools have reached epidemic proportions, taking a regular slot in media reports. "Schools the most dangerous place in South Africa" was the heading of a recent newspaper article in the *Cape Times* (Serrao, 2008). This article presented some of the South African Human Rights Commission (SAHRC) findings on what children are experiencing in school environments. Both pupils and teachers were found to be perpetrators of violence, both groups suffering the impact of bullying, gender-based violence, accidental violence, sexual assault or harassment, physical and psychological violence. The degree of sexual harassment and rape of female, gay and lesbian pupils were some of the more worrying trends identified, according to Judith Cohen, SAHRC programme head.

A report released by the Human Rights Watch (2001) documented how girls were raped, sexually abused, sexually harassed and assaulted at school by their male classmates and even by their teachers. This report further indicated that

girls are staying away from school because of the sexual violence and abuse there. The SAHRC report revealed the existence of games such as “hit me, hit me” and “rape me, rape me”, where children chase one another and pretend to hit or rape one another. This report further suggests that the level of brutalization of the youth by sexual violence has become endemic in South Africa (SAHRC, 2008). According to the SAHRC, school violence is a reflection of violence and crime in our community.

Van As (2006) states that injuries and violence alongside infectious diseases and chronic health conditions are significant contributors to South Africa's triple burden of disease, with injury death rates currently 60% higher than global averages. This report further suggested that a significant portion of the violence against children took place at schools. The Child Accident Prevention Foundation of Southern Africa database on all patients treated from 1991 - 2002 at the Trauma Unit of the Red Cross Children's Hospital (which only treats children up to the age of 12) revealed that in this time period 4474 children were treated for assault, and of these, 441 were assaulted at school. It is estimated that children are more likely to be violated at school than other places, making schools one of the most dangerous places for the child (Van As, 2006).

The high levels of violence in our schools tend to reflect a complicated combination of past history and recent stresses at individual, school and community levels in a society marked by deep inequities and massive uncertainty and change within school operations (Vally, Dolombisa & Porteus,

2002). Despite the end of the apartheid era in South Africa, race and ethnic tensions remain at the centre of much of the violence in the country (Vally *et al.*, 2002). Therefore, present-day violence in education in South Africa must be understood with reference to this history and to contemporary political and economic disadvantage and patterns of inequality in society.

A study conducted by Flisher *et al.* (2006) on injury-related behaviour among high school learners in six South African sites in and around Cape Town, Port Elizabeth and Durban indicated that high rates of adolescent injury-related behaviour occurred in both urban and rural settings, in both genders and all the grades studied.

2.5 Violence in nursing

According to Edwards and O'Connell (2007), violence and aggression has become a common aspect of daily life in modern-day society. Violence is on the increase in many societies, and nurses are often involved in dealing with victims and perpetrators of it (Jackson, Clare & Mannix, 2002). A study conducted in Britain and Ireland revealed that violent incidents increased between 2002 and 2003 (Edwards & O'Connell, 2007). The findings of this study tend to offer support to the global body of wisdom that violence is a cause for concern in contemporary society (Carter, 2000; Erickson & Williams-Evans, 2000; Nabb, 2000; O'Connell *et al.*, 2000; Taylor, 2000; Blair & Wallace 2002; Chapman & Styles, 2006).

Violence against nurses in the workplace has become a significant problem in the health care profession (Nabb, 2000; Taylor, 2000). Evidence suggests that

nurses are more at risk of workplace assault than other health professionals (Carter, 2000; Erickson & Williams-Evans, 2000; O'Connell *et al.*, 2000), and that the escalation of violent incidents in nursing has become a problem globally. The nature of the violent incidents experienced by nurses includes being grabbed, punched, pushed, pinched, scratched and kicked, spat on and bitten, being chased, stabbed with scissors, swung at, urinated or defaecated on and having their hair pulled (Nabb 2000; O'Connell *et al.*, 2000). Weapons are used to threaten nurses in a significant number of assaults, including cases of stabbing (Erickson & Williams-Evans, 2000). Thus physical violence has become a threat to nurses in their workplace (Carter, 2000).

Erickson and Williams-Evans (2000:213) further highlighted that in the USA the assault of a teacher, school bus driver or a state or federal prisoner is a crime, while in all but two states the assault of a nurse is a "misdemeanor". Violence in nursing has only received attention over the last 10 years, so it is difficult to ascertain true frequency of violent incidents prior to this (Edwards & O'Connell, 2007).

McMillan (1995) recognized that nurses in all specialties, at all levels and in both public and private sectors are susceptible to violence in the form of bullying. Sadly, the most common perpetrators of this form of violence to nurses are other nurses (McMillan, 1995; Khalil, 2007). Taylor (2000) in his study on violence found that bullying is a form of violence that is increasingly recognized as a work-based stressor for nurses. Research conducted on bullying suggests that perpetrators of bullying have been bullied themselves (Paterson, McCormish

& Aitken, 1997). Budd (2001) concluded in his survey that nursing is a high-risk profession. This notion is supported by Chapman and Styles (2006), who highlighted the everyday reality of nurses in West Australia, who faced episodes of violence and aggression while working in the health care system.

While the study conducted by Edwards and O'Connell (2007) examines the implications of bullying on nursing practice and offers recommendations for practice, it does not address horizontal violence among nurse learners. Findings from a study conducted by Khalil (2007) confirmed physical and psychological violence among nurse learners.

2.6 Violence among nurse learners

Figures based on a national survey conducted in the United Kingdom suggest that nurse learners were at greatest risk of being victims of work-related violence (Beech, 2001). According to this survey, while nurses are there to care for sick people, they are subjected to verbal and physical threats and abuse while doing this. Other research offers support to this study, also indicating that nurses are confronted with violent assaults in the workplace (Carter, 2000; Nabb, 2000; O'Connell, Young, Brooks, Hutchings & Lofthouse, 2000). Beech (2001) extends his argument by suggesting that nurse learners were at the greatest risk of being victims of violence.

A study conducted in Illinois, USA, on violence among nurse learners (Hilton, 2004) found that they felt abused and abandoned by the people who should be mentoring them. Although the sample for this study came from different

universities, they had all experienced some or other form of violence. This study found that violence towards nurse learners was perpetrated by nurse educators and fellow nurses in the clinical setting (Hilton, 2004).

Other research studies (McKenna, Poole, Smith & Coverdale, 2003; Macintosh, 2005) found that violence experienced by nurse learners was associated with physical and psychological symptoms such as headaches, anxiety, depression and loss of self-esteem. In Florida, USA, Longo (2007) found that nurse learners were attacking each other in the clinical setting. A survey conducted by a London University found that 46% of third-year nurse learners were verbally abused during their clinical placement by patients, relatives or staff (Ferns, Cork & Rew, 2005). Findings from the same survey found that 39% nurse learners witnessed fellow nurse learners being verbally abused.

Abuse is a universal problem that affects psychological, physical and social health. Most nurses have been physically, sexually and academically abused at some stage during their training (Celik & Bayraktar, 2004). In a study conducted in Turkey the experiences of abuse of nurse learners were identified by means of a descriptive survey which revealed that 100% of the participants (nurse learners) were verbally abused. When asked about sources of abuse, they identified classmates as the most important source.

Academic abuse was identified as the second most frequently experienced type of abuse by, in order of importance, faculty, classmates, nurses, patients and doctors, with physical abuse the least common type of abuse. When

participants' coping methods related to abuse were evaluated, "doing nothing", "putting up a barrier" and "pretending not to see the abuse" were the most frequently used methods (Celik & Bayraktar, 2004:335). The researchers concluded that spending more years in nursing school increases the likelihood of experiencing verbal and academic abuse (Celik & Bayraktar, 2004). Wong and Lee (2000) found that the memorable incidents of school life, interpersonal relationships and professional development reported by particular student nurses occurred during their student years.

A study conducted at a Spanish nursing school which found that nurse learners have more episodes of aggression than professionals (Muro, Tomas, Moreno & Rubio 2002) lends further support to the findings that nurse learners were at risk of violence. This study further demonstrated that the perception of aggression by nurse learners was mainly as a "violent reaction" (Muro *et al.*, 2002:120).

Based on the literature reviewed on violence among nurse learners, it is clear that nurse learners globally have been exposed to and have experienced violent episodes at some point during their nursing training. The literature offers strong support for nurse learners' experiencing workplace- related violence, but there seem to be a paucity of literature that reports on horizontal violence among nurse learners.

2.7 Nursing education and violence

A descriptive study conducted by Clark and Springer (2007) on "Incivility in Nursing Education" in a university environment, from the perspective of both college students and faculty, found that uncivil behaviour had a negative effect on the academic setting and disrupted the teaching-learning environment.

While disruptive behaviour such as cheating in examinations and assignments, absenteeism and distractions in class have consistently been reported by nurse educators (Clark & Springer, 2007), it would appear that problematic student behaviour such as verbal abuse, yelling at educators and engaging in physical contact have been reported as a rising concern (Lashley & Demeneses, 2001).

As early as 1993 the English National Board for Nursing and Midwifery recognized that all pre-registration courses for nurses and midwives should contain material on aggression and violence (Beech, 2001). Lashley and Demeneses (2001) recommended that clearly defined uncivil behaviours should be developed for both nurse learners and nurse educators. Whitley, Jacobson and Gawry (1996) as well as Johnson and Stevens (2002) recommended that curricula should include education on and mechanisms to manage this.

While the literature seems to suggest that some nurse learners may have experienced, at some point or other in their lives, violent episodes (Calvert, 1996; Muro *et al.*, 2002; Celik & Bayraktar 2004), the prevalence of violence among nurse learners still remains unclear. Much literature exists on violence within the nurse learner community in America, Europe and Australia (Kiner, 1995; Chapman & Styles, 2006; Edwards & O 'Connell, 2007), but there seems

to be a paucity of research on violence among nurse learners in South Africa, particularly in the Western Cape.

The literature regarding nursing education is all in agreement that violence education should be included in nursing curricula (Kiner, 1995; Blair & Wallace 2002; Johnson & Stevens, 2002; Beech, 2008), but the nurse learners' experiences of violence are not explicitly addressed.

It is, however, suggested by some (Rippon, 2000) that the problem of violence is exacerbated by a lack of agreement on the definition of what constitutes aggression and violence. In addition to this, Rippon (2000) is of the opinion that no uniform standard instrument exists for measuring violence and aggression.

Based on these inconclusive and unclear attempts to describe the problem of violence among nurse learners globally, the need for local research on violence among nurse learners emerged. This research study therefore sought to examine the perceptions and experiences of violence among nurse learners in the Western Province.

2.8 Summary

This literature review on violence among nurse learners and violence in the nursing profession has covered global trends and incidents of violence in countries such as the USA, United Kingdom, Australia, Hong Kong and Turkey. Global trends of violence among nurse learners have become a growing reality and cause for concern. While the study done by Khalil (2007) confirms violence

among nurse learners in the Western Cape, no other recorded study on violence among nurse learners in South Africa could be traced, confirming the need for this study. The need to include violence education training in nursing curricula has been identified globally. The next chapter addresses the methodology employed to conduct this research study.

University of Cape Town

Chapter 3: Methodology

3.1 Introduction

This chapter presents the study design and rationale, setting, study population, sampling method and sample, the questionnaire design, data collection and ethical considerations for three population sets in this study.

The methods used to conduct this research study were both quantitative and qualitative. Quantitative research methodology was used for the survey questionnaire (Fouche & Delport, 2005). Qualitative research methodology was used to generate subjective information on the experiences of nurse learners (participants) as well as of nurse educators (key informants). These qualitative data were later examined and analysed for meaning.

3.2 Research design

Descriptive studies are designed to gain more information about the characteristics within a particular field of study. Their purpose is to provide a picture of situations as they naturally occur (Burns & Grove, 2005). A descriptive design may be used for the purpose of developing theory, identifying problems with current practice, justifying current practice, making judgements or determining what others in similar situations are doing (Waltz & Bausell, 1981).

Qualitative data were seen as an essential complement to quantitative data, because the factors that underpin violence are far from definitive. These factors

may be hidden or distorted by the use of a quantitative approach only. A mixed method design incorporating quantitative and qualitative approaches allows for the results to be generalized to a population. This method was used in a study conducted by Jones and Lathlean (2008).

3.3 Research site

The research site for this study was a nursing college campus in the Western Province, hereafter referred to as 'the college'. The college is the main centre for pre-registration nurse training at diploma level in the Western Province. Since this was the first known study on violence among nurse learners in the Western Province, the choice of this college campus was justified.

The study comprised three phases. The first phase was a survey, during which nurse learners were issued with questionnaires relating to perceptions and experiences of violence at the college campus. The second phase was semi-structured interviews with nurse educators (key informants) at a convenient, private venue, which were prearranged with the researcher. In the third phase, focus group interviews were conducted with a group of volunteer nurse learners at a mutually agreed-upon venue where the nurse learners felt safe and comfortable to share their experiences of violence.

3.4 Study population

Eighty-seven per cent of the nurse learner respondents in this study were between 18 to 22 years of age, indicating that they had left school shortly before they entered into nursing college.

The study populations were nurse learners and nurse educators. Firstly, undergraduate nurse learners at the college were selected. This college provides a four-year training programme, with a clinical and a theoretical component, leading to registration (R425, 22 February 1985, as amended) with the South African Nursing Council as a Registered Nurse (General, Psychiatric and Community) and Midwife. At the time of data collection there were 580 nurse learners from first to fourth year, including repeat nurse learners registered at the college (see Table 3(a) below).

Of the nurse learners at the college, 289 (49.8%) were in their first year of study, of whom 68.1% (n=197) were African and 31.8% (n=92) so-called Coloured (mixed race), all from the Western Cape Province. There were no Indian or White first-year nurse learners at the school at the time of the study. These racial categories are apartheid terminology and are used because the consequences of apartheid still remain, with Black Africans referred to as Africans (Pierce & Bozalek, 2003). The relevance of the use of racial classification in this study is the Provincial Government's decision, for reasons of equity, to promote the training of more African male nurses in the Western Province. Of the total nurse learner population in their first year of study there were 12.8% (n=37) male nurse learners and 87.1% (n=252) female learners, indicating female domination in this group.

Of the total student population, 31.5% (n=183) nurse learners were in their second year of study, of whom 39.9% (n=73) were African and 60% (n=110) Coloured. No White or Indian nurse learners were registered at the school in the

second year. In this year of study 18% (n=33) were male and 82% (n=150) female. The third-year nurse learner population constituted 15.2% (n=88) of the total nurse learner population, of whom 33% (n=29) were African, 62.5% (n=55) Coloured, 1.1% (n=1) Indian and 3.4% (n=3) White; 36.4% (n=32) were male and 63.6% (n=56) female.

There were only 3.4% (n=20) nurse learners in their fourth year, of whom 25% (n=5) were African and 75% (n=15) Coloured. There were no Indian, White or male nurse learners in the fourth year.

Table 3(a): Total nurse learner population, 2007

	African	Coloured	Indian	White	Male	Female	Total	%
First year	197	92	0	0	37	252	289	49.83
Second year	73	110	0	0	33	150	183	31.55
Third year	29	55	1	3	32	56	88	15.17
Fourth year	5	15	0	0	0	20	20	3.45
Total	304	272	1	3	102	478	580	100

There were 35 nurse educators employed at the college at the time the study was conducted. All nurse educators were qualified with the SANC as nurse educators and they were involved in the teaching programmes of the nurse learners who participated in this study.

3.5 Sampling method and samples

Sampling was carried out using the three different steps outlined below.

3.5.1 Sampling for the survey

A non-probability convenience sampling method was used in this research study to obtain the nurse learner sample (n=223). In non-probability, convenience sampling, the odds of selecting a particular individual are not known (Gravetter & Forzano, 2003). This method of sampling is in accordance with the South African Constitution, which states that no person living in South Africa should be forced to participate in any form of research (The South African Constitution, Act 108:1996).

In 2007, 580 nurse learners were registered with the college (Table 3(a)); 580 questionnaires were distributed to all nurse learners in the hope that as many as possible would respond. Reminders were sent by the researcher and this process lasted 12 weeks, during the months September, October and November, when most of the nurse learners were at college during block and exams. Over this 12-week period, questionnaires were returned. The researcher felt that the larger the sample size, the more representative the results. This decision is supported by Strydom (2005), who suggest that the larger the sample size, the more representative of the population the results are likely to be.

Of the 580 questionnaires distributed, a total of 223 were responded to by nurse learners completing them (see Table 3(b)), a response rate of 38.45%. This sample consisted mainly of first-and second-year nurse learners, since most of the nurse learner population is made up of first- and second -year nurse learners. Although accessibility to the first- and second-year nurse learners was easier, the researcher communicated with the third- and fourth-year nurse

educators about the whereabouts of the third- and fourth-year nurse learners, to make sure that all the nurse learners were given a questionnaire. All of the third- and fourth-year nurse learners received questionnaires from the researcher and/or their respective nurse educators, and they were all informed about the study. Some of the third-year nurse learners who were in the community clinics for their midwifery placements were given questionnaires by the midwifery clinical educators. The clinical educators returned the completed questionnaires to the researcher in a sealed brown paper envelope.

Table 3(b): Sample

Year of study	Population	Sample	Percentage (%)
First	289	118	40.83
Second	183	79	43.17
Third	88	22	25
Fourth	20	4	20
Total	580	223	38.44

3.5.2 Sampling for the interviews with nurse educators

A second group selected for this study was nurse educators. The method of selection used for semi-structured interviews with nurse educators was convenience sampling. All nurse educators were informed about the study, verbally and via email (from the college managers). Interested persons from this group were invited to contact the researcher for further information. Five nurse educators agreed to participate in the semi-structured interviews.

3.5.3 Sampling for the focus group interviews

Nine nurse learners volunteered to participate in focus group interviews. Participation in this study was voluntary. The researcher handed out information letters to all nurse learners when she addressed them in their classrooms on the research study, and asked if there were nurse learners who would like to participate in the focus group interviews. Nurse learners' questions pertaining to the study were answered and confidentiality and anonymity were emphasized. The voluntary nature of the focus group interviews was highlighted.

3.5.4 Inclusion criteria

All undergraduate nurse learners at the college, including repeat learners from first to fourth year, were included in the study, irrespective of age, race, sex or religious beliefs. There were no nurse learners who were absent or on sick leave for longer than this 12-week period (the time taken to collect data).

Inclusion criteria for the nurse educators were registration with the SANC and in a teaching post at the college.

3.5.5 Exclusion criteria

Post-graduate diploma students who had registered with SANC as professional nurses and all non-nursing professionals were excluded. Nurse educators who were not teaching at the college and clinical educators (mentors) were excluded from the study.

3.6 Questionnaire design

A questionnaire survey design was employed to ascertain the experiences and perceptions of violence among nurse learners. Since no published literature could be found on the experiences and perceptions of violence among nurse learners in the Western Cape, the researcher aimed to reflect current experiences and perceptions of violence.

Questionnaires are designed to determine the beliefs, attitudes, opinions, knowledge or intentions of the subject. They can be distributed to very large samples (Burns & Grove, 2005). Considering the determinants of a survey study design (Burns & Grove, 2005) and the type of informants required for this study, the researcher developed a questionnaire for nurse learners, which was adapted from a questionnaire used by Khalil (2007). Khalil (2007) conducted a study on violence in nursing in the Western Cape, in which all categories of nurses' experiences of violence in seven hospitals was surveyed. The themes of this survey were: violence against nurses, inter-nurse violence and violence by nurses against others. The effects of violence on nurses was also reported in this study. The sections of this study questionnaire which were adapted for the current study were: demographic information and inter-nurse/horizontal violence. The questions were adapted to be relevant to nurse learners in an educational institution. The modified questionnaire is reflected in Appendix F.

The questionnaire for nurse learners included socio-demographic variables of age, race, year of study, where participants spent their childhood and school years and marital status. The questionnaire consisted of 25 questions, divided

into three sections: Section A (questions 1 - 8) reflected socio-demographic variables, Section B (questions 1- 9) reflected nurse learners' experiences of violence and Section C (questions 1 - 8) reflected nurse learners' perceptions of violence.

3.7 Methods of data collection

A letter requesting access to the research site was submitted to the head of the nursing college as well as the students' representative council informing them about the study (Appendix C & D).

The researcher attempted to bracket her pre-existing knowledge and beliefs about the topic before qualitative data collection (interviews with nurse educators and focus group interviews with nurse learners). Bracketing refers to the process whereby the researcher attempts to be, as far as it is possible, free of bias, working to recognize bias and to control for it (Lincoln & Guba, 1985). For the purposes of this study the researcher wrote down everything she believed about violence in society and particularly violence among nurse learners (prior to commencement of qualitative data collection). She set these notes aside to ensure that she was not influenced by them while conducting the study, as suggested by Creswell (2007). This was particularly necessary since the researcher was working as a clinical educator at the college at the time of the study.

Three main methods of data collection were utilized in this study, as follows:

- **The Survey.** The choice of this research method (quantitative) was to produce information in a systematic, objective and measurable way

(Webb, 2002). Questionnaires were distributed among nurse learners in order to obtain information and draw conclusions (Begley, 1996).

Qualitative research methodology, particularly in the context of this study, was also employed, to acquire insights and improved understanding into violence among nurse learners (Webb, 2002).

- The second method of data collection (qualitative) was **interviews** conducted with nurse educators. According to Beer (1997), interviewing facilitates exploration of one's personal world and helps the interviewers to discover that their perceptions and conceptualization of the world differ from those of their respondents. Each participant was interviewed once over the 12-week period of data collection, depending on his/her availability.
- **Focus group interviews** were conducted with nurse learners in order to explore the richness and depth of this complex phenomenon called violence (Burns & Grove, 2005).

3.7.1 Questionnaires

Questionnaires are the most generally used research instruments of all (Delpont, 2005), and were the instrument of choice for part 1 of this research project. A three-part questionnaire (Appendix F) (each section relating to a specific objective) was distributed for collation of information over a 12-week period: **Section A** required respondents to provide demographic information (on their ages, population group, marital status and places where they received their high school education).

Section B required respondents to provide information on their perceptions of violence by others against nurse learners. This section largely consisted of a pre-determined list of options regarding violence, from which participants had to select. Options were also given to add their own views in some of the open-ended questions.

Section C required respondents to indicate their experiences of and extent of violence among nurse learners.

The first-year nurse learners were divided into six groups due to the large numbers. Groups run in parallel programmes - while one half of the group attends lectures (e.g. groups one to three), the other group is placed in the clinical settings (e.g. groups four to six). This cycle of class and clinical placement is rotated fortnightly. At the time of data collection the researcher was working as a first-year clinical educator at the college, and had easy access to the first-year nurse learners on a daily basis. By the end of four weeks, 118 questionnaires had been returned by the first-year nurse learners.

The second-year nurse learners were also divided into groups, one in the clinical area and the other in class. Access to the second-year nurse learners was gained by the researcher visiting each class, i.e. those nurse learners who were in class at the time of data collection. Accessibility to these nurse learners depended on the date and time being convenient to both nurse educators and nurse learners, due to the different activities learners are involved in during their training. Visits were prearranged with the nurse educators, who would inform the nurse learners of the researcher coming in order to minimize disruption of classes. In order to facilitate this process it was crucial for the

researcher to establish good relationships with the nurse educators and clinical educators who assisted in distribution of some of the questionnaires. It was therefore only necessary for the researcher to visit each class group once.

Filling out the questionnaires took approximately 20 minutes. For those nurse learners who were in their clinical placement at the time of data collection, questionnaires were given to the clinical educators (known to the researcher) to distribute. The clinical educators were aware of the study and informed about confidentiality when distributing the questionnaires. Seventy-nine questionnaires were returned by the second-year nurse learners over a four-week period.

Accessibility to the third- and fourth-year nurse learners was a bit more challenging, due to their placements at the time of data collection. Half of the third-year nurse learners were in the community for their midwifery placements, while the other half were in class. For the nurse learners who were in their midwifery clinical placements, questionnaires were distributed by the midwifery clinical educators on site on behalf of the researcher. The nurse learners in class were given questionnaires by the researcher and the third-year nurse educators. The researcher explained the purpose of the study to each group prior to distribution of the questionnaires. By the end of the 12 week data collection period, four nurse learners had returned their questionnaires. The nurse educators and clinical educators who assisted with this were clear about the purpose of the research and informed respondents accordingly. A total of 223 completed questionnaires were returned to the researcher and nurse educators.

3.7.2 Semi-structured interviews

Semi-structured interviews were conducted with nurse educators. An appointment was made with each nurse educator who was willing to participate in the study. The purpose and objectives of the study were explained and confidentiality and anonymity in reporting was assured. Each interview was conducted at a time and place convenient for the nurse educator. The interviews did not disrupt teaching time.

The interviews were semi-structured with open-ended, probing questions (Appendix H); each interview lasted approximately 40 minutes. Each interview was face-to-face and audio-taped, and nurse educators were informed about their right to terminate the interview at any point where they felt the need to do so. None of the nurse educator participants terminated an interview, and all agreed to audio-taping of interviews. The researcher made field notes immediately after each interview while important aspects of it were still vivid, as suggested by Creswell (2007). The purpose of the field notes was to assist in transcribing the semi-structured interviews and did not form part of the method of data collection.

3.7.3 Focus group interviews

A focus group is a carefully planned discussion designed to obtain perceptions and thoughts on a specific topic of interest in a permissive, non-threatening environment (Krueger, 2000). This research technique is used to collect data through group interaction (Morgan, 1997). Focus groups are a means of better

understanding how people feel or think about an issue, product or service (Greef, 2005).

A non-probability method of recruitment of participants was employed. The methods of communication used to recruit participants for the focus groups were letters and follow-up telephone calls to confirm their participation. The researcher left her contact details for participants to contact her. Three focus groups were held with first- and second-year nurse learners only, because there was reluctance from senior students to participate in the focus group interviews. The reason why senior students did not participate in the focus group interview was not clear. Focus group interviews were guided by open-ended questions (Appendix I).

Nine nurse learners who met the inclusion criteria participated in the focus group interviews as follows:

The first focus group was conducted with three second-year, Coloured, female nurse learners, because they refused to participate in a focus group with African nurse learners.

The second focus group was conducted with three first-year African male nurse learners who refused to participate in a focus group with Coloured, male nurse learners.

A third focus group was conducted with three African, second-year, female nurse learners who refused to participate with Coloured nurse learners.

Nurse learners were all informed about the format of the focus group discussions and participation in the focus group(s) was voluntary. Confidentiality was ensured each time and students were assured of anonymity throughout the sessions.

The venue for each focus group was prearranged and discussed with all participants and secured by the researcher. All three focus groups were conducted (separately) on the premises of the nursing college, and the researcher's participation in the focus groups was that of facilitator. Preparation for the focus group was built on skills as a group facilitator from mental health nursing, from workshop participation and reading on the subject. The researcher introduced herself, explained the purpose of the session and contextualized it to the research being conducted. The researcher's role as facilitator was clarified and ground rules (one being open and honest communication) for the session were established and clarified. Participants were known to each other and articulated their satisfaction and comfort with each other within this focus group agenda. Each participant introduced him/herself to the researcher. They were seated in a circle with the researcher part of that circle, so eye contact could be maintained.

The venue, a classroom, was prepared by the researcher with recording equipment in working order. Verbal permission to record the focus group discussions was sought beforehand and reconfirmed before commencement. Two focus group interviews were audio-taped in order for the researcher to capture all the information shared by the participants. The recording equipment

was faulty in the third focus group interview, and comprehensive notes were taken by the researcher.

Seating arrangements during the focus group were informal, and participants could choose how they wanted to be seated. The reason for this flexibility was to allay possible fears and to allow participants to feel comfortable and safe. Doors were closed while the focus group was underway to ensure privacy. Participants were ensured of anonymity and confidentiality throughout the session. Participants were reassured that should anyone, at any stage, feel uncomfortable being audio-taped, the tape recorder would be switched off without any prejudice. There were no requests for the recording to be stopped. The researcher made field notes immediately after each focus group interview. The focus group interviews were conducted during the 12-week period of data collection.

3.8 Data management

3.8.1 Questionnaires

The researcher kept the completed questionnaires in a safe box for exclusive management by the researcher, thus ensuring confidentiality. Survey data were entered into Excel spreadsheets and descriptive statistics used to analyse the data.

3.8.2 Semi-structured interviews

Each interview with a nurse educator was transcribed verbatim by the researcher within 24 hours. The transcriptions were kept in a safe place known only to the researcher, thus ensuring confidentiality of data.

3.8.3 Focus group interviews

The two tape-recorded focus group interviews and one at which handwritten notes were taken were transcribed verbatim by the researcher. All verbatim transcriptions were kept in a safe place known only to the researcher.

3.9 Data analysis

Quantitative data analysis was done after all data were collected from the survey, and was informed by the larger study done by Khalil (2007). Analysis of qualitative data (interviews and focus groups) took place simultaneously with data collection. This helped to keep the research directed and improved the quality of subsequent data collection (Lincoln & Guba, 1985). Qualitative data analysis followed some guidelines by Creswell (2007) on thematic analysis. Thematic analysis involves reducing an enormous amount of information into categories and themes so that it may be interpreted.

3.9.1 Questionnaires

The researcher entered the data onto an Excel spreadsheet and arranged them into frequency distribution tables. Data were entered per section of the questionnaire, starting with section A, demographic characteristics. Responses to each question were calculated and graphic/tabular representation carried out (see Chapter 4). Descriptive statistics were used to analyse quantitative data as suggested by Kruger, De Vos, Fouche & Venter (2006).

3.9.2 Interviews with nurse educators

Once all the transcriptions were done, carefully checked for errors and eventually considered accurate, the researcher again read through the interviews and listened to the audio-tapes in order to get a good sense of the whole. The researcher, after reading through the transcriptions repeatedly and understanding them in the context of the study on violence among nurse learners, developed a list of significant statements (Creswell, 2007).

Throughout this process the researcher became aware of her own feelings and reactions, and jotted these down in order not to influence the analysis process.

3.9.3 Focus group interviews

Each focus group interview was analyzed using the process of thematic analysis, as was done for the analysis of the semi-structured interviews. These findings are presented in Chapter 4.

3.10 Ethical considerations

The South African Constitution (Act 108:1996) states that no person in the country should be subjected to a research study without his/her written consent. Approval to conduct this study was obtained from the Research Ethics Committee of the University of Cape Town, Faculty of Health Sciences (Appendix A). Permission to conduct this study was also obtained from the College Principal and Management (Appendix B). Informed consent, which by its very nature embodies the provision of adequate information to a research participant regarding the research being conducted, requires an understanding by the participant regarding the information that is provided and voluntary

participation (Mouton, 2001). The researcher ensured that informed consent was obtained from each respondent/participant before engaging in any form of data collection. Other ethical considerations for this study included the following:

Survey - respondents were requested to complete a questionnaire and to place it in a box (provided by the researcher) on completion to ensure anonymity and confidentiality. Respondents were therefore not required to write their names on the questionnaire.

Semi-structured Interviews - the nurse educators who participated in the semi-structured interviews were assured about the anonymity and confidentiality of the study and that their names would not be mentioned in any way.

Focus group interviews - participation in the focus group interviews was voluntary and respondents were assured of confidentiality and anonymity throughout and that their names would not be mentioned or published in any form.

None of the respondents were coerced to participate in the study. Each respondent was given the right to withdraw from the study at any time without fear of being prejudiced. An information letter (Appendix E) indicating the purpose of the study, assuring anonymity and allowing voluntary participation was given to each respondent/participant.

3.10.1 Non-maleficence and beneficence

The researcher was aware of potential physical (e.g. assault from nurse learners who do not want information to be shared with the researcher) or emotional harm (e.g. past painful experiences of violence that may resurface during the

study) to participants, and did her best to ensure that this was avoided at all costs. Emotional harm or discomfort is difficult to predict, since it will depend on the participants' experience of the subject being researched.

The researcher explained the nature of the study to respondents during the distribution of the questionnaires in the class, i.e. before respondents completed the questionnaires the researcher informed them about the aims and objectives of the study. Questions were clarified and answered as they arose. For example, some respondents (nurse learners) who answered the questionnaires were concerned about being victimized if they "told the truth" about what was happening at the college. These respondents were reminded and reassured about the confidentiality and anonymity of the study and that no names would be mentioned or published.

The interviews were conducted in a space known only to the researcher and the participant. None of the other participants knew who participated in the interviews or when the interviews were being conducted.

Focus group interviews were conducted in a private space only known to the participants and the researcher. Participants agreed to take part in the focus group interviews on certain conditions; for example, Coloureds only participated if there were no Africans in the group, and vice versa. Males did not want to participate if females were present, and vice versa. It is suggested (Strydom, 2005:58) that "by utilizing sound scientific and ethical principles, thinking through the process and considering different options and eventualities", protection of participants could be achieved. Considering Strydom's

suggestion, the researcher arranged with the college counselor to be available should any of the participants need support, although this proved not to be required (Appendix G).

3.10.2 Confidentiality

Survey: Responses to the survey were anonymous, except to the researcher's supervisors, which respondents were made aware of at the outset. All respondents were informed of the process and assured of confidentiality in reporting. Questionnaires were returned in a sealed box or brown paper envelope provided by the researcher.

Semi-structured Interviews: The information shared by the nurse educators during the interviews was not given to anyone except the researcher's supervisors, which was clarified with each participant before participation in the study. The researcher was the only person who handled and managed the data obtained from the interviews. None of the other nurse educators who participated in this study were made aware of the content of each other's interviews.

Focus group interviews: The content of the focus groups was not discussed with anyone, except with the researcher's supervisors. Participants in the focus groups were informed about this and given the option to terminate their participation in the study if they wished to do so.

3.10.3 Anonymity

None of the respondents in this study (the survey, interviews and focus groups), were identified by the researcher or the researcher's supervisor or any of the clinical educators and nurse educators who assisted with distribution of the questionnaires. All of the respondents of the study were informed of the process and assured of anonymity in reporting throughout.

Anonymity of the survey was achieved by the respondents not writing their names on the questionnaires. Anonymity for the interviews was achieved by not mentioning any names, the date or place in recording and reporting the interview. Anonymity for focus group discussions were achieved by not mentioning any names, the date or place of the interviews conducted.

3.11 Validity, reliability and trustworthiness

Validity refers to the fact that the instrument should accurately measure the variables under study, which are violence against nurse learners and violence among nurse learners in a nursing college (Delpont, 2005).

Reliability refers to the fact that the instrument should measure accurately and consistently what it needs to measure, thus rendering the same results whenever it is used in similar conditions (Delpont, 2005).

Although this questionnaire was not formally piloted, it was based on a validated questionnaire as described in Khalil's (2007) study. This is a limitation with respect to validity and reliability in the present study, which is noted in more detail in chapter 5.

The concept of trustworthiness is used to demonstrate validity in qualitative methodology. Trustworthiness or credibility exists when the research is conducted fairly and the findings represent as closely as possible the experiences of the people who were studied (Ely, 1991). The truthfulness of a study depends on the accuracy of the description of the experience or phenomenon being researched (Lincoln & Guba, 1985). For the interviews/focus groups the researcher, through a process of bracketing, set her own views and opinions about the study aside and reported the nurse learners' and nurse educators' experiences as they were presented to the researcher. This was done to ensure the trustworthiness of the study.

The questionnaire used for this study was adapted from a questionnaire used in a study conducted by Khalil (2007) in her survey on 'Violence in Nursing in the Western Cape'. In the individual interviews and focus group interviews, the researcher reported the experiences of the participants as they were presented to in order to ensure credibility and trustworthiness of the study.

Since this study is an extension of a larger study on violence in nursing, which was piloted, a pilot study was not carried out for this research.

3.12 Summary

A descriptive survey design, semi-structured interviews with nurse educators and focus group interviews with nurse learners were used to achieve the objectives of this study. A non-probability, convenience sampling method was used to obtain respondents to the survey. The survey method of data collection, interviews with nurse educators and focus group interviews were employed at

the college after permission had been obtained from the Research Ethics Committee and the College Principal and Management. Limitations of the methodology will be addressed in Chapter 6. The findings are presented in Chapter 4.

University of Cape Town

Chapter 4: Presentation of findings

4.1 Introduction

This chapter presents the results for each subgroup separately: 1) the survey results; 2) findings from the interviews with nurse educators; and 3) the findings from the focus groups with a convenient sample of nurse learners.

4.2 Survey results

Five hundred and eighty questionnaires were handed out and 223 (38.44%) were returned. The questionnaire was divided into three broad sections, as outlined below:

4.2.1 Demographic features of the student population

Questions 1 to 9 addressed the demographic characteristics of the sample and past experiences that might have had an impact on their current nursing education (e.g. a person who was involved in community work or who looked after a sick relative at home (Question 7). This section concluded by asking whether the nurse learners' past experiences have impacted or are impacting on their current practices for example, is the person more caring now because of lessons learned in the past through community involvement?

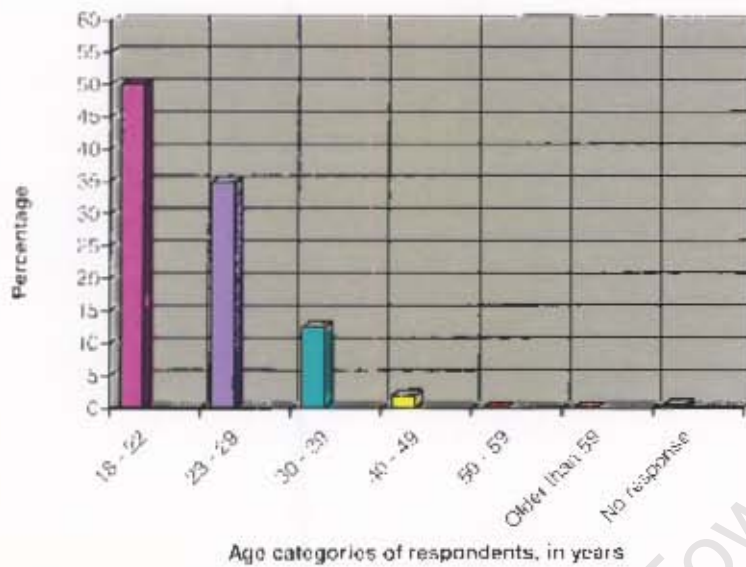


Figure 4.1: Age of respondents

The age of the respondents ranged from 18 years to 49 years (Figure 4.1), with 50% (n=112) of the nurse learners in the age group aged 18 to 22 years. The latter age group is in line with student norms for Western Cape, i.e. this is the age at which students enter tertiary education (Figure 4.1).

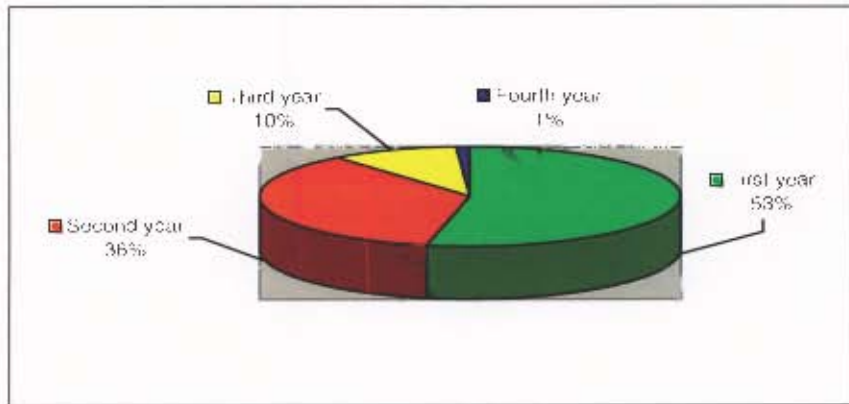


Figure 4.2: Year of study

Most of the respondents in this study were in their first and second year of study, with 53% (n=118) of the learners in their first year. The low number of fourth-year learners who participated in this study (n=4) (Figure 4.2) could possibly be related to the college decision not to admit students in 2004 due to restructuring of the nursing education system in the Western Cape. The four fourth-year learners who participated in the study were "pipeline" learners, who were the last of the salaried learners (all other students are bursaried or self funded). Only 22 learners in the third year of study participated in this study. This could possibly be due to accessibility issues, since most of the third-year students were in their midwifery placement at the time the study was conducted.

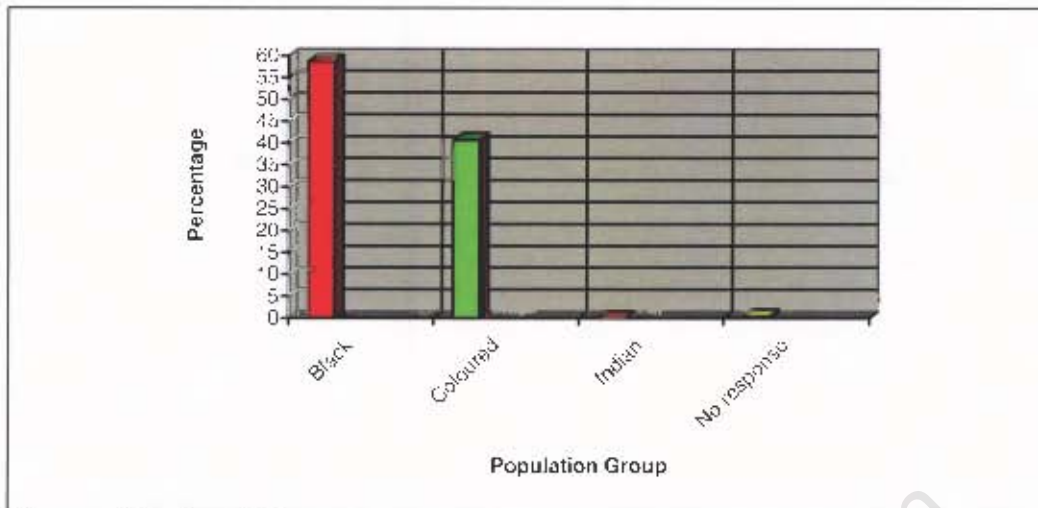


Figure 4.3: Population group

The results of this study reflect a population sample (Figure 4.3) of 59% African nurse learners and nearly 41% Coloured nurse learners. This reflects the trend of a reduced number of White and Asian nurse learners over the last three years. This is related to the Western Cape Provincial Government policy of accepting applications based on national demographic profiles, to promote equity. The demographics of this nursing college therefore do not reflect the demographics of the Western Cape in terms of race distribution.

Most of the respondents were single (87.4%), and only 9% were married. The remaining 4% were either divorced (1.8%), had a live-in partner (1%) or did not answer the question (0.4%).

Respondents gave different reasons for entering the nursing profession; 10 main categories (Table 4.1) emerged from the 112 responses to this question. Nearly half of the respondents (n=111) did not answer this question.

Table 4.1: Reasons for entering the nursing profession – categories identified

Categories	No. of responses
Caring for a sick relative or loved one	25
Always wanted to be a nurse	4
HIV/AIDS	1
Financial gain	5
Wanting to care for the sick and relieve pain	5
Community involvement	14
A family member is a nurse	2
Experience with death	4
Nothing	17
Physical abuse	2
Vague and non-specific answers	33
Total	112

Most of the responses to this question were vague. Examples of responses included:

"Found people interesting";

"Being a crèche school teacher and is an interest of mine especially in childcare";

and

"Seeing more people sick without knowing how to care for them".

These non-specific answers could be related to the nurse learners' difficulty in expressing themselves, or poor comprehension and understanding of the question. Twenty-five respondents (22%) indicated that caring for a sick relative or loved one influenced their decision to pursue nursing, while 17 said nothing

influenced their decisions to do nursing. One respondent said HIV/AIDS had an influence on the decision to nurse and 5 said financial gain was the reason for choosing nursing as a career. Fourteen respondents indicated that community involvement had an influence on their decision to nurse. Two respondents said they were motivated to do nursing due to physical abuse. Physical abuse was one of the common themes presented in this study.

4.2.2 Violence towards nurse learners (perceptions)

This section of the questionnaire sought to establish the perceptions of violence among nurse learners, i.e. whether nurse learners felt violence existed at this college and, if so, what type of violence they felt existed or had been observed. Responses to this section of the questionnaire were sometimes incomplete or missing. This accounts for some of the limitations to this study discussed in Chapter 6).

Respondents generally felt that violence was present at the college, and reasons given for their perceptions of violence were explained in responses to the open-ended questions. Ten main categories emerged from these open-ended responses (Table 4.2): theft and burglary, vandalism, physical fights, robbery, alcohol and drug abuse, racial tension, discrimination, no "parental" supervision, feeling unsafe and rudeness. Some of the respondents' direct quotes were extracted and are listed in Table 4.2 below.

Table 4.2: Reasons why nurse learners believed violence existed at their college

Main categories	Significant statements
Theft and burglary	<p>"There is theft and drinking problems"</p> <p>"Some people stole other people's clothes in the laundry. Our rooms are broken in to ..."</p> <p>"Students are breaking in and swearing at each other"</p> <p>"Windows are being broken and they break in the room"</p> <p>"There are a lot of students who fight and steal other students' things..."</p> <p>"Breaking in and stealing amongst students"</p> <p>"Students' rooms get broken into"</p> <p>"One of the other student's things were taken by someone who used the roof to enter"</p>
Vandalism	<p>"On the weekends you can't study because of the loud music, partying, banging of doors, kicking of doors..."</p> <p>"Vandalize premises all the time especially over weekends"</p>
Physical fights	<p>"Students fight amongst each other when drunk"</p> <p>"Sometimes people carry bruise marks that they don't want to talk about"</p> <p>"Fellow students fighting with one another. At some stage the other one student overpowered the next one with knife"</p>
Robbery	<p>"Students are being robbed"</p> <p>"Students being robbed and rooms being broken into"</p>
Alcohol and drug abuse	<p>"Violence with regard to alcohol and drug abuse"</p> <p>"Because the students are not setting good examples, they drink and smoke drugs"</p> <p>"Students get drunk and act violently"</p> <p>"Students fight amongst each other when drunk"</p> <p>"There is theft and drinking problems"</p>
Racial tension	<p>"Black students seem to have a problem with Coloureds, though not all of them. It was Black students that broke into the children's rooms";</p> <p>"The Blacks pushing the Coloureds out of the line in the kitchen";</p> <p>"Sometimes the other racial group intimidates us because they are the majority"</p>

Discrimination	"Often discrimination and jealousy is the cause of violence amongst students especially in the hostel"
No "parental" supervision	"Some students are scared and also the fact that we really have no one at college to act as our parent or guardian"
Feeling unsafe	"I feel we have no protection at all. The securities don't really have a purpose here" "We as nursing students are not safe. I was held at gunpoint at the time of the strike, which is still affecting me emotionally. I just told myself we don't have parents, our rooms are being broken into and things stolen, no solution has been found" "Because I know some students who were victims of violence in the college and I myself was a victim" "There was an incident last year at the college and I know of the victims"
Rudeness	"Some of the students are very rude" "Students are rude to each other" "Some students don't have respect for one another by making ugly remarks to each other" "...students are swearing at each other"

Tension and division between Coloured and African nurse learners was evident. Explanations offered for perceptions of violence from a specific group included the following:

- "We as Coloureds have different views than the Blacks, then they intimidate us so that we can also have the same view as them";*
- "According to my knowledge, break-ins only in the Coloureds' rooms";*
- "At school violence by Coloured students is directed at Blacks and vice versa";*
- "There is still come kind of colour division. Instead in hospitals our lecturers take Black students as if they don't know anything ...";*
- "At the moment there are racial and gender issues amongst students";*
- "Racial tension - yes";*
- "Sometimes the Coloured guys when they are drunk they chase Black girls touching private parts".*

One hundred and fifty respondents (67.3%) reported that violence is not directed against nurse learners from specific ethnic, cultural or religious groups. Of the 26.9% (n=60) respondents who reported that violence was directed against nurse learners from specific ethnic, cultural or religious groups, 10.3% (n=23) indicated that it was directed against specific ethnic groups, 21% (n=21) against cultural groups and 3.1% (n=7) against religious groups.

Personal experiences of abuse were recorded, with 44.69% (n=104) of respondents answering this question. Verbal abuse (23%) was the most common type of abuse among nurse learners, with physical assault being least common at 5% (Figure 4.4). Other types of violent incidents that learners were exposed to were shouting (19%), name calling (15%), being ignored (15%) and discrimination (14%).

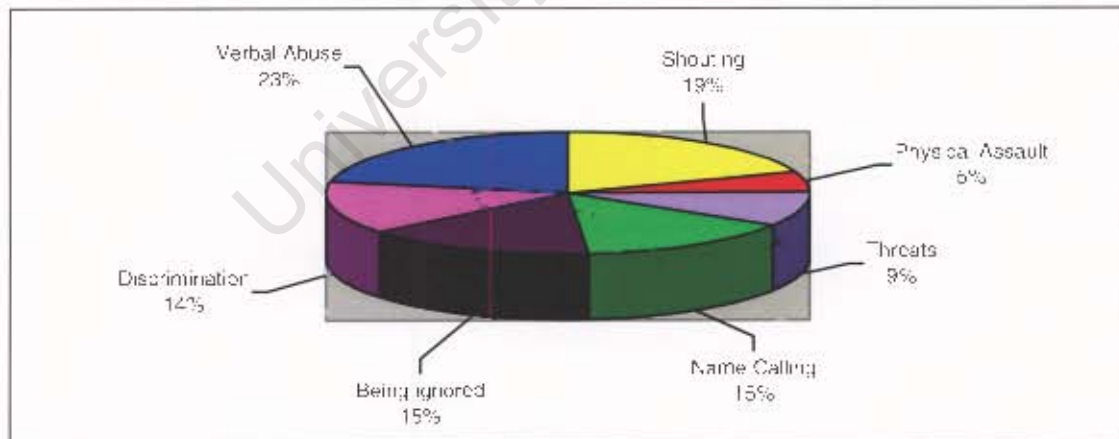


Figure 4.4: Percentage distribution of violent incidents observed

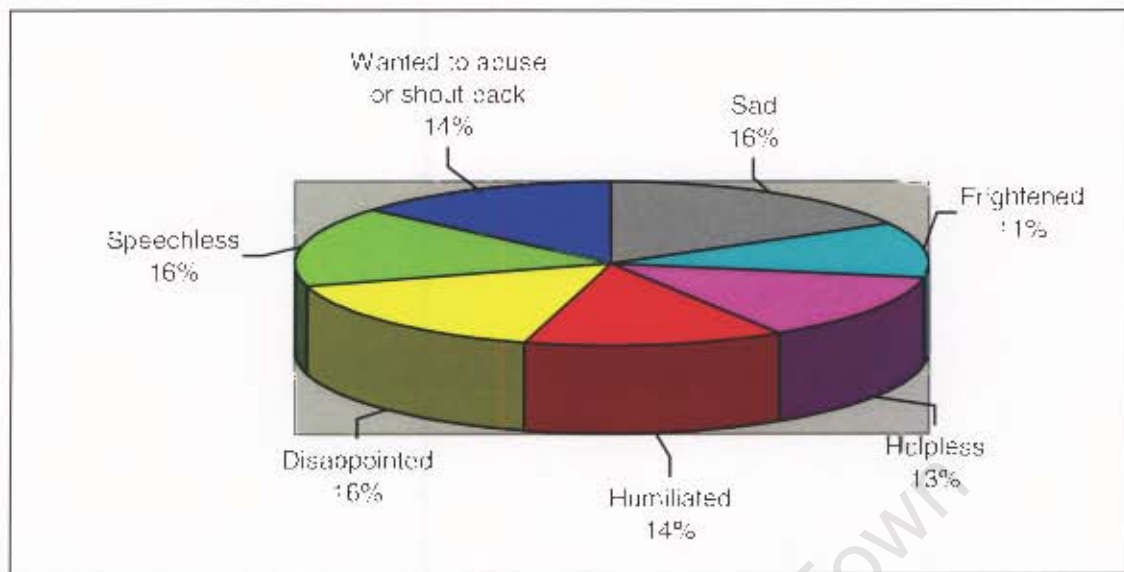


Figure 4.5: Percentage distribution of how learners felt when other nurse learners verbally abused or shouted at them

The responses to this question indicated (Figure 4.5) that 16% of respondents felt sad, 16% were speechless, 16% were disappointed, 14% humiliated, 14% wanted to shout back, 13% felt helpless and 11% felt frightened. Responses to the open-ended questions included having feelings of embarrassment, "wanted to beat them up," and wanting to confront "them".

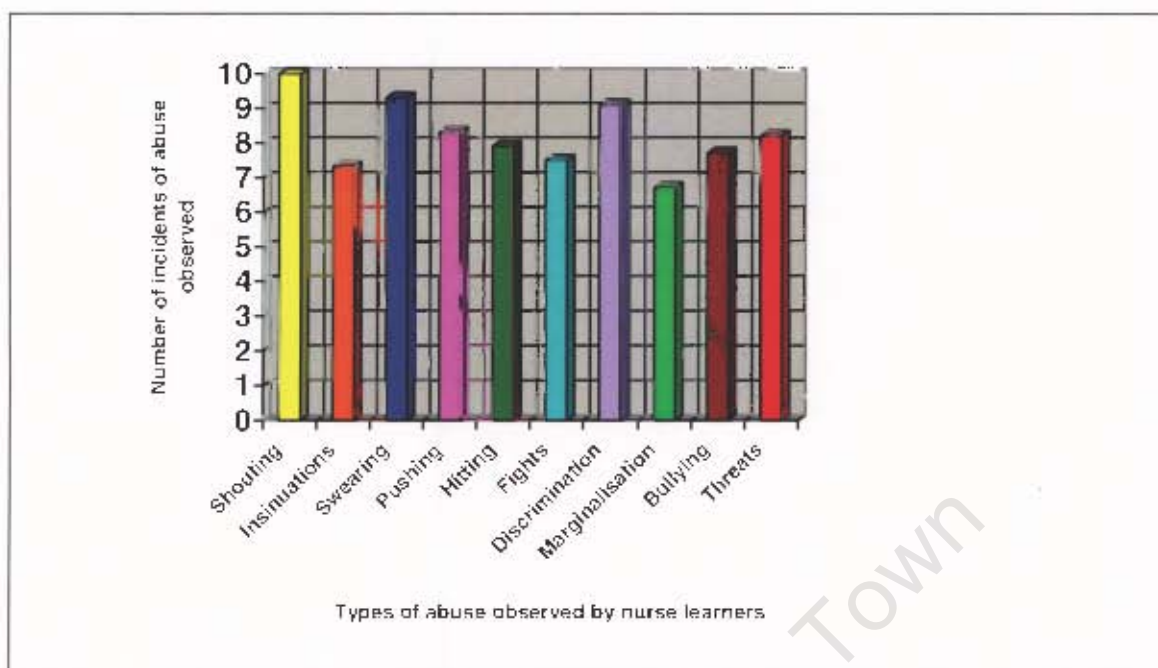


Figure 4.6: Types and frequency of abuse observed by nurse learners

The types and frequency of abusive behaviours observed by nurse learners are presented in Figure 4.6. The most common types of abuse observed are indicated on a scale of 1 to 10, with 1 being least experienced and 10 being most often experienced. Shouting was reported as the most common type of abuse observed, at level 10 on the scale of 1 to 10, followed by swearing (just above 9) and discrimination (at 9). Marginalisation was the least observed type of abuse (at just below 7).

Violence was categorized as physical (Figure 4.7) or psychological (Figure 4.8). In respect of physical violence, 42.5% of responses indicated that the violence was caused by other learners from other years of study; for example, a first-year

learner experienced violence from a third- or fourth-year learner at the same school.

Physical violence

All respondents (n=40) identified pushing as the most frequently occurring type of physical abuse (Figure 4.7) perpetrated by classmates. Sabotage of personal items was identified as the second most frequent type of abuse (n=33), perpetrated by nurse learners from other years. Fist fights with injuries inflicted was the least observed type of abuse (n=15). Other violent incidents observed by respondents were assault with no injuries (n=32) and fights or attacks by a group of learners (n=16).

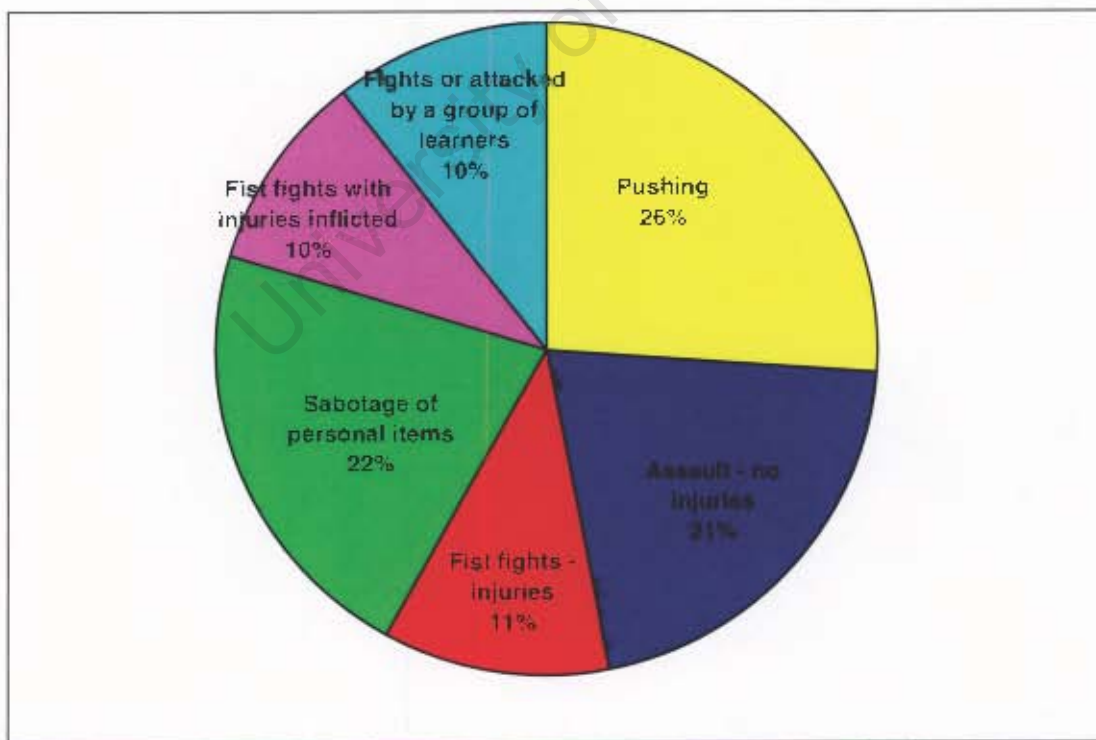


Figure 4.7: Types of violent incidents observed by nurse learners

In all the categories of violent incidents observed by nurse learners, violent incidents from nurse learners from other years and classmates were often reported.

Psychological violence

The most common type of psychological abuse reported by respondents was gossiping (n=99), perpetrated on nurse learners by learners from other years.

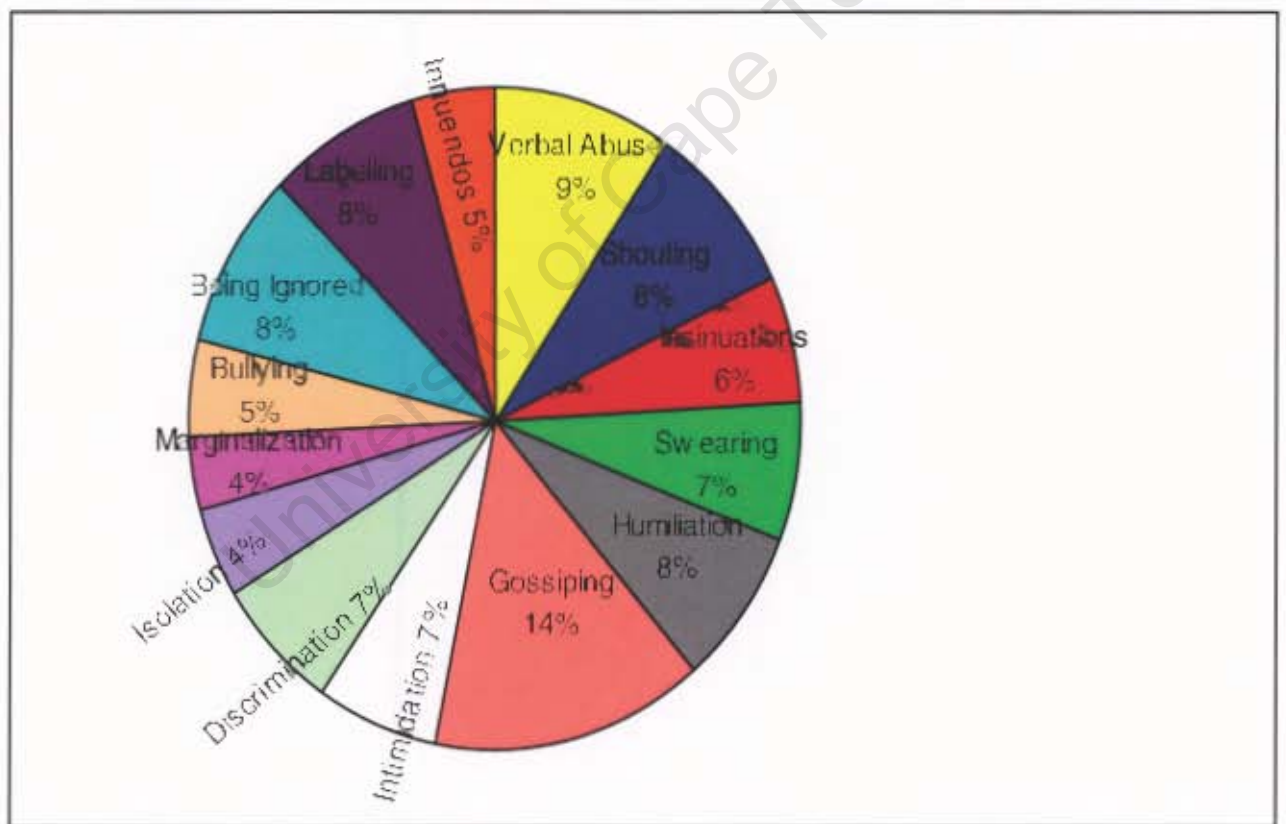


Figure 4.8: Types of psychological violence observed by nurse learners

Most of the psychological abuse came from learners from other years and from classmates. Discrimination, intimidation and labeling were observed more often from lecturers.

4.2.3 Experiences of violence among nurse learners

This section of the questionnaire sought to establish the nature of experiences of violence among nurse learners, i.e. the kinds of violence nurse learners have experienced themselves from others such as classmates, lecturers, administration staff, etc.

Most of the respondents (62.3% (n=139)) indicated that violence among nurse learners was a reality; 46.18% (n=103) respondents had experienced verbal abuse from nurse learners, 35.87% (n=80) had experienced threatening behaviour and 26% (n=58) had experienced physical assaults.

Respondents reported that break-ins into rooms of other learners and stealing the property of others had been reported. There were cases where nurse learners were romantically involved, and this would sometimes cause disagreements with other nurse learners. In one incident a respondent observed a boyfriend (nurse learner) beating up his girlfriend (nurse learner), but the girlfriend chose not to report the matter. Of the 153 respondents who answered the related question, 41.2% (n=63) indicated that at least one nurse learner had spoken to them about an experience of violence. Four respondents (9%) indicated that at least 10 nurse learners spoke to them about experiences

of violence. This result tends to indicate that violence is a subject that is talked about and experienced among nurse learners.

Based on the descriptive responses with regard to the effects of violence in the classroom, the following main themes emerged: intolerance, conflict and loss of interest in attending lectures (Table 4.3).

Table 4.3: Effects of violence among nurse learners in the classroom

Main themes	Main categories	Examples of responses
Intolerance	Gender-based issues	"African males want to dominate females"
	Racial tension	"When we are in groups the Coloureds are one side, the blacks one side, discrimination starts" "Tension among the groups - 'colours'"
Conflict	Different viewpoints	"Arguments and disagreements" "Shouting at each other" "Disagreements" "People mostly disagree with each other and end up arguing" "A difference of opinion could sometimes cause a violent reaction" "Tension among the group"
	Uncooperative behaviour	"Not working together" "They don't work together, they ignore each other, gossip about one another" "Poor group work" "Some don't want to work together"
	Verbal abuse	"Verbal abuse"

Loss of interest in attending lectures		<p>"Withdrawn"</p> <p>"Unable to study and interact with others (loneliness)"</p> <p>"Results in not participating and not going to class"</p> <p>"Make you feel like not going to classes."</p> <p>"Isolation"</p>
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Respondents identified the effects of violence among nurse learners during clinical placement according to the following themes: withdrawal behaviour, poor relations with each other and intolerance with towards each other (Table 4.4).

Table 4.4: Effects of violence among nurse learners during clinical placement

Main themes	Main categories	Examples of responses
Withdrawal behaviour	Absenteeism	<p>"Having to stay away from work due to intimidation"</p> <p>"...don't go to work"</p> <p>"Students don't go to work"</p> <p>"Scared of learners threatening them so they don't go to work"</p>
	Isolation	<p>"Isolated"</p> <p>"They become isolated"</p>
Poor relations with each other	Uncooperative behaviour	<p>"Students end up not talking to each other or not working hand in hand"</p> <p>"Can't work together to provide good nursing care"</p> <p>"They're unhelpful and stab you in the back"</p> <p>"One who is doing all the work and one who is lazy"</p>

	Ignoring each other	"Avoiding each other in wards" "They end up not talking to each other, becoming ignorant to one another"
Intolerance	Racial tension	"...speaking to you in other languages" "...racism"

The main theme for the effects of violence among nurse learners when studying was increased anxiety (Table 4.5).

Table 4.5: Effects of violence among nurse learners when studying

Main theme(s)	Main categories	Significant statements
Increased anxiety	Poor concentration	"Not concentrating well" "Students won't understand their studies and fail" "Lack of concentration to the studies"
	Isolation from others	"They prefer to study alone" "They isolate themselves" "Certain students isolate themselves from others while studying"
	Distraction	"Students lose focus of their work" "disturbance" "Stress preoccupied and not focused" "Inability to study due to noise" "The students get too loud and this causes arguments"

The main categories and main themes that emerged from the qualitative responses in the last section of the questionnaire are presented in Table 4.6.

These are the respondents' responses to an open-ended question at the end of the questionnaire on their views on violence among nurse learners.

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Table 4.6: Main emerging themes from nurse learners' views on violence among nurse learners

Main themes	Main categories	Significant statements
<p>Intolerance</p>	<p>Discrimination</p>	<p>"... there is also a lot of discrimination going on.."; "In the college and especially at the residence there is a lot of things going on where black students believe they have the power to do what they want"; "I will be happy when the students stop discriminating against each other because it's painful. We are the same race, but different tribes"</p>
	<p>Racial intolerance & Division</p>	<p>"...Colour division, blacks only mix with blacks and Coloureds with Coloureds"; "There is no unity"; "Classroom lessons are mostly explained humiliating black people"; "Students are so divided among each other" ; "Classes in history of apartheid and psychological visits to psychiatrists, because there is so much hate, most of the time hidden between the different races"</p>
<p>Anti-social behaviour substance abuse violation of others' property</p>	<p>Drug and alcohol abuse</p>	<p>"Student nurses are very frustrated in the college because of the bursary system. They are not getting any motivation so they are not coping. Some of them decide to smoke drugs and drink alcohol"; "Alcohol is abused at the college"</p>

	<p>Theft</p>	<p>"I think there are some students that are not supposed to be nurses, because they are rude and are thieves, so they are not good to steal watches off the patient like our Minister of Health who stole the watch and liver too";</p> <p>"There is no respect and many of the students only care about themselves. Others even steal things from other students for them to survive"</p>
<p>Abusive behaviour</p>	<p>Physical fights</p>	<p>"Last year my friend, a girl, was physically abused by a black guy because she befriended a black girl. College did nothing. This year the guy died, I don't feel sorry for him. He came back to campus every day and she had to walk past him with great fear in her heart, but God says the way you live is the way you die";</p> <p>"I was assaulted last year with two or three more friends and discriminated against because I was the only Coloured between the blacks. The guy was racist towards me and nothing was done. He was just given a warning that I felt was very unfair, because I was left in severe depression after what happened but the guy eventually died this year";</p> <p>"Physical abuse is common in the campus both from fellow students ...".</p>

	Psychological abuse	<p>"...psychological abuse is rife like students would be swearing at others in their own languages in belief that they won't be heard by the one they are referring to. It happens in both ethnic groups" ;</p> <p>"Violence is among us students although mostly it's not physical but psychological violence";</p> <p>"As a student you are often belittled and they gossip..."</p>
A sense of helplessness	Unsafe place	<p>"We don't feel safe in our rooms"; "We are scared";</p> <p>"Students are not safe";</p> <p>"The college is not a safe place to live at"</p>

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	<p>Helplessness</p>	<p>"Nothing is being done";</p> <p>"...when the break-ins happened nothing was done, even though the perpetrators were identified as first -year students and they are still on the residence";</p> <p>"The cameras don't help";</p> <p>"It is sad to see how students treat their fellow students and you feel helpless because if you say something they attack you";</p> <p>"At the college there is no support system for the students so there is no way that someone can get help. As a result, one to two students every year are admitted for nervous breakdown";</p> <p>"Thanks for finally awakening what has been kept quiet for such a long time at this campus. I hope people have now realized that there is violence amongst us but the sabotaging of others' goods are still continuing. Please do something. Make them stop taking what doesn't belong to them or if you can't, make them suffer the consequences of their actions";</p> <p>"In terms of clinical placement please researcher you have to take it seriously. The old nurses are being rude and ignorant to us as student nurses. One day I felt like dropping out of nursing, those people are rude to us, please do something"</p>
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	<p>Negativity from lectures</p>	<p>"My experience was in 2006 when one of the lecturers humiliated me. ... <i>(name not mentioned to maintain anonymity and confidentiality)</i> lecturer should be taught again ...";</p> <p>"Everything that is done here is so unprofessional. At X <i>[college name not mentioned to maintain confidentiality and anonymity]</i> it's not about making a life for a student ... They treat us as if we are nothing, as if they are actually doing us a favour" ;</p> <p>"Lack of motivation from management is a big problem"</p>
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4.3 Findings: Interviews with nurse educators

The interviews were transcribed verbatim and then analysed using a thematic analysis approach (Creswell, 2007). The transcripts were read and reread, units of meaningful text were coded and then grouped into clusters/categories and finally into themes.

The verbatim transcriptions of the interviews with nurse educators and focus group interviews with nurse learners were not attached in this thesis because of confidentiality issues, but are available for external examination purposes only, if needed.

Six themes emerged: substance abuse, violation of others' property, abusive behaviour, clashes with the law, fearfulness and anxiety, and abuse experienced by nurse learners outside the college (refer also to Table 4.7).

4.3.1 Theme one: Substance abuse

The residence seems to be the setting in which most of the violent incidents related to drug and alcohol abuse occur. Respondents reported that drug and alcohol abuse has increased over the last two to three years, and has been one of the main causes of violence among nurse learners and in the college. When asked whether violent incidents stemmed from drug and alcohol abuse, this was a response:

"To a large extent ja, to a large extent, with the big plate glass windows at the back we're continually being broken into ... because people climb over the wall and sell it through the plate glass to our students, through the big plate glass windows and things like that."

There is a strong sense that certain violent incidents are "covered up", because nurse learners are afraid of intimidation or further violence perpetrated against them. The nurse educators who were interviewed in this study were not

themselves victims of violence, but have witnessed violent incidents or violence had been reported to them. The increase in the number of males entering the programme seems to have contributed towards the increase in violence.

Episodes of violence happened more often at certain times, such as when nurse learners have money - for example, when a bursary gets paid out or over weekends and after exams. These times were identified by nurse educators as "high-risk times":

"...Ja...it's usually weekends when they get their bursaries now, of course it used to be when they got their salaries"

"When there's money in the pocket"

"...but certainly there are times that are more high risk than others, for example the end of exams, when the bursary money gets paid ... or it used to be when the salaries were paid out"

4.3.2 Theme two: Vandalism and violation of others' property

The nature of vandalism reported was destruction of nurse learners' personal belongings and of the nursing school environment, e.g. use of fire extinguishers, breaking of windows, and damage to property of the school. One educator stated:

"...but breaking windows and doors, everything ... why they do it, I don't know. Another thing that they are fond of doing is using the fire extinguishers, just emptying the fire extinguishers out in the passages. That's something that gets done frequently."

4.3.3 Theme three: Abusive behaviour

Physical abuse among nurse learners at the college is considered to be an issue of real concern by the nurse educators. Fighting in the residence has been reported when nurse learners were drunk, as described by a nurse educator as follows:

"...and a lot of drunkenness and breaking of furniture and things like that; I don't want to make generalizations but certainly with the increase of males ... um ... I'm terrified to generalize ... [silence] ... but certainly I've noticed a trend that the perception... that as the number of males increases, so does the number of disciplinary inquiries that were held and that was specifically substance abuse, alcohol abuse ... um ... assault, vandalism, damage to property, um ... examples are fire hydrants used in the corridors, broken windows, physical assault. I mean on many occasions ... but they' re many. ... for at least 4 or 5 cases I've been taking students to a casualty for stitches. ... Um ... they've been stabbed ..."

Drugs and alcohol appear to play a large part in the problem behaviour. Although the educators assist where they can, much of this seems to occur over weekends:

"Sometimes they do talk to a lecturer and then they get referred. Then, I've just only heard about people who on the weekend getting ... you know on drugs, doing things like breaking the windows, and all the other students locking themselves in their rooms, too scared to come out because they ...drunken tirade outside, you hear that they were unsupervised residents there at X [institution not named to ensure confidentiality] ... apparently somebody got raped there."

One incident of rape has been reported, where a nurse learner was the perpetrator. Criminal charges were laid and the case was taken to court:

"... they actually do sometimes get the police in, again take fingerprints, etc. So that maybe possible criminal charges can be laid against them. If it is a student, who about 4 years, 5 years ago I think a student reported the rape of a student, another student, um ... and we then with a counselor okay ... actually got an

indictment against this guy and eventually a whole court case and he was expelled out of the course. So the ... the set up is that there is no written policies that if X happens this is what you are going to have to do. If it's reported, college is informed, manager is informed and then depending on the severity of the case okay ... the police may or may not be called in. ...the students all will receive counseling either at the moment ... as immediate intervention through our resident counselor, or they would then get sent ... for further counseling, but usually our resident counselor would see immediate cases".

Another educator described her experience of dealing with assault:

"I've personally been to court about 20 times where a student rapes another student and that was dragged out over about a period of about a year, and in fact the student was sentenced to 12 years in prison."

There is a suspicion that there are cases of sexual harassment and sexual assault among nurse learners that are not reported - "cover ups". Students do not always speak to the nurse educators, and it is difficult to deal with ongoing situations, as explained by an educator:

"A lot of students don't speak to the lecturers ..."

"Yes, I know of one case that the student was convicted of rape, eventually. But until such time as he was convicted of raping another student on the premises, until such time as that student was actually convicted while he was going through the process of going to court and all that, he attended lectures with that very student that he had raped.

And it was very traumatic for her but they couldn't forbid it because he hadn't been convicted yet."

Educators were not aware of any incidents of violence towards patients. They were of the opinion that violence in society often gets "acted out" in the college:

"... for many the college is a microcosm really of what is happening out there. So what happens out there, Tania [researcher], it's happening here."

One of the concerns raised by the educators is the role of partners of nurse learners, i.e. husbands and boyfriends, who often abuse drugs and alcohol and abuse their partners:

“One student in the clinical area when I was doing accompaniment told me that her boyfriend had beaten her up ... that at home ... that he'd beaten her up.”

Nurse learners have also been attacked and beaten up by thugs (*“skollies”*) outside the college, on their way to and from the college.

4.3.4 Theme four: Clashes with the law

Nurse learners have had dealings with the police at various levels, as victims and as perpetrators. As victims, nurse learners reported incidents of assault, burglary and theft of their personal possessions, allegedly by other nurse learners. Nurse learners as perpetrators of violence have been arrested for theft, assault or sexual harassment. Nurse educators informed the researcher that a male nurse learner had been convicted of assault and is currently serving a jail sentence. Police are called to the college if there is suspicion of drinking on the premises or abuse of drugs.

4.3.5 Theme five: Fearfulness and anxiety

There is a strong sense that certain violent incidents are *“covered up”*, because nurse learners are afraid of intimidation or further violence perpetrated against them. The nurse educators who were interviewed in this study were not themselves victims of violence, but have witnessed violent incidents or violence has been reported to them. The *“increased number of males”* entering the programme seems to have contributed towards the increase in violence.

There have been reports of intimidation if nurse learners didn't get their way:

"...all the other students locking themselves in their rooms, too scared to come out".

"Students become intimidating ... ranging from sort of intimidation ... um ... sms messages, anonymous letters. There's those kinds of incidents that are affecting the students"

Nurse educators are concerned about the perceived "cover-up", since learners are afraid to open up about the real situation, and voiced their concern that the study findings may not reflect the true experiences of violence at the college because nurse learners may feel intimidated about revealing the true extent of violence. Allegations are not substantiated and information is only made known some time after an alleged incident:

"... there's been the alleged rapes, one never knows, you know ... whether they were or whether they weren't ..."

"... there are cover-ups going on. I'm not sure who's covering up for who, but we only find things out months later, you know"

"...maybe the learners are experiencing more things that they don't even want to talk about ... sometimes, you know, they might be afraid as well"

4.3.6 Theme six: Abuse experienced by nurse learners outside the college

Violence has not only been observed and/or reported within the college. There have been reports of violence experienced within nurse learners' intimate relationships. Partners who abuse drugs and alcohol are another source of concern for the educators:

"... sexually harassed or ... um ... beaten up or their partners using tik [crystal meth] and are abusing them ..."

"One student in the clinical area when I was doing accompaniment told me that her boyfriend had beaten her up ... that at home ... that he'd beaten her up."

The college is situated in an area where gangsterism is prevalent. Nurse learners have fallen victim to robbery and abuse outside the college grounds, en route to and from the college:

"I don't think a day goes by where there isn't some form of violence reported by the students, but it's not violence within the college, it's violence perpetrated on the students outside of the institution"

"We've also had reports ... I mean had issues where the students were attacked outside, when they're going to the shops, they walk to the station, their cell phones are being stolen"

Table 4.7: Analysis of interviews with nurse educators

Significant Statements	Categories	Themes
<p><i>"Sometimes they do talk to a lecturer and then they get referred. Then, I've just only heard about people who on the weekend getting ... you know on drugs, doing things like breaking the windows, and all the other students locking themselves in their rooms, too scared to come out because they ... drunken tirade outside, you hear that they were unsupervised residents there at X [institution not mentioned to maintain confidentiality and anonymity] ... apparently somebody got raped there."</i></p> <p><i>"To a large extent ja, to a large extent, with the big plate glass windows at the back we're continually being broken into ... because people climb over the wall and sell it [Drugs] through the plate glass to our students, through the big plate glass windows and things like that. Well it's been a longstanding problem since we introduced males into the nursing profession, unfortunately"</i></p> <p><i>"... a lot of drunkenness and breaking of furniture and things like that "</i></p> <p><i>"Alcoholism had definitely increased. The rest of the stuff has definitely increased. The disciplinaries have definitely increased ... um ... the drug problem has definitely increased."</i></p>	<p>Drugs & alcohol</p> <p>Drunken sprees</p>	<p>Substance abuse</p>

<p><i>"... ja ...it's usually weekends when they get their bursaries now, of course it used to be when they got their salaries"</i></p> <p><i>"When there's money in the pocket"</i></p> <p><i>"... but certainly there are times that are more high risk than others, for example the end of exams, when the bursary money gets paid ...or it used to be when the salaries were paid out"</i></p>	<p>High-risk times</p>	
<p><i>"... but breaking windows and doors, everything ...why they do it I don't know. Another thing that they are fond of doing is using the fire extinguishers, just emptying the fire extinguishers out in the passages. That's something that gets done frequently."</i></p> <p><i>"... damage to property ... um ... a lot of doors and windows is broken".</i></p> <p><i>"...and another thing that they are fond of doing is using the fire extinguishers, just emptying the fire extinguisher out in the passages ... that's something that gets done frequently, so um ... damage to property".</i></p> <p><i>"I mean at one stage there was like 22 fire hydrants emptied".</i></p>	<p>Vandalism</p>	<p>Violation of others' property</p>

<p><i>"... and a lot of drunkenness and breaking of furniture and things like that"; "I don't want to make generalizations but certainly with the increase of males ...um... I'm terrified to generalize ...[silence] ...but certainly I've noticed a trend that the perception ... that as the number of males increase, so does the number of disciplinary inquiries that were held and that was specifically substance abuse, alcohol abuse ... assault, vandalism, damage to property ... examples are fire hydrants used in the corridors, broken windows, physical assault. I mean on many occasions ... for at least 4 or 5 cases I've been taking students to a casualty for stitches. ...Um ... they've been stabbed"</i></p> <p><i>"... we've seen an increase of stabbings "</i></p>	<p>Physical abuse</p>	<p>Abusive behaviour</p>
<p><i>"Yes, I know of one case that the student was convicted of rape, eventually. But until such time as he was convicted of raping another student on the premises, until such time as that student was actually convicted while he was going through the process of going to court and all that, he attended lectures with that very student that he had raped. And it was very traumatic for her but they couldn't forbid it because he hadn't been convicted yet."</i></p>	<p>Rape</p> <p>Sexual harassment</p>	
<p><i>"... they actually do sometimes get the police in, again take fingerprints, etc. So that maybe possible criminal charges can be laid against them".</i></p>	<p>Police involvement</p>	<p>Clashes with the law</p>

<p><i>"... all the other students locking themselves in their rooms, too scared to come out".</i></p> <p><i>"Students become intimidating ... ranging from sort of intimidation ...um ... sms messages, anonymous letters. There's those kinds of incidents that are affecting the students"</i></p> <p><i>"... there are certainly students who will feel scared"</i></p> <p><i>"All right you will find that men will try and see how far they can go okay ...and eventually some female students are scared in being at night in the residence because males have access to their block"</i></p>	<p>Intimidation from other nurse learners</p>	<p>Fearfulness and anxiety</p>
<p><i>"... all the other students locking themselves in their rooms, too scared to come out ..."</i></p> <p><i>"... there's been the alleged rapes, one never knows, you know...whether they were or whether they weren't ..."</i></p> <p><i>"what we are finding is there's a lot of cover-ups"</i></p> <p><i>"there are cover-ups going on. I'm not sure who's covering up for who, but we only find things out months later, you know"</i></p> <p><i>"...maybe the learners are experiencing more things that they don't even want to talk about ... sometimes, you know, they might be afraid as well"</i></p>	<p>"Cover-ups"</p> <p>Afraid to talk</p>	

<p><i>"...sexually harassed or ... um ... beaten up or their partners using 'tik' [crystal methamphetamine] and are abusing them ..."</i></p> <p><i>"One student in the clinical area when I was doing accompaniment told me that her boyfriend had beaten her up ... that at home ... that he'd beaten her up."</i></p>	<p>Intimate partner abuse</p>	<p>Abuse experienced by nurse learners outside the college</p>
<p><i>"I don't think a day goes by where there isn't some form of violence reported by the students, but it's not violence within the college, it's violence perpetrated on the students outside of the institution"</i></p> <p><i>"We've also had reports ... I mean had issues where the students were attacked outside, when they're going to the shops, they walk to the station, their cell phones are being stolen"</i></p>	<p>Violence outside</p>	

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4.4 Findings: Focus group interviews with nurse learners

The focus group interviews presented the participants' perceptions of violence as "when the person is uncontrolled and angry". The focus groups were conducted with three different groups, as follows:

- A group of Coloured females who did not want to participate in the focus group if African females were present;
- A group of African males; and
- A group of African females who did not want to participate in the focus group if Coloured females were present.

According to the African participants, the "Coloured" nurse learners were the worst perpetrators of violence, while the Coloured respondents felt that the "Blacks" were the worst perpetrators. The African females felt the Coloured females were vulgar and rude and had a superior attitude towards the Africans. The Coloured females felt that the African females were aggressive and boisterous, and "pushed them around in the passages and in the food queue".

From all three focus groups, the theme that dominated throughout was "It's not a safe place". The nurses' residence, located on the college premises, has become an unsafe place and the root cause of much anxiety among nurse learners staying there.

Based on the qualitative data from the focus group interviews, the following five themes emerged, which will be discussed separately: violation of others' property and space, substance abuse, abusive behaviour, anxiety about the environment and helplessness (see also Table 4.8).

4.4.1 Theme one: Violation of others' property and space

Burglary was a growing problem and nurse learners felt that despite "strict security", theft was still a huge problem in the college residence. Some nurse learners felt that burglary and theft were becoming more frequent, and this has become a great concern to them.

Nurse learners reported vandalism of the college environment to be an ongoing problem, such as emptying fire hydrants and breaking windows, especially over weekends and following drinking sprees and abuse of drugs. African male nurse learners were blamed for emptying the fire hydrants and Coloured male nurse learners for breaking windows.

4.4.2 Theme two: Substance abuse

Respondents reported that alcohol consumption was more prevalent over weekends, after exams and when nurse learners received their bursary money. There was an anxious expectation of nurse learners abusing drugs and alcohol during these times, as one respondent indicated:

"During that working period, like for instance November to December, periods like that when there's no classes, then you must know everybody's going to be drinking ..."

4.4.3 Theme three: Abusive behaviour

Respondents related abusive behaviour (such as physical fighting among nurse learners) to drug and alcohol abuse. Physical fights occurred when nurse learners were intoxicated by either drugs and/or alcohol. Abusive behaviour occurred between male and female nurse learners in the residence. In one

incident a male nurse learner physically abused his girlfriend, a nurse learner at the same college:

"Me and my friends were cooking in her room. ...our blockmate's boyfriend ... he just came into the room. He was a second year last year. He came drunk into her room and he ask her what am I doing there, because I was the only Coloured. They were all black. And then he started calling me names, but in their language. He started calling me names and my friend started to defend me and say why he's talking like that and all and then he started to slap her. Then he took the juice and he took off her wig, her hair piece and swearing. And then he threw the juice in her face, he threw the juice in her face and threw the hairpiece on the floor and she spit in his face and then he spit her back. He locked the door and he started kicking her and slapping her all in her face and then my friend came up and she unlocked the door, but I was just sitting there. ...he wanted to hit me with the broomstick ... We laid a charge ..."

Respondents felt that abusive behaviour by certain nurse learners stemmed from racial intolerance among nurse learners within the residence. The Black nurse learners blamed the Coloured nurse learners and vice versa:

"... but most of those breaking the windows during the night are the Coloureds when they get drunk"

and

"The Coloureds are affected very badly."

"...but the Blacks are the main culprits...they are the violent ones..!"

4.4.4 Theme four: Anxiety about the environment

"It's not a safe place" was becoming a growing reality and cause for much anxiety among nurse learners. Respondents generally felt nothing was being done about the violent incidents at the college. Female nurse learners were becoming increasingly afraid of being assaulted, raped or killed, because they felt unsafe and unprotected. They created a safer environment for each other by sleeping over in each other's rooms:

"... you a girl, you alone in that room. Tomorrow it ends up in rape and that's why I also prefer not to sleep alone in my room. I prefer to sleep with somebody else because I'm kinda very scared."

4.4.5 Theme five: Helplessness

Participants felt that despite the violent incidents reported to the college management, nothing is done about the situation, especially in the residence:

"Nurse educators and nurse learners are aware of the problem inside the residence, but they don't know what to do. The cameras are not helping. The residence has become an unsafe place. The door is locked ... but your things are still stolen".

There was a general sense of *"a person violating your right as a person"* among nurse learners. Learners felt *"we don't feel the freedom of being students..."*.

Peer pressure was evident, especially in the first year. First-year learners were allegedly responsible for most of the violent incidents because of peer pressure and *"...wanting to fit in"*.

Participants felt that while violence is a problem at the college, they did not believe things would change, but they hoped that the current study might be able to prove that violence does exist at the college. In one interview a nurse learner stated:

"I don't think there will be a change, but ... have evidence to show that it is a problem"

Table 4.8: Analysis of focus group interviews with nurse learners

Significant statements	Categories	Themes
<p><i>"If you ... if I go tomorrow after I've written exam, I'm going to vacation. So I lock my room. When I come back I only find out all my stuff, TV, radio ... not there, although my key is new"</i></p> <p><i>"Ja ... you know ... even that day, it was the day when I got back and I went home on the Thursday and then I come back on Sunday ... and I was writing on Friday ... and I got back by my room...and my door was unlocked and my stuff was gone ... and then I went to the housekeeper ... and then I wrote a note to management ... after that I went to Ms X... and I also went to the security and then he told me that he didn't see anything ... But I'm asking this question, my personal stuff ... how can I be expected to pay these things ... and my key ... by the time I'm in my room the door was locked in this room . Somebody has a different key that I know, you know. And then the security tells me that it's my responsibility for something that I own ..."</i></p> <p><i>"Burglary a big problem"</i></p>	<p>Break-ins</p>	<p>Violation of others' property and space</p>

<p><i>"...what they did was that they actually break into the rooms through the ceiling, stealing all the people's [nurse learners'] clothing, their TVs, appliances, everything. They are student nurses"</i></p> <p><i>"... and with this one girlie, what happened was they thought she was home or probably in class, but she was off that day from work and she was sleeping in her room, so when they broke through the roof, through the ceiling she actually saw their faces and recognized them, because she said she just heard a huge bang, her ceiling fell through and she saw a guy busy climbing through the ceiling and she obviously . . . she wanted to unlock her door, her door couldn't open and the people outside walking in the corridor could hear her scream and these guys ran away but she already saw them..."</i></p>	<p>Theft</p>	
<p><i>"And then there is this thing about the fire extinguishers. Fire ... I don't know what they want ... in that the people who did that thing was not the coloureds. They blacks you know...? [said by black nurse learners]"</i></p> <p><i>"Windows are being broken when students are drunk, mostly the coloureds"</i></p>	<p>Vandalism</p>	
<p><i>"During that working period, like for instance . November to December, periods like that when there's no classes, then you must know everybody's going to be drinking ..."</i></p> <p><i>"Coloured students drink a lot then they vandalize over weekends"</i></p>	<p>Drunkenness</p>	<p>Substance abuse</p>

"Me and my friends were cooking in her room. ... our blockmate's boyfriend ... he just came into the room. He was a second year last year. He came drunk into her room and he asked her what am I doing there, because I was the only coloured. They were all black. And then he started calling me names, but in their language. He started calling me names and my friend started to defend me and say why he's talking like that and all and then he started to slap her. Then he took the juice and he took off her wig, her hair piece and swearing. And then he threw the juice in her face, he threw the juice in her face and threw the hairpiece on the floor and she spit in his face and then he spit her back. He locked the door and he started kicking her and slapping her all in her face and then my friend came up and she unlocked the door, but I was just sitting there. ... he wanted to hit me with the broom stick ... We laid a charge, but he died last year. He was assaulted"

"...the coloured guys were fighting so much among each other that this one day I walked past a guy and I'm like 'why is there so much blood on your ear and on your foot?' And they were actually biting each other. Two guys, second -year guys last year [now third year]. I think that they were fighting and the one had a knock against the head and they were blue and had bite marks all over each other and I'm like 'Oh, my God, they're nurses but they actually bite each other' "

Fighting

Abusive behaviour

"Okay I'm a second-year student ... That was middle of the night, 12 o'clock, half past about that time. And she was there arguing with a guy. So I asked her why you arguing with the guy because he actually wanted to slap her. So she told me that he actually wants to rape this girlie in her room and what he did was, what we find out is that he put something into the lock of the key there in the hole where you insert the key so when she unlocked the door, because our keys are those digit keys. She actually pressed it in deeper so when she was inside she couldn't lock the door from the inside but she was also so "versin" she could have went to whoever and told them 'listen here come and sleep by me' or go inform somebody that her door couldn't lock from the inside then he knew that that was gonna happen obviously because he came back and he actually wanted to rape her in the room. He was a student. She was a first year and he was a second-year guy"

"I mean it starts with breaking in ... that's what I even say, you a girl, you alone in that room. Tomorrow it ends up in rape and that's why I also prefer not to sleep alone in my room. I prefer to sleep with somebody else because I'm kinda very scared"

"This is not a safe place. We're afraid of being raped, assaulted or killed"

"The residence is an unsafe place. Your door is locked, but your things are still stolen"

"Students are being mugged outside the college"

Not a safe place

Anxiety about the environment

<p><i>"... but most of those breaking the windows during the night are the coloureds when they get drunk"</i></p> <p><i>"... the funniest thing with all those break-ins, they broke in through the ceilings but they skipped every black girls room and they only broke into the coloureds, because there was a black girl that lived right there on the beginning of... and they skipped her room and broke into the girl's next door, which was a coloured. So I am reading something out of that... definitely ... There's some people that did say something racist"</i></p> <p><i>"The coloureds are affected very badly"</i></p> <p><i>"There is division between the blacks and the coloureds. During the strike, only the black students were arrested"</i></p>	<p>Racial tension</p>	
<p><i>"No they dropped the case, because the policewoman said that we gonna miss out on exams and all that. Nothing is being done. Even with that where that girl, was broken into her room, she went and recognized all of them ... but nothing was done"</i></p> <p><i>"... the police said just they so sick of College Z [not real name for confidentiality reasons] and there is nothing that they can do ..."</i></p> <p><i>"That's why everybody leaves the stuff because nothing is being done; you don't feel that you're being protected"</i></p>	<p>A sense that nothing is being done</p>	<p>Helplessness</p>

4.5 Summary

The results of the survey of nurse learners, interviews with nurse educators and focus group interviews with nurse learners have been reflected respectively.

While themes that emerged from each section were similar, they were recorded separately under each section and heading.

The results will be discussed in the next chapter.

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Chapter 5: Discussion of findings

5.1 Introduction

The aim of this study was to examine nurse learners' perceptions and experiences of violence within a nursing college setting. There was congruence between the results of the nurse learner survey (quantitative data) and the interviews with nurse educators and focus group interviews (qualitative). Complex social and psychosocial themes emerged from these results. This chapter will discuss the findings of this study with reference to relevant literature. The conceptual framework, social learning theory (Bandura & Kupers, 1964) is used to contextualize the findings of this study. (Social learning theory is described in Chapter 1).

5.2 Survey of nurse learners

The findings of the survey among nurse learners confirmed the existence of violence at the college. The nature of the violent incidents found in this study ranged from physical and emotional violence to psychological violence. This study further demonstrated that the nurse learner residence was the main setting where violence occurred.

5.2.1 Demographic characteristics

Of all respondents, 50% were between 18 and 22 years old, i.e. in their young adulthood, and 89% of the respondents were in their first and second years of study. Studies tend to indicate that the majority of perpetrators of violence are

in this age group (Morgan & Steedman, 1985; Barlow & Rizzo, 1997, Dissel, 2007(a)).

5.2.2 Violence towards nurse learners (perceptions of violence)

The findings confirmed nurse learners' observations of physical and psychological violence at this nursing college. Nurse learners felt that violence existed at the college because of alcohol and drug abuse, racial tension, no "parental supervision", robbery and rudeness.

In this study gossiping was identified as the main type of psychological violence, followed by verbal abuse. (Types of psychological and physical violence are presented in Chapter 4.) Other studies (Edwards & O'Connell, 2007; Woelfle & McCaffrey, 2007) found verbal abuse to be the most common type of psychological abuse. Celik and Bayraktar (2004) conducted a study in Turkey on the experiences of abuse of nurse learners and found that 100% of the participants were verbally abused. Sources of abuse were classmates, nurses, patients and doctors. According to Celik and Bayraktar (2004), most nurses have been physically, sexually and/or academically abused at some stage during their training. Contrary to the Turkish study (Celik & Bayraktar, 2004) the main source of psychological violence in this study were fellow nurse learners. Nurse learners in the current study reported feelings of sadness, disappointment and humiliation and wanted to shout back at those learners who abused them.

Types of psychological abuse observed by nurse learners (from other nurse learners at the college) in order of frequency were shouting, swearing,

discrimination, pushing, threats, hitting, bullying, fights, insinuations and marginalisation.

The question on types of physical violence experienced by nurse learners was answered by 18% (n=40) of the respondents. The reason for this perceived poor response to the question is not entirely clear, but could be related to the fact that nurse learners had not yet experienced physical violence at the college - 53% of respondents were in their first year of study and at the time of the study may not have had an encounter with violence at the college. The other reason could be the way the question was constructed (limitations of the study are discussed in Chapter 6) - this may have caused respondents not to answer. In Celik and Bayraktar's (2004) study, 36.8% of nurse learners refused to answer the questionnaire, and according to these researchers this might have been due to the nurse learners' sensitivity to the abuse.

The types of physical violence reported in the current study were, in order of frequency, pushing, sabotage of personal items, assault - no injuries, fist fights with injuries inflicted, and fights or attacks by a group of learners. The researcher could trace no literature on the nature and frequency of physical violence among nurse learners to which the findings of this study in respect of physical violence could be compared.

Racial discrimination and intolerance were perceived by nurse learners as one of the causes of violence at the college. In South Africa racial discrimination and intolerance has its roots in the country's long history of apartheid and

inequality. This study suggests that the issue of racial inequality and discrimination remains problematic. Racism is a very sensitive issue which engenders anxiety and has long been ignored in nursing education (Culley, 2001; Nairn, Hardy, Parumal & Williams, 2004; Cortis & Law, 2005; Narayanasmy & White, 2005) largely because there is limited evidence as to how the issue of racism in nursing education can be addressed (Nairn *et al.*, 2004; Cortis & Law, 2005). There seems to be a strong link between violence and racial intolerance (Greenberg & Scheiner, 1994; Hall, Stevens & Meleis, 1994).

5.2.3 Violence among nurse learners (experiences of violence)

In this study the findings confirmed nurse learners' physical and psychological experiences of violence at the nursing college. None of the participants had experienced sexual abuse, but they were aware of incidents of sexual abuse that had occurred at the college in the past. While this study presented no evidence of sexual abuse among nurse learners, reports of sexual harassment at nurse learner level in the clinical setting is well documented in the literature (Finnis & Robbins, 1994; Libbus & Bowman, 1994; Kisa & Dziegielewski, 1996; Ryan & Maguire, 2006). Sexual harassment is not a new phenomenon in nursing, and is perceived as a growing concern, particularly in male-dominant communities (Finnis & Robbins, 1992).

The most frequent experiences of violence among nurse learners that took place did so in the nurse learners' residence. Based on the findings of the survey, the following critical issues emerged: the residence as "an unsafe place", theft and break-ins, physical fights, drug and alcohol abuse, vandalism, an awareness of

sexual harassment (but no evidence), racial intolerance and discrimination, and abuse from lecturers experienced by some nurse learners. The researcher had great difficulty in relating evidence of violence in the nurse learners' residence to current literature, and could find no recorded studies to compare the findings of this study with.

While the relationship between substance abuse and violence is documented in the literature (Greenberg & Scheiner, 1994; Jenkins, Rock, McNicholl & Hughes, 1998; Ferns, Cork & Rew, 2005), no evidence could be found specifically on nurse learners' residences as an "unsafe place" where theft and break-ins occurred. Grenade and Macdonald (1995) report on physical assaults among nurse learners in the clinical setting - but residential violence is not specifically mentioned. This paucity of literature presents a challenge to the nursing profession and for future research.

The academic demands on nurse learner's application of their skills in the clinical setting can be a very overwhelming experience. It is in the classroom setting where nurse learners are taught what nursing is all about and how to care for patients (Anderson, 1994). In this study the effects of violence on nurse learners in the classroom were identified as intolerance, conflict and loss of interest in attending lectures. Effects of violence among nurse learners during clinical placement were withdrawal behaviour, poor relations with each other and intolerance. Increased anxiety was caused by violence among nurse learners when studying. Edwards and O'Connell (2007) in their study on workplace violence and bullying in the hospital environment demonstrated the

implications of violence on nurse educators' mental, physical and emotional well-being, but do not highlight the effects of violence among nurse learners specifically. According to Rippon (2000), key individual responses to violence, such as bullying, include people giving up their jobs to avoid perpetrators, victims experiencing psychological stress, recurring nightmares, re-experiencing the trauma and moodiness. Normandale and Davies (2002) presented various physical, psychological and behavioural effects of bullying on nurses in the workplace, such as anxiety, becoming withdrawn, feeling/being sick and dwelling on the bullying.

5.3 Interviews with nurse educators

There is a strong sense among the nurse educators that violent incidents are unreported ("cover-ups") at the college. There is a sense that nurse learners do not report violent incidents to nurse educators or college management for fear of intimidation and victimization. While there seems to be a paucity of literature that offers support to "cover-ups" of violent incidents at nursing colleges, research conducted by Lau, Margarey and McCutcheon (2004) and Celik and Bayraktar (2004) suggest that up to 80% of violent episodes experienced by nurses in the clinical settings, go unreported. Reasons for non-reporting of violence in the clinical setting included time and effort, a view that violence is to be expected, perception of performance failure, increased tolerance to minor incidents, and a concern for the perpetrator (Lau, Margarey & McCutcheon, 2004).

Nurse learners have experienced violence both as victims and as perpetrators. This study demonstrated nurse learners' involvement with the police, where nurse educators had to call upon the police to assist. Police are often called upon over weekends when there is suspicion of substance abuse or incidents of vandalism or theft. Most of the nurse learners enrolled at the college come from disadvantaged backgrounds and environments where violence is a daily occurrence. These learners have often fallen victim to robbery and assaults within their communities. According to social learning theory (Bandura & Kupers, 1964), it is possible that these learners have learned violent behaviours within the communities they come from and have transferred these behaviours to the college environment. Nurse educators felt that the violence experienced at the college is a reflection of the violence within the broader society.

Nurse educators are not normally on the college premises over weekends, and nurse learners are left with housekeepers and cleaning staff. This perceived lack of adequate supervision is problematic and needs urgent attention.

Nurse educators in this study reported their concerns about the violence experienced by nurse learners outside the college environment from intimate partners. Nurse learners have not only been exposed to violence within the college, but have become victims of violence outside of it. While this study does not address the issue of gender-based violence, it is of note that violence against women has been one of the most prominent features of post-apartheid South Africa, and has dominated public debate (Vetten, 2005). A study conducted by Jewkes, Penn-Kekana, Levin, Ratsaka & Schrieber (1999) in three

provinces of South Africa found that 27% of women in the Eastern Cape, 28% of women in Mpumalanga and 19% of women in the Northern Province had been physically abused in their lifetimes by a current or ex-partner. The same study found that 51% of women in the Eastern Cape, 50% of women in Mpumalanga and 40% in the Northern Province were subjected to emotional and financial abuse.

Interviews conducted with men working for three Cape Town municipalities found that approximately 44% of the men were willing to admit that they abused their female partners (Abrahams, Jewkes & Laubsher, 1999). National figures for intimate partner femicide (men's killing of their intimate female partners) suggest that this form of violence is prevalent in South Africa. In 1999, 8.8 per 100 000 of the female population aged 14 and older died at the hands of their partners, the highest rate ever reported in research anywhere in the world (Matthews, Abrahams, Martin, Vetten, Van der Merwe & Jewkes, 2004). While estimates of the extent of domestic and intimate partner abuse vary, this issue cannot go unnoticed, because the nurse learners at the college form part of this cycle of abuse within our society.

5.4 Focus group interviews with nurse learners

The problem of violence among nurse learners is clearly rooted in a complex web of social factors which include substance abuse (drugs and alcohol), racial tension and discrimination.

The examination of these social factors is not within the scope of this study, but they need to be acknowledged as important variables within the phenomenon of

violence. The focus group interviews highlighted the nurse learners' anxiety about staying at the residence. As already indicated earlier in this discussion, the residence was identified as the main setting where violence occurred.

5.5 Common themes

Three common themes that emerged throughout this study from the survey, interviews with nurse educators and focus groups, were substance abuse, violation of property and personal space, and abusive behaviour.

Studies conducted by Greenberg and Scheiner (1994) and Jenkins, Rock, McNicholl and Hughes (1998), propose that drug and alcohol abuse are predisposing factors to violence. These findings resonate with the findings of this study relating to substance abuse. Contrary to a study by Ferns, Cork and Rew (2005), where violence followed drug and alcohol abuse in the emergency unit, this study demonstrated drug and alcohol abuse to be antecedents of violence in the nurse learners' residence.

Violence experienced by nurses in the workplace is well documented in the literature (Carter, 2000; Erickson & Williams-Evans, 2000; Nabb, 2000; O'Connell *et al.*, 2000; Taylor, 2000; Hodge & Marshall, 2007; Khalil, 2007), but there seems to be a paucity of literature on the experiences of violence among nurse learners within the college environment, as demonstrated by this study.

Violation of property and personal space also seems to be ill-defined in the literature and is open to further investigation, particularly within the nurse learner community.

Nurse learners have to cope with the demands of the nursing curriculum (theory and practical components) as well as with the anxiety created by the ongoing violence at the college. This does not make things easy for the nurse learner, whose aim is to obtain a professional qualification. The issue of violence at nurse learner level has serious implications in terms of clinical practice - if nurses are abused at nurse learner level, how will they be able to care optimally for others in future? The literature on abuse suggests that if a person is abused, that person is likely to abuse another (Bandura & Kupers, 1964; Hodge & Marshall, 2007).

5.6 Summary

This study described nurse learners' perceptions and experiences of violence in one nursing college. While many nurse learners are afraid to report violent incidents to college managers, it is not possible to deny the existence of violence among nurse learners. The issue of violence cannot be addressed without considering the wider social factors involved. This study highlighted the complexity of violence and the need for further research on violence among nurse learners that was beyond the scope of this study. This study further demonstrated the need for interventions to help curb the occurrence of further violence within the nursing profession, starting at nurse learner level. The next chapter will address the limitations of this study, recommendations and conclusions.

Chapter 6: Limitations of the study,

Recommendations and Conclusion

6.1 Introduction

Throughout this research process, many limitations emerged, which this chapter aims to address. Since this study is an extension of a larger study on violence in nursing a pilot study was not carried out for this study. In retrospect, a pilot study could possibly have eliminated some of the limitations and challenges experienced.

This chapter, furthermore, presents recommendations that will help to address the issue of violence among nurse learners, with particular reference to nursing practice, nursing education and nursing research.

6.2 Outline of limitations of the study

Research processes often present challenges that were not anticipated nor planned for, and this study is no exception. Aspects of the methodology, questionnaire, interviews with nurse educators and focus group discussions will each be addressed.

6.3 Methodology

A pilot study was not carried out in this study, which would have eliminated some of the difficulties experienced. There were fewer responses from the

senior nurse learners (third and fourth year). The reason for this is unclear, and can be considered a limitation to this study. Senior nurse learners could have contributed significantly to the outcome of this study since they have had longer exposure to student life at this nursing college. Particular challenges during data collection included access to nurse learners due to their clinical placements.

6.4 Questionnaire

The questionnaire contained a number of flaws. These are highlighted under the relevant sections as presented in the questionnaire.

Section A: Social and Demographic characteristics

A question on gender was omitted from this section of the questionnaire, which could have informed on the gender distribution in the sample.

Section B: Violence towards nurse learners

Question 4: In your view, is violence directed against nurse learners from specific ethnic, cultural or religious groups? If YES, please indicate groups?

Other, specify

The researcher felt that due to the construction of this question, respondents may not have clearly understood what the question asked, e.g. what does “Ethnic”, “Cultural” and “Religious” mean.

Question 5: Please mark the type of abuse you were exposed to during your time of study at the ...[name of college] (Tick as many as you wish).

	Verbal abuses	Shouting	Physical assault	Threats	Name calling	Being ignored	Discrimination
Classmate							
Senior students							

Junior students								
Male students								
Female students								
White students								
Black students								
Coloured students								
Indian students								
Learners from other nursing schools								

Poor construction of this question could account for the poor answering of this question. Better construction could possibly have yielded different results.

Question 6: Please indicate how you feel when other nurse learners verbally abuse or shout at you?

	Yes	No	Sometimes
Angry			
Sad			
Frightened			
Helpless			
Humiliated			
Disappointed			
Speechless or say nothing			
Wanted to abuse or shout back			

Other feelings, please specify

Poor construction of this question could account for poor answering. Perhaps an option for "No experience" as an answer should have been offered.

Question 7: Indicate how often you have seen other people displaying behaviour towards nurse learners, i.e. 1=less often; 10=more often.

Types of violence	1	2	3	4	5	6	7	8	9	10
Verbal abuse										
Shouting										
Insinuations										
Swearing										
Pushing										
Hitting										
Fights										
Discrimination										
Marginalisation										
Bullying										
Threats										

Others, please specify

The question construction could possibly have confused respondents and could account for the poor response to it.

Question 8: Please indicate what type of violent incidents you experienced and by whom, e.g. verbal abuse from a lecturer.

Types of violence	Lecturers	Admin Staff	Housekeeping + Cleaning Staff	Students from other year (1,2,3,4)	Classmates	Others
Physical						
Pushing						
Assault - no injuries						
Fist fights - injuries						
Sabotage of personal items						
Fist fights with injuries inflicted						
Fights or attacked by a group of learners						
Psychological						
Verbal abuse						
Shouting						
Insinuations						
Swearing						
Humiliation						
Gossiping						
Intimidation						
Discrimination						
Isolation						
Marginalisation						
Bullying						
Being ignored						
Labelling						
Innuendoes						

Others, please specify

Seventy three per cent of respondents did not answer this question. This could be due to poor question construction and could be considered a limitation, because if asked differently it could have yielded different results.

Psychological violence – only 23% of respondents answered this question.

There was no option for “NO” responses. It could be that respondents didn’t answer because it implied that only if they observed violence should they answer - but what about those not exposed to violence?

Section C: Violence among nurse learners

Question 2:

1. Do you believe that there is violence among nurse learners in your school of nursing?
2. If you answered YES to the question above, what types of violent incident(s) have you observed among nurse learners, since you started your training?

Types of violent incidents	Yes	No	Sometimes	Never
Threatening behaviour				
Physical assaults				
Verbal abuse				

Others, please specify

The difference between "Yes" and "Sometimes" could have presented ambiguity.

The options could have been either "Yes" or "No", because one has either experienced violence or not experienced it.

Reliability and validity are influenced if a questionnaire is adapted. The questionnaire was not tested in a pilot study which could possibly have eliminated some of the limitations and challenges experienced. The validity and reliability of the results could therefore be questioned.

6.5 Interviews with nurse educators

Due to the nature of qualitative research, the results of interviews with nurse educators are not generalisable, but provide some insight into the nurse educators' understanding of the phenomenon of violence among nurse learners at the college.

6.6 Focus groups

While participation in the focus groups was random, it would have been more useful if more senior nurse learners had participated and shared their

experiences of violence within that space. African and Coloured nurse learners each preferred having their own focus groups. Participation of both together in one focus group might have yielded different findings.

It was initially planned to conduct focus groups with nurse learners representing each year of study in order to establish a global picture of the kinds of violence they had been exposed to, if any. Unfortunately this was not possible, despite extensive efforts by the researcher to access nurse learners through letters.

Despite these limitations, the findings of this study provide information which may be useful to nurse educational institutions and which could provide a basis for further research.

6.7 Recommendations

Based on the findings of this study, it is evident that violence among nurse learners is a problem and a cause for concern in nursing education, nursing practice and the broader health care profession. Violence among nurse learners appears to be under-researched in the South African context and under-reported in the literature.

A number of recommendations follow. The recommendations have been divided into recommendations for nursing education, recommendations for nurse learners, recommendations for nursing practice, recommendations for the residence and recommendations for future (nursing) research.

6.7.1 Recommendations for nursing education

Nurse learners should be adequately prepared to deal with violence and aggression. Perpetrators of violence need to be taught how to deal with their anger in a less negative way. Recommendations for nursing education include the following:

- Organized training sessions help to build nurse learners' confidence and raise awareness of important issues (Taylor, 2000). High-quality intervention programmes aimed at combating violence, and to carefully evaluate their value (Bleetman & Fayeye, 2003) should be implemented.
- Nurse learners need to practice interpersonal skills, develop an awareness of theories about violence and aggression, and gain skills in defusing aggression.
- The curriculum should include a specific module related to the management of violence and aggression.
- Some individuals express fear and anxiety through aggression and violence (Taylor, 2000). It is therefore important for nursing education to teach diversity and trans-cultural nursing skills by promoting intercultural communication and cooperative learning, e.g. inclusion of family studies in the curriculum where nurse learners can learn about family values and morals.

6.7.2 Recommendations for nurse-learners based on principles suggested

by Bandura (Bandura & Kupers, 1964) and Ormrod (1999):

- Nurse learners often learn a great deal simply by observing other people.

- Describing the consequences of behaviour can effectively increase the appropriate behaviours and decrease inappropriate ones. This can involve discussing with nurse learners the rewards and consequences of violent and aggressive behaviour.
- Educators and parents must model appropriate behaviours and take care that they do not model inappropriate ones.
- Nurse learners must believe that they are capable of accomplishing tasks. It is very important to develop and encourage a sense of self-efficiency and self-worth within the nurse learner community.
- Educators must ensure that realistic expectations for academic accomplishments are set. That does not mean setting expectations too low, but making sure the learner functions optimally within what can be achieved. Learners should be realistically challenged, because sometimes the task(s) are beyond a learner's ability, and this is when frustration and irritation step in.

Nurses need to appreciate the important role they fulfill in society, but first they need to value themselves as core to the health care profession, especially to those in their care. In order for others to value them, nurses need to take pride in their profession first. Therefore, the issue of violence among nurse learners needs to be addressed at nurse learner level. Nursing education should look at including violence education in the curricula, as suggested in the literature (Kiner, 1995; Beech, 2001; Blair & Wallace 2002; Johnson & Stevens, 2002).

6.7.3 Recommendations for nursing practice

- Nurse learners should be taught the skill of reflection on their practice; only when one starts doing this can improvement and change be effected in one's own behaviour.
- Reflection on violence in the nursing profession can help put an end to it. If nurse learners are violent among each other, this can impact on their practice in future.
- Nurses generally do not articulate their practice or their needs well. It is hoped that the findings from this study will help nurses to stand up at nurse learner level and say "NO" to violence.
- It is necessary to seek appropriate interventions and help for those nurse learners who have fallen prey to perpetrators of violence, or who have become perpetrators themselves.

6.7.4 Recommendations for the residence

The findings of this study indicate that the residence for nurse learners is the main space where violence occurs. The data presented in this study support the notion that the residence "is not a safe place". This issue needs to be addressed as a matter of urgency, and the following recommendations are made in order to improve the current conditions in the residence for nurse learners:

- Structures need to be put in place, as a matter of priority, which will ensure optimal functioning of the residence. For example, posts must be created for warden (housemother and housefather) positions. Many of the nurse learners who reside in the residence are not from Cape Town,

and by having a housemother and a housefather, the sense of a home away from home can be created.

- Nurse learners must know that there are people who are interested in them and their progress at the college, other than their families.
- Nurse learners must be informed about the “house rules” when they are first accepted to the residence, and disciplinary procedures must be followed through, fairly and consistently (i.e. what applies to one applies to all).
- Each nurse learner accepted into the residence must sign a Code of Conduct whereby they promise to abide by the residence rules, otherwise face the consequences as set out in them.
- Clear consequences for non-adherence to the code of conduct should be made explicit and available.
- Grievance procedures and disciplinary procedures must be clear.
- It would be helpful for nurse learners to get involved in setting the ground rules (residence rules), and the norms for their own conduct in the residence. This can be done through the formation of a residence committee.
- Creation of safe recreational spaces. Extramural activities and hobbies should be introduced to keep nurse learners occupied and for them to have a balanced life after class activities. (This suggestion was made by one of the respondents in the survey.)
- If nurse learners take ownership of and responsibility for their residence and the activities within it, conditions can improve over time. Therefore, effective nurse learners’ recreation committees must be formed.

6.7.5 Recommendations for future (nursing) research

This study raised many questions that need to be addressed in order for the phenomenon of violence among nurse learners to be better understood and adequately managed.

- While this study confirmed the presence of violence among nurse learners at one nursing college, further research is necessary to obtain a bigger picture of violence among nurse learners in the province and beyond.
- Fully 357 nurse learners, many in their senior years, did not participate in this study. It would be valuable to try and understand why this was the case, and to explore whether it was difficult to share experiences of violence, and if so - why this was difficult.
- The cause(s) of violence among nurse learners need(s) to be explored in more depth.

6.8 Conclusion

The researcher got the sense that some nurse learners were afraid to talk about their experiences of violence for fear of victimization. However, the nurse learners who responded to the study wanted the "truth" to be known in an attempt to do something about the violence at the college. It is the researcher's hope that this study has revealed enough about this unwelcome aspect of the nurse learner's life to promote and underpin future, more in-depth research into this problem.

A number of recommendations are offered based on the findings of the study, which may facilitate awareness of and active participation in eradicating violence among nurse learners and within the nursing education environment.

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Appendices

University of Cape Town

Appendix A

UNIVERSITY OF CAPE TOWN



Health Sciences Faculty
Research Ethics Committee
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Observatory 7925
Telephone (021) 406 6155 • Facsimile (021) 406 6111
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04 April 2007

REC REF: 153/2007

Mrs T de Villiers
C/o Prof D Khalil
Division of Nursing and Midwifery
School of Health & Rehab

Dear Mrs de Villiers:

PROJECT TITLE: VIOLENCE AMONGST NURSE LEARNERS- A DESCRIPTIVE STUDY EXAMINING STUDENT NURSES' EXPERIENCES OF VIOLENCE.

Thank you for submitting your study to the Research Ethics Committee for review.

I have pleasure in informing you that the Ethics Committee has **formally approved** the above mentioned study. However, please could you address several issues in the participant's informed consent form (Appendix C):

- Indicate that you cannot guarantee that the information shared during the focus groups will be kept confidential since participants might disclose information outside the focus group.
- Please indicate that the study has been approved by the Research Ethics Committee of the University of Cape Town and that participants can contact Prof Marc Blockman if they have any concerns about their rights and welfare as research participants. He is the chairperson of the Research Ethics Committee and can be contacted at 405 6889.

This serves to confirm that the University of Cape Town Research Ethics Committee complies to the Ethics Standards for Clinical Research with a new drug in patients, based on the Medical Research Council (MRC-SA), Food and Drug Administration (FDA-USA), International Convention on Harmonisation Good Clinical Practice (ICH-GCP) and Declaration of Helsinki guidelines.

The Research Ethics Committee granting this approval is in compliance with the ICH Harmonised Tripartite Guidelines E6- Note for Guidance on Good Clinical Practice (CPMP/ICH/135/95) and FDA Code Federal Regulation Part 312.56 and 312.57.

Please note that the ongoing ethical conduct of the study remains the responsibility of the principal investigator.

Please quote the REC REF in all your correspondence.

Yours truly

Yours sincerely

PROF M BLOCKMAN
CHAIRPERSON, USE HUMAN ETHICS

12/2/21

Appendix B

Western Cape College of Nursing
Department of Health - Provincial Government of the Western Cape

Requester: F Greys
Address: 684-1216
Telephone: 684-1216
Fax No.: 628 0958
City: St.
Reference:
Lettering:
Date: 4th July 2006
From:



Department of Health
Department van Gesondheid
Provincial Administration of Western Cape
Provinciale Administrasie van Wes-Kaap
Western Cape College of Nursing
Wes-Kaap Kollege van Verpleging

Bhaleje: Yirandetha boughkax Bawentshutsho-ke-Subi

Mrs T de Villiers
c/o Western Cape College of Nursing
Kliphout Road
ATHLONE

Dear Mrs de Villiers

PERMISSION GRANTED FOR RESEARCH: VIOLENCE AMONG NURSE LEARNERS

I am happy to inform you that permission has been granted for you to undertake the requested research at the college and the student nurses and staff can be approached to participate in the study.

We wish you well in your endeavours and look forward to reading the end result and findings of your investigation.

Yours faithfully

MR J. BOWEN
HEAD OF COLLEGE

Head of Department of Health

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7182
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Midwifery

UNIVERSITY OF CAPE TOWN

Division of Nursing &

Faculty of Health Sciences, Anzio Road,
Observatory 7925, South Africa
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Fax No: +27 (21) 406 6497/021 583

/699

April 2007

TO: Mr. D. Govin

Head: Western Cape College of Nursing (WCCN)
Klipfontein Road, Athlone
7764

Dear Sir

Re: **Request for permission to conduct a research study on violence among nurse learners**

I am currently a M.Sc (Nursing) student at the above university and a part-time clinical educator at the Cape Peninsula University of Technology (CPUT), Faculty of Health Sciences. As part of my master's degree course requirements, I have to conduct a research project. My area of interest lies in nursing education, with particular focus on nurse learners. Herewith, therefore I, request your permission for me to conduct a research project (details of the proposed project outlined below) at the WCCN in conjunction with CPUT. The main focus of the proposed research study is violence among nurse learners.

The aim of this study is to examine nurse learners' perceptions and experiences of violence at the nursing college. The potential benefit of this study is to establish the extent of violence among nurse learners and to inform on further research in the area of violence among nurse learners. It is important that the study looks at what is currently

happening at the college to ensure registration of safe practitioners at the end of a four year programme (SANC: R425)

The process of the study consists of the following of a 3-part questionnaire which will be utilized for collation of data. Data will be collected over a three month period, during September to November 2007. During this time all nurse learners would have been settled in the new academic year, especially the first year learners. Interviews with nurse educators and focus group interviews with nurse learners will be conducted in order to establish the kind of violence that occur or is reported.

All data will be gathered in such a way as to ensure confidentiality and anonymity and no names (of nurse learners or nurse educators) will be reported in the subsequent publication of the research findings. The final report of the completed study will be made available to the nursing college. Should you require any further information regarding this proposed research project, please do not hesitate to contact me.

I thank you in anticipation for your cooperation and support.

Yours faithfully

.....
Mrs. Tania de Villiers
Primary Researcher

CC: Chairperson, Students' Representative Council (SRC)



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April 2007

TO: Head: Western Cape College of Nursing (WCCN)
Student Representative Council
Klipfontein Road, Athlone 7764

Dear Sir/Madam

Re: **A research study on violence among nurse learners**

I am currently a M.Sc (Nursing) student at the above university and a part-time clinical educator at the Cape Peninsula University of Technology (CPUT), Faculty of Health Sciences. As part of my master's degree course requirements, I have to conduct a research project. My area of interest lies in nursing education, with particular focus on nurse learners. Herewith, therefore I, request your permission for me to conduct a research project (details of the proposed project outlined below) at the WCCN in conjunction with CPUT. The main focus of the proposed research study is violence among nurse learners.

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I thank you in anticipation for your cooperation and support.

Yours faithfully

Mrs. Tania de Villiers
Primary Researcher

(C: Chairperson, Students' Representative Council (SRC))

Appendix E: Information sheet and consent form: Nurse Learners and Nurse Educators



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7699

April 2007

Dear Participant

Re: Study on Violence amongst nurse learners in a Western Cape School of Nursing

As you are all aware, violence have become commonplace in contemporary South-Africa. Nursing, perceived by many as a caring profession has not been exempted from violent incidents. From my experience as a first year clinical educator at this college over the last two years, I have had anecdotal reports of violence among nurse learners, but have not witnessed any violence. The ongoing violent episodes at this college has become a cause for concern, hence the need for the study.

One way to address and manage the situation is to honestly look at what is currently happening at the college by collecting information from learners and nurse educators. The information collected will help the college managers and nurse learners to describe nurse learners' experiences of violence at the college. Thereafter, both nurse learners and nurse educators would then decide constructive ways to address the problem. The study aims to provide recommendations.

Each participant will be required to complete a questionnaire, which will be collected by the researcher. The researcher plans to conduct group discussions (focus groups) with nurse learners who are willing to participate. Participation in this study is voluntary and any information given will be treated with strict confidentiality and your name will not be revealed to anybody or in any paper written about the study. You also have the right to

withdraw or refuse to participate at any stage during the study. If you decide not to participate, you will not be penalized for doing so.

Please do not hesitate to contact me during the day with any further questions about this study or your participation therein. You can also write to me if you want to do so but leave all correspondence in sealed envelope and addressed to me with Miss Judy Cloete ('sim lab'). All information provided will be treated confidentially.

Researcher: Mrs. Tanja de Villiers

Contact details

Tel: 021 - 684 1244/09 (sim lab), or
LCT Division of Nursing and Midwifery
Tel: 021 - 406 6059

If you agree to participate in the study kindly sign the slip below and return to me

I, have agreed to participate in the study. I understand that I have rights to withdraw at anytime without being penalized. I understand that any information I give will be treated in the strictest confidence and my name will not be revealed to any person.

Signature:

Date:

Appendix F

The Questionnaire

Thank you for your participation in this study. Please try to answer all the questions as accurately as possible. Remember, the information provided by yourself will remain **confidential** and **anonymous**, so you **MUST NOT WRITE DOWN YOUR NAME ON ANY PART OF THIS PAPER.**

SECTION A: SOCIAL DEMOGRAPHIC CHARACTERISTICS

Please indicate your responses clearly with X:

1. Kindly indicate your age by ticking the appropriate box

18 – 22 yrs old	23 – 29 yrs old	30 – 39 yrs old	40 – 49 yrs old	50 – 59 yrs old	Older than 59 yrs old
--------------------	--------------------	--------------------	--------------------	--------------------	--------------------------

2. Please indicate your year group.

First (1) Year	Second (2) year	Third (3) Year	Fourth (4) Year
----------------	-----------------	----------------	-----------------

3. Indicate your population group

White	Black	Coloured	Indian	Other/specify.....
-------	-------	----------	--------	--------------------

4. Where did you spend your childhood? (i.e From birth to about 12 years old)

Province (e.g. W. Cape)	Town (e.g. Cape Town)	Small Town/Village (e.g. Ashton)	Other/Specify.....
----------------------------	--------------------------	-------------------------------------	--------------------

5. Where did you spend your high school years? (i.e. from 13 – 18 years old)

Province	City/Town	Small Town/Village	Other/Specify.....
----------	-----------	--------------------	--------------------

6. Are you?

Married	Single	Widowed	Divorced	Live-in partner
---------	--------	---------	----------	-----------------

Other, specify

7. What are some of your past experiences that are influencing your nursing training now? e.g.

caring for a sick relative.

.....
.....

8. Do you think your experiences could affect the way you interact with your lecturers and other

nurse learners? Please explain.

.....
.....

SECTION B: VIOLENCE TOWARDS NURSE LEARNERS

1. Do you believe that violence exists at your school of nursing, e.g. WCCN/CPUT?

Yes	No	Sometimes	Not sure
-----	----	-----------	----------

2. If you answered YES to no.1, give reason (s) for your answer.

.....
.....

3. In your view, is violence directed against any specific group/grade/year level of nurse learners

(e.g. against first year learners)?

Yes	No	Sometimes	Not sure
-----	----	-----------	----------

If you answered YES or SOMETIMLS, please explain.....

.....

4. In your view, is violence directed against nurse learners from specific ethnic, cultural or religious groups?

Yes

No

If YES, please indicate groups?

Ethnic

Cultural

Religious

Other, specify

Types of Abuse:

5. Please, mark the type of abuse you were exposed to during your time of study at the WCCN/CPUT. (Tick as many as you wish).

	Verbal abuses	Shouting	Physical assault	Threats	Name calling	Being ignored	Discrimination
Classmate							
Senior Students							
Junior Students							
Male students							
Female students							
White student							
Black student							
Coloured student							
Indian student							
Learners from other nursing schools							

6. Please, indicate how did you feel when other nurse learners verbally abuse or shout at you?

	Yes	No	Sometimes
Angry			
Sad			
Frightened			
Helpless			
Humiliated			

Disappointed		
Speechless or say nothing		
Wanted to abuse or shout back		

Other feelings, please specify

7. Indicate how often you have seen other people displaying the following behaviour towards

Nurse learners, i.e. 1=less often; 10=more often

Types of violence	1	2	3	4	5	6	7	8	9	10
Verbal abuse										
Shouting										
Insinuations										
Swearing										
Pushing										
Hitting										
Fights										
Discrimination										
Marginalisation										
Bullying										
Threats										

Others, please specify.....

8. Please indicate what type of violent incidents you experienced and by whom, e.g. verbal abuse from a lecturer.

Types of violence	Lecturers	Admin Staff	Housekeeping + Cleaning Stf	Students from other year(1,2,3,4)	Classmates	Others
Physical						
Pushing						
Assault - no injuries						
Fist fights - injuries						
Sabotage of personal items						
Fist fights with						

injuries inflicted					
Fights or attacked by a group of learners					
Psychological					
Verbal abuse					
Shouting					
Insinuations					
Swearing					
Humiliation					
Gossiping					
Intimidation					
Discrimination					
Isolation					
Marginalisation					
Bullying					
Being ignored					
Labelling					
Innuendoes					

Others please specify

9. Please use the space below to tell me your experiences and views about violence against nurse learners?

University of Cape Town

SECTION C: VIOLENCE AMONGST NURSE LEARNERS

1. Do you believe that there is violence amongst nurse learners in your school of nursing?

Yes
 No
 Sometimes
 Never

2. If you answered YES to the question above, what types of violent incident(s) have you?

Observed amongst nurse learners, since you started your training?

Types of violent incidents	Yes	No	Sometimes	Never
Threatening behaviour				
Physical Assaults				
Verbal Abuse				

Others please specify

3. What types of violent incidents have other nurse learners talked to you about?

Types of violent incidents	Yes	No	Sometimes	Never
Threatening Behaviour				
Physical Assaults				
Verbal Abuse				

Others please specify

4. How many nurse learners discussed their experiences of violence with you? Please indicate

with an X.

None	1 nurse	2 - 3 nurses	4 - 5 nurses	6 - 7 nurses	8 - 9 nurses	10 or more
------	---------	--------------	--------------	--------------	--------------	------------

5. In your view, what are some of the effects of violence amongst nurse learners on the following:

a) Class room group activities/work:

b) During clinical placements:

c) Studying:

6. Please, indicate which of the following can be referred to as **Physical violence amongst nurse learners**:

Types of physical violence	Yes	No	Sometimes
Physical Threats			
Pushing			
Assault with no external injuries			
Sabotage of personal items			
Assault with wounds inflicted			
Fist fights with no external injuries			
Fist fights with injuries inflicted			
Fights of attack by a group of nurse learners			

Others, please specify

.....

7. Please, indicate which of the following could be referred to as **psychological violence amongst nurse learners**:

Types of psychological violence	Yes	No	Sometimes
Verbal Abuse			
Shouting			
Swearing			
Humiliation			
Bullying			
Being ignored			
Labelling			
Discrimination			

Others, please specify

.....
.....

8. Based on your observation of violence amongst nurse learners, if any, which type of violence is more evident amongst nurse learners?

Physical Violence	Yes	No	Sometimes
Psychological Violence	Yes	No	Sometimes

Others, please specify

.....

NB: Please use this space to write views you would like to share with the researcher regarding the topic of the study.

Thank you very much for participating in the study,

From Mrs. Tania de Villiers (researcher)

University of Cape Town



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April 2007

To : The Student Counsellor
Western Cape College of Nursing
Klipfontein Road, Athlone
7764

Dear Sir/Madam

Re: **Support for nurse learners**

A study on violence amongst nurse learners will be conducted during the months September to November 2007 at the Western Cape College of Nursing campus. Because of the potentially emotive nature of this research project, it is anticipated that the nurse learner participants might experience emotional breakdown. In the unfortunate event of this happening, it is important that psycho-emotional support is at hand. I hereby ask for your support during this potentially traumatic process, particularly to those nurse participants who will need to be supported emotionally.

I thank you in anticipation for your support.

Yours faithfully

.....
Mrs. Tania de Villiers
Primary Researcher

Questions for interviews with nurse educators

1. Have you been exposed to any form of violence since you've been teaching at this school?
2. What type of violence have you been exposed to during your time at this school?
3. Do nurse learners report violent incidences to nurse educators?
4. Can you specify the types of violence reported?
5. What measures are in place to manage violent incidents in the school?
6. In your experience, how often do you experience violence amongst nurse learners?
7. In what ways, do you think, can this study help regarding violence in this school?
8. Do you feel that conducting this study will assist in addressing the issue of violence at this school, if any at all?
9. In what other aspects of violence, do you think, research needs to be done, if any?

Appendix 1

Questions for focus group interviews with nurse learners

1. Clarify what violence means to the researcher
2. Have you been exposed to any form of violence since you enrolled at this school of nursing?
3. If yes, do you mind sharing your experiences?
4. Based on my definition of violence, what type of violence do you think exists in this school?
5. In your opinion, do you believe violence is directed at any particular group(s)? E.g. males to males; males to females; blacks to whites, etc.
6. Is violence a problem in your school?
7. In your opinion, has violent incidences at this school increased or decreased over the last 2 to 3 years?
8. Do you think this study will help raise lecturers and nurse learners' awareness of violence at this school?
9. If violence is a problem at this school, how would you like change to be effected?
Give suggestions.