

## SOUTH AFRICAN UNDERGRADUATE NURSING STUDENTS EXPERIENCE OF INTRA-PROFESSIONAL VIOLENCE

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### Abstract

*Nurses are often confronted with the effects of violence, and the profession itself is suffering because of these effects. Intra-professional violence is taking its toll on undergraduate nursing students and is causing graduates to leave the profession even before embarking on their new careers. The research reports on the intra-professional violence that South African undergraduate nursing students were exposed to in the clinical learning environment. The objective was to determine who the most likely perpetrator(s) were and what type of intra-professional violence were experienced. Following a quantitative design, data was collected by means of a questionnaire adapted from both the Nurse Workplace Scale (NWS) and the Bullying in Nursing Education Questionnaire (BNEQ). The population consisted of undergraduate nursing students registered at nursing education institutions in South Africa. Convenience sampling was used, and a total of 680 undergraduate nursing students completed the questionnaire. It was found that the most likely intra-professional violent behaviour they were subjected to was being treated differently because of their undergraduate status. The main perpetrator was found to be the registered nurse. Intra-professional violence should be addressed in the educational and the clinical learning environment by teaching nursing students about professional ethics and by setting an example.*

**Keywords:** *Clinical learning environment; intra-professional violence; horizontal violence; lateral violence; undergraduate nursing student*

## **Introduction**

The goal of nursing, a profession that is generally described as caring and nurturing, is to prevent illness and promote health (Brown and Middaugh, 2009). Yet, for close on 30 years researchers have identified hostile behaviour among nurses. Different terms are used to refer to this kind of behaviour, for example, horizontal violence, lateral violence, nurse-on-nurse aggression, and intra-professional violence (Etienne, 2014; Meissner, 1986; Randle, 2003; Rowe and Sherlock, 2005; Stanley, 2010). In recent years, researchers have found that intra-professional violence has filtered through to student nurses, threatening the profession and the role it plays in health care systems (Clarke et al., 2012; Jackson et al., 2011; Thomas and Burk, 2009).

The number of new graduates in a field can have a great effect on the future existence of professions in the particular field. In the case of the nursing profession a shortage of qualified practitioners has multiple effects (Echevarria, 2013; Ferns and Meerabeau, 2007; Gaynor et al., 2006). Globally, student nurse attrition is researched and found to be alarmingly high. In countries like Australia, the United Kingdom, and Canada, the attrition rate is reported to be between 10% and 25% (Andrew et al., 2008). Although numerous contributing factors have been suggested, undergraduate nursing students indicate that intra-professional violence contributes to their decision to terminate their nursing studies (Lamontagne, 2010; Pellico et al., 2009).

Statistics provided by the South African Nursing Council (SANC) show an increase in the number of registered undergraduate nursing students (SANC, 2010). Yet, in a report compiled by the Solidarity Research Institute it is pointed out that only 13% of undergraduate nursing students graduate (Solidarity Research Institute, 2009). Therefore, like many other countries, South Africa is facing the enormous challenge of ensuring that a sufficient number of professional nurses qualify so that quality nursing care can be provided. Some of the reasons put forward for the high attrition rate are retirement, morbidity, and migration to other countries and professions (Breier et al., 2009).

In existing literature relating to the nursing profession in South Africa, the occurrence of intra-professional violence and its possible effects on the graduation of nursing students have not been identified as reasons for attrition. In an attempt to fill this gap, research was undertaken to focus on the magnitude of intra-professional violence that undergraduate nursing students experienced in the clinical learning environment in South Africa. This research reported on the

presence of oppressed group behaviour in undergraduate nursing students, the type of intra-professional violence that occurred, and the most likely perpetrator(s) of this violence. Undergraduate nursing students' appraisal of and response to intra-professional violence were also reported on.

This article, which reports on the research referred to above, provides an overview of the main perpetrators of intra-professional violence, as well as of the type of intra-professional violence South African undergraduate nursing students most frequently experienced in the clinical learning environment.

## **Background**

Workplace violence may take many different forms, may be perpetrated by different individuals, and has a negative effect on patients, staff and institutions (Amrein, 2012; Lamontagne, 2010; Longo, 2010; Roche et al., 2010; Rocker, 2010; Swan and Mitus, 2014). Different terminology is used to define workplace violence in nursing. One of the first terms used for "intergroup conflict" was introduced by Fanon (1963, p. 45) who described it as "horizontal violence". Other terms used are "lateral violence" (Sheridan-Leos, 2008; Weaver, 2013), "horizontal hostility" (Simpson, 2008), and "nurse-on-nurse aggression" (Rocker, 2010; Stanley, 2010). The term "intra-professional violence" was selected for use in the relevant research study. According to Lewis (2006), the perpetration of intra-professional violence in a nursing context arises from conflict among nurses in which hierarchical differences play no role. In this sense, "intra-professional" relates to all the members of the profession, and "violence" to all behaviour that causes injury, such as intimidation, bullying, mobbing, and horizontal and lateral violence.

Undergraduate nursing students entering the clinical learning environment are vulnerable to intra-professional violence. Valiant and Neville (2006) argue that these students are dependent on clinicians because they need to learn from them. Clinicians are required to facilitate the learning of undergraduate nursing students by, for instance, teaching and sharing knowledge and skills, and acting as role models. Many factors may have an impact on the clinician/student nurse relationship and could result in intra-professional violence. Curtis et al. (2007), Crotty (2010), and Szutenbach (2013) are of the opinion that intra-professional violence is a learned behaviour, and that clinicians who were exposed to intra-professional violence when they were students tend to become perpetrators themselves. Another factor that can play a role in intra-professional violence is the so-called us-and-them mind-set (Curtis et al., 2007), according to which

students are discriminated against based on their place of training. Furthermore, Crotty (2010) and Bennett and Sawatzky (2013) suggest that clinicians may feel insecure and are intimidated by undergraduate nursing students who have acquired the latest knowledge and skills.

Intra-professional violence in a clinical learning environment not only affects the individual students involved, but also ripples outwards, resulting in poor quality nursing care, low staff retention and decreased patient safety (Clarke et al., 2012; Lamontagne, 2010; Longo, 2010; Roche et al., 2010; Rocker, 2010). Considering the global shortage of nurses, heed must be taken of the causes of attrition in the nursing profession.

Authors the world over have reported that nursing students are experiencing intra-professional violence. For example, Longo (2007) conducted a survey at a USA university, and found that verbal violence occurred often. Instances of verbal abuse included “being put down”, “being humiliated”, “having sarcastic remarks made” and “being talked about behind your back”. In a study done among 152 respondents in Australia, Curtis et al. (2007) found that horizontal violence was occurring. Similar to Longo, these authors established that respondents experienced “humiliation and lack of respect” most often, resulting in feelings of “powerlessness” and “becoming invisible”. In addition, the respondents taking part in the study done by Curtis et al. (2007) reported that there was division among students relating to the institution (hospital or university) where they had been educated.

Cooper et al. (2009) and Hinchberger (2009) conducted surveys at nursing education institutions in the USA and found that 100% of the respondents had either been victims of or witnesses to intra-professional violence. According to Hinchberger, verbal abuse occurred most often, followed by bullying. Cooper et al. (2009) found that cursing, hostility, and humiliation (in that order) were the primary types of intra-professional violence experienced. Hinchberger determined that members of staff were the main perpetrators, whereas Cooper et al. reported that classmates at schools of nursing were the chief culprits.

Thomas and Burk (2009) collected accounts of undergraduate nursing students’ experiences, and included 221 narratives in their final analysis. Two themes that dominated the stories were unjust treatment of students and violation of patients’ rights (Thomas and Burk, 2009). The chief perpetrators identified by students

were hospital staff nurses. The severity of the events were classified according to levels: level one events were less troubling and included “being unwanted and ignored”, whereas level three and four events were more severe and disconcerting and included “being unfairly blamed” and “being publicly humiliated”.

Magnavita and Heponiemi (2011) found that both nurses and nursing students in Italy were exposed to workplace violence, but whereas nurses experienced external violence, nursing students fell victim to verbal abuse perpetrated by registered nurses. They established that verbal violence generated more aggression than physical abuse by patients and/or their families. Aghajanloo et al. (2011) reported that one of the violent behaviours that Iranian nursing students experienced in the workplace was being insulted (mainly) by nursing staff. According to Canadian researchers Clarke et al. (2012), 88% of respondents in their study had experienced intra-professional violence, reporting the top three behaviours as “being undervalued”, “being subjected to negative remarks about becoming a nurse”, and “being set impossible expectations”. Perpetrators differed according to the behaviour specified, but, interestingly enough, clinical instructors were generally the main perpetrators.

The continued existence of the nursing profession is dependent on undergraduate nursing students, and reports in the literature suggest that this future might not be bright because newly registered nurses and students seem to be leaving the profession faster than entering it (Ferns and Meerabeau, 2007; Thomas and Burk, 2009). Intra-professional violence has been identified as one of the main reasons for attrition (Cantey, 2013; Cho et al., 2012; Lamontagne, 2010; Pellico et al., 2009). The results sketch a bleak picture for undergraduate nursing students the world over.

A review conducted of existing literature revealed that studies relating to intra-professional violence among undergraduate nursing students in South Africa might not be available. For this reason the author deemed it necessary to determine the presence and prevalence of intra-professional violence as experienced by undergraduate nursing students in South Africa.

## **Method**

### **Design**

A quantitative research design was followed to generate more information with regard to intra-professional violence in South Africa. By means of this research

design the experiences of undergraduate nursing students could be explored and described according to the main perpetrators of violent behaviours and the types of violence experienced. Questionnaires were used to obtain information from undergraduate nursing students about past experiences in the clinical learning environment.

### **Respondents**

At the time of this research study, 2 684 students were enrolled for the degree course in Nursing Science presented at sixteen nursing education institutions (NEIs) across South Africa. The researcher received permission from nine of the sixteen NEIs to conduct the study, resulting in the accessible population being 1 476.

The accessible population had to meet the following inclusion criteria:

- Registered full-time at an NEI in South Africa
- Registered for the four-year nursing degree programme
- At least six months' exposure to a clinical learning environment

A total of 680 respondents completed the questionnaire; therefore, a response rate of 46% was achieved.

### **Ethical approval**

The researcher obtained ethical approval from the Ethics Committee of the host university. During the data collection procedure, respect for the respondents and the principles of beneficence and justice were maintained by implementing the following actions:

- Written permission to use and/or adapt two questionnaires, namely the Nurse Workplace Scale (NWS), and the Bullying in Nursing Education Questionnaire (BNEQ) was obtained from the authors.
- Permission was obtained from the head of the Department of Nursing Science at each NEI.
- An information leaflet was provided to respondents explaining voluntary participation.
- Respondents were informed that they could withdraw at any time without fear of penalty.
- All information was kept private and confidential.

- Questionnaires were completed anonymously.

### **Instrument**

Data collection was done by means of a study questionnaire that was developed using two existing questionnaires, namely the NWS, developed by DeMarco et al. (2008), and the BNEQ, developed by Cooper et al. (2009). Permission was obtained from these authors to modify and implement the questionnaires.

The questionnaire used in the study was divided into five sections. Section A comprised questions relating to biographical information, whereas Section B related to information about oppressed group characteristics. This section contained items taken from the NWS. Sections C to E were taken from the BNEQ, with Section C relating to types of intra-professional violence experienced and the perpetrators of violent behaviour, Section D to the appraisal of the relevant experience, and Section E to the respondents' responses to intra-professional violence. View Table 1.

**Table 1: Summary of the questionnaire**

<b>Sections</b>	<b>Questions</b>	<b>Topic</b>	<b>Description</b>
A	1-4	Biographical information	To gather information about the relevant NEI, academic year of study, gender and age
B	5.1-5.12	Oppressed group characteristics	To determine whether oppressed group behaviour is present in the study population
C	6.1-6.12	Main perpetrators and types of intra-professional violence	To determine: (i) whether intra-professional violence is experienced in the clinical learning environment (ii) type of behaviour experienced (iii) the perpetrators of the behaviour
D	7.1-7.2	Significance of the behaviour	To explore the study population's appraisal of intra-professional violence, and to determine whether a balance exists between stress and control

This article deals with the findings related to the aspects described in Section C above. Hence, the items taken from the BNEQ relating to types of intra-

professional violence and perpetrators are elaborated on. Cooper et al. (2009) based their development of the BNEQ on two questionnaires: a nursing student abuse questionnaire by Celik and Bayraktar (2004), and the Negative Acts Questionnaire by Einarsen et al. (1994). Twelve items relating to the types and frequency of intra-professional violence and its perpetrators were taken from the BNEQ, constituting Section C of the research questionnaire. Since the researcher's aim was to determine the type of intra-professional violence experienced and who the perpetrators were, the categories on frequency were excluded. Respondents were required to indicate the type of behaviour experienced along with who the perpetrator was. The respondents were given the option to tick more than one perpetrator per behaviour.

A draft questionnaire was provided to colleagues and a statistician for peer reviews. After attending to suggestions made about the layout and language of the questionnaire, a draft questionnaire was administered to a pilot group for input. This pilot group consisted of students who had completed their training and were working in a clinical learning environment. The data collection procedure followed in pre-testing the instrument was the same as the one planned for the actual data collection. The students were requested to comment on the clarity and relevance of the items. All the suggestions received from peers, colleagues and the pilot group were considered, and the pilot group's suggestion that the item "being treated differently due to undergraduate status" be added, was implemented. The questionnaire was finalised and prepared for data collection.

### **Data collection**

Having identified a coordinator at each participating NEI, the researcher informed the coordinators about the requirements for questionnaire distribution, and couriered the questionnaires to the NEIs. As requested, the coordinators distributed the questionnaires to undergraduate nursing students at a set time, date and venue, collected the questionnaires after completion, and couriered them back to the researcher, whether they had been completed or not.

## **Data analysis**

A computer package, the Statistical Package for Social Sciences (SPSS), was used to analyse the data. A frequency distribution table was drawn up to determine who the main perpetrators were and which types of intra-professional violence were experienced the most. This data yielded descriptive statistics that could be compared with findings globally.

## **Results**

### **Demographic information**

A total of 680 respondents completed the questionnaire. Most of them were female (79%), with males making up the remaining 21%. Of the respondents, 26% were first-year students, 25% were second-year students, 26% were third-year students, and 23% were fourth-year students.

The respondents' ages varied between 17 and 55 years of age, with the mean age being 22.3 years. The median age was 21.1 (SD =  $\pm 3.8$ ). The largest proportion of respondents (72%) was aged between 20 and 25 years, 5% of them were younger than 20 years, and only 0.3% were older than 40 years.

The mean age of each study-year group was as follows:

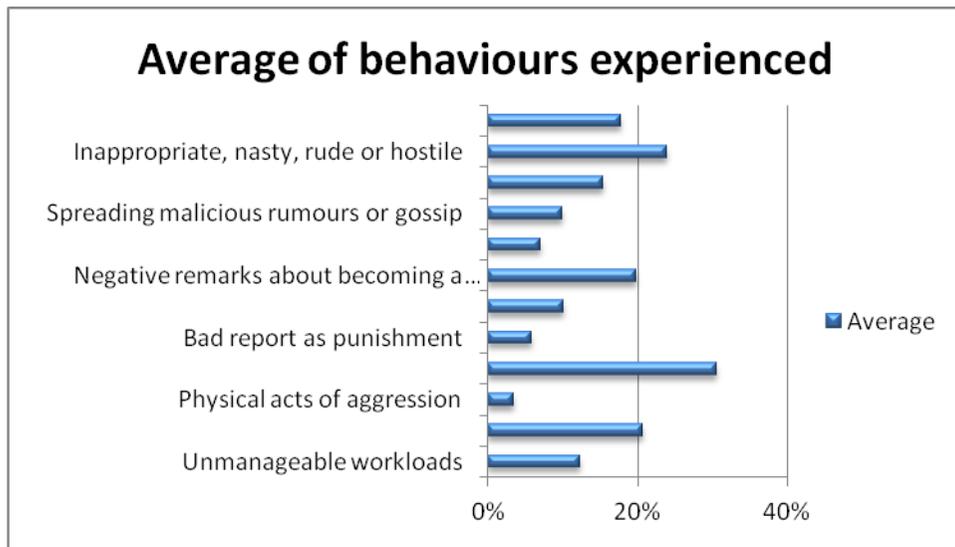
- First-years: 20.5 years
- Second-years: 22 years
- Third-years: 22.7 years
- Fourth-years: 24.2 years

### **Type of intra-professional violence experienced**

Of the 680 respondents, 676 completed the section about the type of intra-professional violence experienced in the clinical learning environment during the previous 12 months. Out of all the respondents, 95% indicated that they had experienced at least one or all of the 12 possible behaviours that constituted intra-professional violence. Only 5% had never experienced any of these behaviours. The following five types of behaviour had been experienced most often:

- Being treated differently due to undergraduate status (30.5%)
- Being subjected to inappropriate, nasty, rude or hostile behaviour (24.9%)
- Being ignored or physically isolated (20.6%)
- Being at the receiving end of negative remarks about becoming a nurse (19.8%)
- Being shouted at in rage (17.7%)

On average, a respondent experienced 10.5 events in the course of 12 months. Figure 2 illustrates the averages of the behaviours experienced.



**Figure 1: Average of behaviours experienced**

### **Main perpetrators**

The nursing staff in South African hospitals can be categorised as registered nurses or professional nurses, staff nurses, and nursing assistants. Registered nurses have completed a four-year course, also called a comprehensive course, and obtained either a degree or a diploma at a university, university of technology or college of nursing. In a clinical environment, a registered qualified nurse is put in charge of a shift and acts as the so-called sister in charge. Therefore, in clinical practice, students work under the sister in charge as well as under the registered nurses allocated to wards. Staff nurses, also called enrolled nurses, have completed two years of study, focusing in their final year on an elective such as midwifery, medical-surgical nursing, or community nursing. Nursing assistants, also referred to as enrolled auxiliary nurses, have only one year training in fundamental nursing. The staff nurse as well as the nursing assistant practise under the direct/indirect supervision of the registered nurse.

The respondents in the study identified the following categories of practitioners as the most likely perpetrators: registered nurses (24.4%), sisters in charge (21%), staff nurses (16.7%), and nursing assistants (12%). Nursing students registered for a diploma course, and undergraduate nursing students were indicated as being perpetrators in 8.1% and 5.5% of the cases respectively.

### **Discussion**

The research study revealed that many South African undergraduate nursing students were experiencing intra-professional violence in the clinical learning environment and needed assistance in managing such violence. It was also revealed that the perpetrators came from all the categories in the nursing profession.

The population targeted in the research study were undergraduate students, and their mean age was 22.4 years. Thus most of them were still young, and as none of them had completed their programmes they were not yet registered or licensed. In a study conducted by Longo (2007), 70% of the respondents were 18 to 25 years old, and Curtis et al. (2007) reported that 54% of their respondents were between 20 and 29 years old. Cooper et al. (2009) focused on final-year students, of which 40% were between 18 and 24 years old. Thomas and Burk (2009) reported a similar age range for the majority of respondents in their study. Magnavita and Heponiemi (2011) included both nurses and student nurses in their study. Of the student nurses, 68.5% were younger than 25 years, whereas most of the nurses were about 35 years old. Interestingly, the students reported verbal abuse from nursing colleagues, while the nurses experienced more violence from patients and their families. Various authors have pointed out that the youth and inexperience of undergraduate students could make them likely targets of intra-professional violence (Simons and Mawn, 2010; Weaver, 2013).

Another factor that could play a role in the perpetration of intra-professional violence, is gender. According to Dellasega (2009), the female gender has a tendency to commit several of the behaviours that constitute intra-professional violence. It can be said that the research study under review confirmed the tendency among female nursing practitioners to become involved in intra-professional violence more often than male nursing practitioners: 95% of the respondents (of which 79% were female and 21% male) indicated that they had experienced intra-professional violence. A question that can be raised is whether

the occurrence of intra-professional violence is related rather to students' inexperience and youth than to their gender. Existing studies (comprising a similar female to male ratio) have not answered this particular question. The ratio in the study done by Longo (2007) was 81% female to 19% male, and in the study done by Curtis et al. (2007) it was 89% female to 11% male. Thomas and Burk (2009) did not comment on the male to female ratio of respondents in their study, whereas Cooper et al (2009) indicated that 73% of the respondents in their study were female, and Simons (2010) reported that 92% of their respondents were female.

A comparison of international and South African studies indicated that student nurses' experience of violent behaviours was very similar the world over. The top six behaviours experienced were: being humiliated (15.4%), being yelled at (17.7%), being at the receiving end of negative remarks about becoming a nurse (19.8%), being ignored or isolated (20.6%), and experiencing inappropriate, nasty, rude, or hostile behaviour (24.9%). These behaviours were also identified among respondents by Longo (2007), Curtis et al. (2007), Cooper et al (2009), Thomas and Burk (2009), and Clark et al. (2012). In addition, the respondents taking part in the study done by Curtis et al. (2007) reported that there was division among nursing students relating to their institutions of education (hospital or university). Interestingly, the South African respondents indicated that they had experienced the type of behaviour described as "being treated differently due to undergraduate status" most often (30.5%).

Numerous studies on horizontal violence have confirmed that nurses experience intra-professional violence. The perpetrators of the violence are most often nursing colleagues (Weaver, 2013). In studies where both staff nurses and nursing students were included, nursing students identified staff nurses as the main perpetrators (Magnavita and Heponiemi 2011). Contrary to that, Cooper et al. (2009) found that classmates of students attending schools of nursing were blamed most often and of respondents claimed that clinical instructors were the guilty ones. Although both diploma (8.1%) and undergraduate (5.5%) nursing students were named as perpetrators in the study under review, experienced, registered nurses ranked highest as perpetrators. At 21%, sisters in charge (who are registered nurses) ranked second highest. If people in charge are perpetrators, the situation is highly problematic, because not only are they the qualified professionals to whom students should be able to turn for knowledge and skills transfer, but they occupy positions of authority and are required to control and resolve conflict situations. A registered nurse, working side by side with

undergraduate students, can have a major influence on their clinical experience, and has the opportunity to model them as far as professional practice and skills application are concerned. Therefore, it is unfortunate that the study on which this article is based confirmed the finding of previous studies that registered nurses were the main perpetrators (24%) of intra-professional violence.

### **Conclusion**

Intra-professional violence has various detrimental effects on individuals, institutions and professions. In the nursing profession it contributes to attrition and negative workplace experiences for undergraduate nursing students. The literature has shown that undergraduate nursing students worldwide are subjected to intra-professional violence.

The study reported on in this article provided proof that South African undergraduate nursing students were victims of intra-professional violence, but that they might also be perpetrators. Furthermore, it confirmed the findings of international studies that registered nurses were the main perpetrators. The behaviours associated with the intra-professional violence being experienced in South Africa were very similar to those experienced internationally. It is recommended that these behaviours be researched from a qualitative perspective in future. Further research could also focus on the following topics:

- Nurse educators as perpetrators of intra-professional violence
- Intra-professional violence between graduates and diplomas
- International collaboration to explore intra-professional violence experienced or committed by nursing students worldwide

Nurse educators have a responsibility, both to undergraduate nursing students and to the nursing profession to ensure that intra-professional violence in the clinical learning environment is addressed. They can play a role in the classroom where they teach nursing students the theory and skills required to practise their professions. Nurse educators should act as role models, teaching students by setting an example. It is their responsibility to empower all nursing practitioners to fulfil their roles as clinical facilitators in accordance with the ethical requirements of the profession, which include identifying and addressing intra-professional violence.

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