

A needs analysis for a non-abusive intervention programme in the School of Health Care Sciences at the University of Pretoria

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Due to feedback from students, student abuse during fieldwork, was brought to the attention of the researchers. The study aimed to determine whether a need for a non-abusive intervention programme (NIP) existed amongst the School of Health Care Science students at the University of Pretoria. All students enrolled at the School of Health Care Sciences completed a questionnaire. An overwhelming response indicated that the majority of students (95.85%) have a need for a non-abusive intervention programme (NIP). A significant need was identified especially among Nursing-, Physiotherapy- and Radiography students, 2nd and 4th year students, and within a psychiatric fieldwork setting. Two surprise findings were firstly, that students who have no history of abuse have a greater need for an intervention programme than students with a history of abuse. Secondly superiors in the field are responsible for the majority of abusive incidences reported by students. The implementation of a non-abusive intervention programme (NIP) to help students handle abusive incidences effectively and humanely is strongly recommended.

Abstrak

Deur terugvoer van studente, na voltooiing van veldwerk, het studentemishandeling onder die navorsers se aandag gekom. Die studie het gepoog om vas te stel of daar 'n behoefte is aan 'n NON-ABUSIVE INTERVENTION PROGRAMME (d.i. intervensie program wat mishandeling van studente of pasiente veroordeel) onder studente van die Skool van Gesondheidsorgwetenskappe aan die Universiteit van Pretoria. Al die studente wat tans ingeskryf is aan die Skool van Gesondheidswetenskappe het 'n vraelys voltooi. Oorweldigende terugvoer van die meerderheid studente (95,85%) dui aan dat daar 'n behoefte aan 'n NIP is. 'n Betekenisvolle behoefte vir 'n NIP, is geïdentifiseer deur veral (i) Verpleegkunde-, Fisioterapie- en Radiografie studente, (ii) 2de- en 4de jaar studente en onder (iii) studente wat in psigiatriese kontekste werk. Twee verrassende bevindinge was; eerstens studente wat geen ervaringe van mishandeling het nie – het 'n groter behoefte aan 'n NIP getoon. as die studente wat in die verlede mishandel is. Tweedens, is aangemeld dat toesighouers in die veld vir die meeste mishandeling teenoor studente verantwoordelik is. Die implimentering van 'n NIP wat studente toerus om mishandeling effektief en menslik te hanteer word ten sterkste aanbeveel.

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Introduction and background

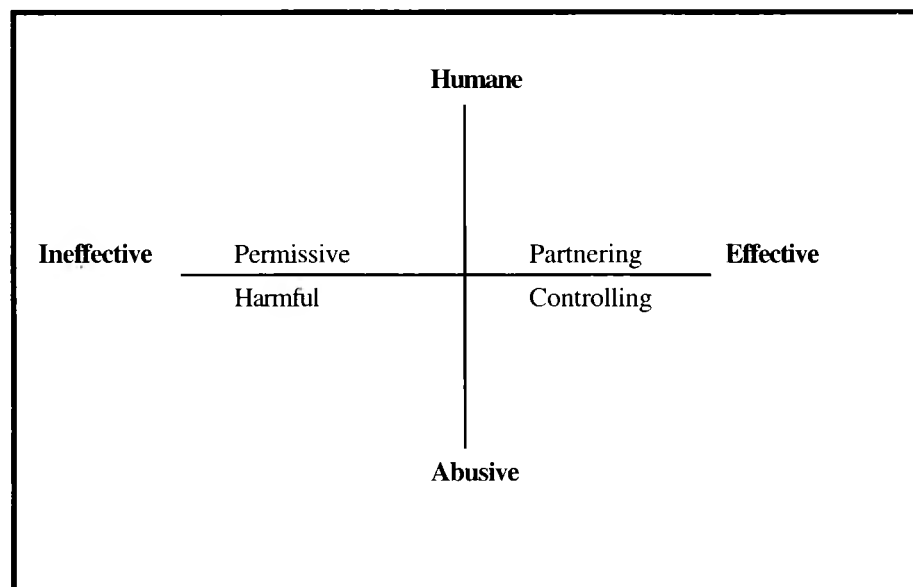
Occupational therapy students reported being victims of abusive events, such as being threatened, -slapped, -sworn at and -intimidated during their fieldwork at a particular hospital. The abusive events occurred between students and patients, and between students and superiors in a particular fieldwork setting. Similar testimonies of abuse came from nursing students, which indicated that the abuse was not localised to a specific fieldwork setting or specific field of study.

The abusive events resulted in students feeling nervous and inadequate with their practical skills in various specialised fields and they had concerns about the abusive events reoccurring. This caused students to feel disempowerment and vulnerable during their fieldwork.

On reporting abusive events to supervisors, students were informed that both the University of Pretoria (UP) (SRC Guide 2003:<http://www.up.ac.za>, accessed on 15/07/2004) and the Health Professions Council of South Africa (HPCSA) (South African Department of Health 2000:<http://www.doh.gov.za>, accessed on 15/07/2004) recognise that: *'students have the right to a safe and abuse free training environment'*. However, neither UP nor the HPCSA have a standing protocol in place to prevent or manage abuse involving students during their fieldwork. This gave rise to questions of student safety and a need for a protocol to prevent and manage future abusive events effectively.

There are two categories of intervention programmes being implemented at different hospital and institutions that help therapists and other staff to handle abusive patients. The first could be viewed as abusive since it appears that these intervention protocols are aimed specifically at the "challenging" or "threatening" patient, and the way they are currently applied is abusive to the patient it claims to serve (Arnetz & Arnetz 2001:417; Sharon & Tabak 2000:713; Elnicki, Curry, Fagam, Friedman, Jacobson, Loftus 2002:92; Ellwood & Rey 1996:488; Kleespies & Dettmer 2000:1353; NAPPI 2002:<http://www.nappi-training.com>, accessed 14/03/2004). The second category is non-abusive intervention programmes (NIP) that facilitate the termination of abusive

Diagram 1: Humane, & Effective Response Options (HERO) (NAPPI 2002: <http://www.nappi-training.com>, accessed 14/03/2004)



behaviour, and actively seeks to protect both the aggressor and the therapist (Sharon et al 2000:713; NAPPI 2002:<http://www.nappi-training.com>, accessed 14/03/2004; Calabro, Mackey & Williams 2002:3; Raja, Azzoni & Lubich 1997:428).

The Citizens Commission of Human Rights criticised the abusive nature of all the current intervention programmes currently used in South Africa (CCHR 2000:32). The document also confirms the abusive and negative effects of restraints used. These restraints include: (i) physical restraints e.g. basket hold, hyperextension of wrists, pain compliance, (ii) chemical restraints e.g. Ativan, Clopical, Accuphase, and (iii) environmental restraints e.g. isolation rooms (CCHR 2000:4; Whitley, Jacobsen & Gawrys 1996:214; Farrel 1989:337).

Examples of non-abusive intervention programmes include Non-Abusive Psychological and Physical Intervention (NAPPI 2002:<http://www.nappi-training.com>, accessed 14/03/2004) and Non-violent Crisis Intervention (Calabro et al 2002:3). As shown in Diagram 1 intervention should be aimed at being both effective and humane and should strive to form a partnership.

As abuse against Health Care workers increase annually (Kleespies et al 2000:1353; NAPPI 2002: <http://www.nappi-training.com>, accessed 14/03/2004) and students repeatedly report abusive events, the researchers wanted to establishing whether a need for the implementation of a non-abusive

intervention programme (i.e. a programme that emphasises the rights and safety of students without prejudice or harm to the patients) existed among the Health Care Science students at the University of Pretoria.

Literature review

Whitley, Jacobsen, and Gawrys' (1996:214) definition of abuse was used for the study. They define abuse as *"any verbal abuse and victimisation, intimidation, extortion, theft of property, damage to one's reputation, physical assault, threats of violence, or any other act that inflicts damage, installs fear, or threatens ones sensibilities"*.

There is evidence that indicates an increasing rate of abuse and violence against Health Care providers (Calabro et al 2002:3; CCHR 2000:45; Whitley, et al 1996:211). Farrel (1989:336) specifically highlights the abuse against students, as a significant problem in most of the fieldwork settings, as they are not only at the bottom of the authority hierarchy, but also because they spend the most time with patients (Arnetz & Arnetz 2000:668). Since more than half of all students have experienced various degrees of abuse or harassment by patients, which could indicate that students might have a greater need for an intervention programme than was previously reported (Sharon et al 2000:713; Elnicki et al 2002:92; NAPPI 2002:<http://www.nappi-training.com>, accessed 14/03/2004; Calabro et al 2002:3; Raja et al 1997:428; Stevenson & Otto

1998:28; Morton 2002:41).

Students seem to respond to abuse in different ways. Sharon & Tabak (2000:713) points out that nurses, as compassionate caregivers, may find ways to excuse patient violence. Elnicki, Curry, Fagam, Friedman et al (2002:92) found that only one third of Health Care students report the abusive incidences to someone in authority and others withheld reporting the abuse for fear of retaliation. The study also noted that students “*believe reporting is pointless*” (2002:92) (Ellwood et al 1996:488; Kleespies et al 2000:1353; Whitley et al 1996:213). The incidence of abuse could therefore be even greater than suspected.

In line with the study, it was important to review the different factors that could influence the abuse of students, for example: course, year of study, gender etc as this would influence the need for a non-abusive intervention programme (NIP).

Coverdale, Gale, Weeks & Turbott (2001:158) found that students and trainees are more at risk of abuse. It is often the more inexperienced (or newly graduated) and undergraduate members of various medical professions, who are in the ‘front line’ of abuse (Whitley et al 1996:212; Farrel 1989:335; Echternacht 1999:38). Moreno, White, Flores and Riethmayer (2001:18), found that students in the second year of practical exposure were four times more likely to perceive mistreatment than first year students. A study by Skeem, Mulvey and Lidz (2000:607) discovered the inability of junior, inexperienced mental health professionals to identify patients that are likely to become violent (Wondrak & Dolan 1992:108; Kiner 1995:329; Saverimuttu & Lowe 2000:33).

The majority of the existing research indicates the high incidences of abuse within psychiatric settings (Arnetz et al 2001:417; Elnicki et al 2002:92; Ellwood et al 1996:488; Stevenson et al 1998:28; Wondrak et al 1992:108; Taylor 2000:39; Jewkes & Abrahams 1997:25). However abuse and violence in the work place was found across a variety of fieldwork settings: predominantly in chronic- and acute psychiatric institutions (Arnetz et al 2001:417; Sharon et al 2000:713; Elnicki et al 2002:92; Coverdale et al 2001:158; Saverimuttu et al 2000:33; Tolman 2001:387; Jewkes & Abrahams 1998:1781;

Noble & Rodger 1989:384; Margittai, Moscarello & Rossi 1996:377), in homes providing long term geriatric care (Echternacht 1999:38; Arnetz et al 2000:668; Taylor 2000:39) in the patient’s residences in the community (Distasio 2000: 14), and in general hospital services (Morton 2002:41; Coverdale et al 2001:154; Kiner 1995:330).

On investigating whom the abusing parties are, the literature provided a disturbing picture. Patients in psychiatric hospitals are responsible for much of the abuse experienced by Health Care Science students (Sharon et al 2000:713; Ellwood et al 1996:488; NAPPI 2002: <http://www.nappi-training.com>, accessed 14/03/2004; Coverdale et al 2001:155). The attending nursing staff in various fieldwork settings also contribute to abusive events reported by students (Saverimuttu et al 2000:33). Sadly, even superiors (medical professionals), not necessarily affiliated with student training, are responsible for a significant portion of abusive incidences (Moreno et al 2001:18; Elnicki et al 2002:92).

Due to the predominant female majority of nursing students currently working in clinical fields, Wondrak (1992:109) and Echternacht (1999:36) suggests that their gender, meek and insecure attitudes may contribute to their vulnerability to abuse within Health Care settings. Nurses are taught to put patients’ needs first, and may blame themselves, or minimise situations where they have been abused by patients (Echternacht 1999:36). Despite the statistical significance of gender in abusive events, it was found that females reported abusive events 38% more often than men do. This should be considered against the background that only one third of abusive events are reported (Jewkes et al 1998:1781; Coverdale 2001:154; Kettl, Siberski, Hischmann & Wood 1993:11).

It is important to briefly describe the effects of abuse on all parties. Whitley, Jacobsen & Gawrys (1996:212) emphasised that negative effects of abuse on medical professionals and students can relate to clinically significant psychological distress that lasts for weeks after the incident (NAPPI 2002: <http://www.nappi-training.com>, accessed 14/03/2004; Coverdale et al 2001:158; Echternacht 1999:36). Students subjected to abusive events reported feeling powerless, sad, fear and angry, and felt

professionally insufficient (NAPPI 2002: <http://www.nappi-training.com>, accessed 14/03/2004; Kettl et al 1993:11; Whitley et al 1996: 212; Coverdale et al 2001: 158; Echternacht 1999: 36; Jewkes 1998: 1781). An extensive study on the abuse of medical students indicates the consequences of abuse as resulting in poor learning environments, lack of confidence and feelings of depression, anger and humiliation (Elnicki et al 2002: 92).

Other negative effects of abuse include increase in the frequency and seriousness of abusive events, damage to property, seeking of compensation and staff absenteeism that in turn contributes to the increase in running costs and working hours lost (NAPPI 2002: <http://www.nappi-training.com>, accessed 14/03/2004; Whitley et al 1996: 214; Coverdale et al 2001:158; Astrom, Bucht, Eisemann & Norberg et al 2002: 66). Reductions in the quality of clinical care, was found to correlate with violence experienced by health care staff, and lower patient rated quality of care (Coverdale et al 2001:158). In addition to the clinical implications of student abuse during training, is the increased legal liability. Abusive events are defined as ‘an injury on duty’, and compensation claims usually follow personal injury (Griffith et al 1996: 214; Sharon et al 2000: 713).

Whitley, Jacobsen & Gawrys (1996: 217) emphasises the *obligation* of medical educators to prepare students to deal with violence and abuse in the health care setting. Various Health Services Advisory Committees, supported by other studies (NAPPI 2002: <http://www.nappi-training.com>, accessed 14/03/2004; Raja et al 1997: 28; Stevenson et al 1998: 28; Morton 2002: 41) suggest additional education, training and an intervention programme for students.

Taylor (2000: 39) demonstrates the necessity of protecting nurses by educating them to protect themselves when they are students. Several nurse educators have since then, included risk assessment and - *intervention* in undergraduate nursing curricula, teaching students effective responses to actual and potential threats they might encounter throughout their training and professional career, and found it to be effective (Ellwood et al 1996: 488; Calabro et al 2002: 3). Educating students in self-

awareness, correct verbal and non-verbal behaviours along with predictors for abuse increase students' clinical confidence (Calabro et al 2002: 3; Coverdale et al 2001: 154; Griffith et al 1996: 211; NAPPI: <http://www.nappi-training.com>, accessed 14/03/2004).

Throughout the literature review substantial *evidence* of student- and professional abuse has been reported. Programmes reducing the threats of/and violence against students and trained medical staff are without a doubt warranted (Ellwood et al 1996: 488; Morton 2002: 41; Tolman 2001: 387). However since the literature is a reflection of international incidences of abuse the study attempted to determine whether Health Care Science students at the University of Pretoria, had a need for a non-abusive intervention programme.

Aim of the study

The aim of the study was to determine whether Health Care Science students at the University of Pretoria have a need for a non-abusive intervention programme during their clinical training. Additional sub-aims were to determine which course; year group, clinical setting and gender had the greatest need for a non-abusive intervention programme. The history of abuse was also investigated to determine if that would influence the need for a non-abusive intervention programme.

Hypothesis

The Hypothesis was formulated as follows:

Health Care Science students at the University of Pretoria have a need for a non-abusive intervention programme.

Sub hypotheses

The sub-hypotheses were formulated in relation to the variables that might influence the need of the students i.e. the course, year group, setting, gender and previous history of abuse.

Course (1) :

Nursing students when compared to the Occupational therapy-, Physiotherapy-, Radiography- and Human Nutrition students will have the greatest need for a non-abusive intervention programme.

Year group (2) :

Second year students of Health Care science fields have the greatest need for

TABLE I: Distribution of students from the various courses and year groups

	I	II	III	IV	TOTAL
Occupational Therapy (OT)	/	23	30	25	78
Physiotherapy (PT)	/	35	19	35	89
Nursing (NURS)	/	34	20	14	68
Human Nutrition (HN)	/	12	16	7	35
Radiography (RAD)	16	22	15	/	53
TOTAL	16	126	100	81	323

a non-abusive intervention programme, when compared to students from other years of study.

Setting (3):

Students will have the greatest need for a non-abuse intervention programme when placed in a Psychiatric setting than in any other fieldwork setting.

Gender (4):

Female students will perceive a greater need for a non-abusive intervention programme than male students.

History of abuse (5):

Students with a history of abuse will perceive a greater need for a non-abusive intervention programme than students who have not experienced abuse.

Research Methodology

Research design:

A descriptive design, using a survey, was selected. A questionnaire was used to collect the data.

Population and Sample

The population for the study was registered students at the University of Pretoria. The all-inclusive sample consisted of all the students enrolled with the School of Health Care Sciences i.e. students of Occupational therapy-, Physiotherapy-, Nursing-, Human Nutrition and Radiography courses. It should be noted that all the mentioned courses lasts four years, except for Radiography, which lasts three years. Students, who were absent on the day that the research was conducted, were *excluded* from the study.

Instrument

A questionnaire with 19 closed-ended questions was used. The questionnaire

was adapted from questionnaires used in previous studies with students concerning the abuse of training Health Care providers e.g. the Medical Student Abuse Survey (MSAS) (Moreno et al 2001: 20; Margittai et al 1996: 379). Changes were made in order to make the questionnaire more appropriate to the School of Health Care Sciences at the University of Pretoria e.g. relevant fieldwork settings.

The questionnaire was divided into two sections; the first part was used to determine a student profile and the second part focussed on matters pertaining to abuse and the need for an intervention programme. The participants were required to mark whether they agreed or disagreed with a statement. The statements addressed the need for a non-abusive intervention programme and the settings in which they needed such an intervention programme.

Pilot study

A pilot study was conducted in January 2004. Satisfied random sampling was used to select students fro the pilot study. This was done by randomly selecting two students from each year group, within each department, which amounted to 38 students in the pilot study. Changes that were made included:

- Determining a more representative sample for the study. As the participants answered all questions based on the experiences of the previous year, first year students (except for Radiography students who are exposed to clinical training from early in the first year) were excluded from the study.
- Adding a control question, to

TABLE II: Distribution of male and female students enrolled at the School of Health Care Sciences

Total Sample	Number of females in sample	Number of males in sample
323	311 (96.28%)	12 (3.72%)

establish the reliability of the responses regarding the hypothesis.

- The streamlining of the questionnaire, where the layout was changed to be more user-friendlier.

Data collection

Departmental and ethical approval was obtained. Contact was established with all Heads of Departments in the Health Care Science School and arrangements were made with the class representatives of each year group to schedule a meeting for the completion of the questionnaires. One questionnaire was distributed to each student present. A cover letter accompanied each questionnaire in which participants were made aware that the information would be treated as confidential and they would remain anonymous. Completion of the

questionnaire was viewed as individual consent. The researchers allowed the students to complete the questionnaires and immediately collected the completed questionnaires, in order to ensure a maximum return rate and minimise recall bias. The data was collected during March and April.

Data Analysis

The completed questionnaires from the various departments were numbered separately, so as not to confuse the data from one department with another. Participant responses were allocated a binary code and the collected data was keyed into a spreadsheet. If the participant did not answer the question, the question was regarded as 'not applicable' and excluded from statistical processing.

The Fisher's 'Exact test' was selected to provide the values of the hypothesis and

sub-hypotheses (sub-hypotheses 1, 2, 4, 5). The probability value was $p = 0.05$. McNemar's 'Test for symmetry', assessing discordant pairs, was used to test sub-hypothesis 3 i.e. students working in psychiatric settings had a greater need for a NIP than students working in other fieldwork settings.

Results and discussion

Description of the sample

Three hundred and twenty three (323) students completed the questionnaires. Occupational Therapy, Physiotherapy, Nursing, and Human Nutrition students from second to fourth years completed the questionnaires, as these are the year groups who had fieldwork exposure. Radiography students amounted to 53, and included their first to third year students, as students begin fieldwork in their first year and have a three-year course. See Table I and Figure 1 for a detailed description of the number and distribution of participating students.

Hypotheses

Hypothesis

Health Care Science students at the University of Pretoria have a need for a non-abusive intervention programme. The hypothesis is accepted as 95.85%

**FIGURE 1
DISTRIBUTION OF PARTICIPATING STUDENTS**

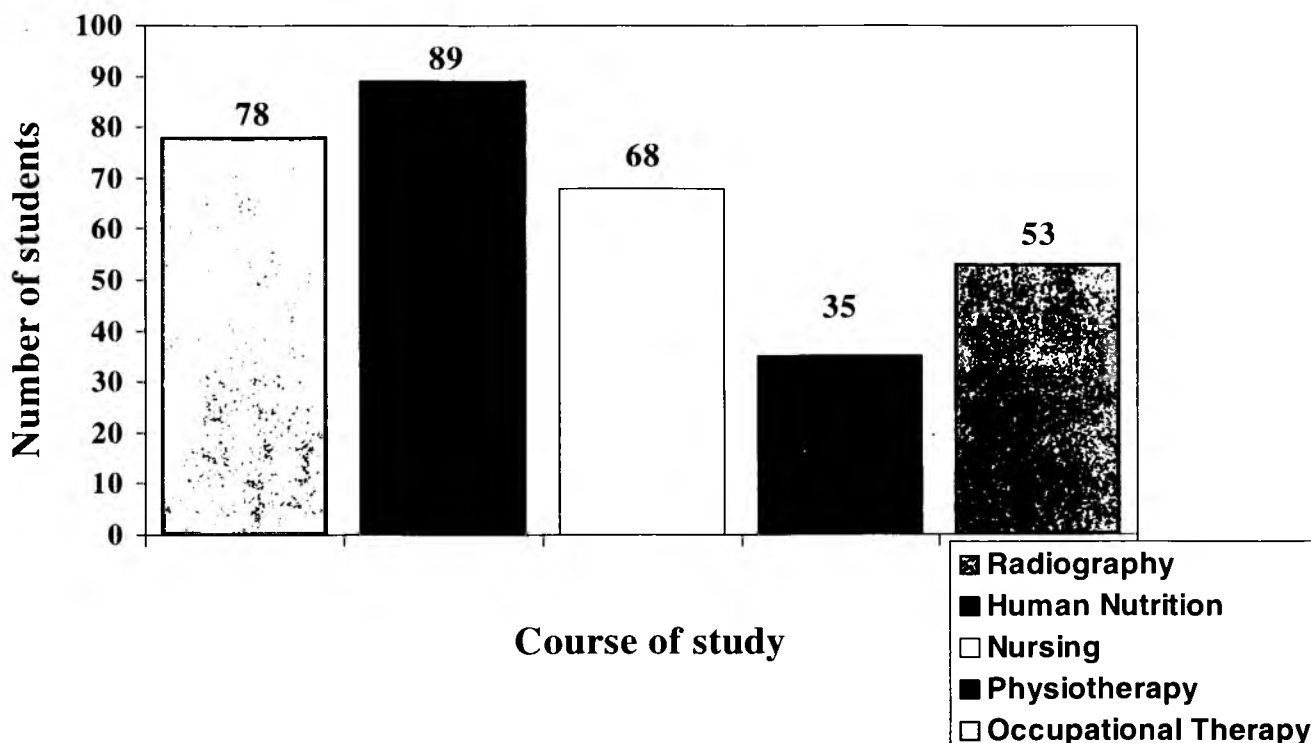
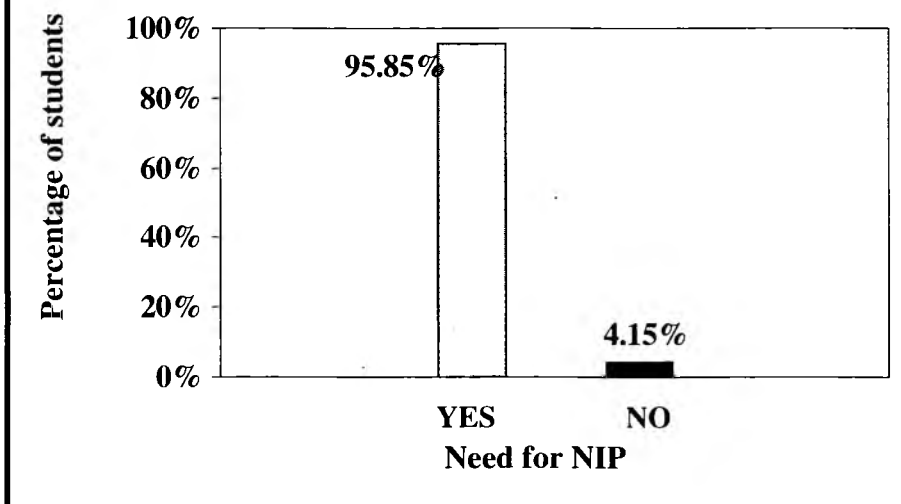


FIGURE 2
STUDENTS WHO HAVE A NEED FOR NIP



($p=0.001$) of students indicated they have a need for a NIP. The overwhelming response from participating students proved significantly larger than initially expected, as 309 from 323 students indicated that they have a need for a NIP. Figure 2 reflects the results.

The great need identified could be influenced by the general increase in violence and abuse in South African society as a whole, which is mirrored in Health Care settings (Taylor 2000: 139; Noble et al 1989: 384; Hendricks-Mathews 1997: 46). Students are therefore continuously aware of violence and abuse, which could make them feel vulnerable. Students could also not be reporting their need, as explained by Sharon & Tabak (2000: 713); who blames the “conspiracy of silence” for creating a culture where personal shame of victims and avoidance in asking for assistance, establishes a continuing cycle of abuse among professionals.

Sub-hypothesis 1 (Course)

Nursing students when compared to the Occupational therapy-, Physiotherapy-, Radiography- and Human Nutrition students will have the greatest need for an intervention programme.

There are differences among students in various courses with respect to the proportion that indicated a need ($p < 0.001$).

Occupational Therapy ($p<0.001$) and Human Nutrition ($p=0.029$), differ significantly to nursing students. These results support the sub-hypothesis. Radiography ($p=0.057$) and Physiotherapy students ($p=0.061$) do not differ significantly compared to nursing students’ need. Therefore a significantly greater need exists in the Radiography, Physiotherapy and Nursing courses for a NIP. These results are represented in Figure 3.

Reasons for these students’ increased need could be that the patients they

attend to, are mostly in acute phases of recovery. These patients are more likely to react negatively to members of the team, due to negative effects of pain or psychological discomfort they experience. Nursing students’ great need could be that as nursing staff they are the main link between the patients and the hospital team, placing them in the middle of most patient-team interactions. This puts nurses at the receiving end of potential abuse from patients, fellow team members and superiors.

5.2.3. Sub-hypothesis 2 (Year group)

Second year students (in their first year of practical exposure) have the greatest need for an intervention programme, when compared to students from the other study years. The sub-hypothesis is accepted.

Students in their first year of practical exposure scored 89.72 %, whereas students in the second year of practical exposure scored 69.41%, and students in their third year of practical exposure scored 86.92%. The results show that a need exists in all year groups.

Second year students (89.72%) (their first year of practical exposure) and fourth year students (86.92%) (their third year of practical exposure), both indicated a statistically significant need for a NIP ($p<0.001$). The second year students’ inexperience predisposes them to make

FIGURE 3
STUDENTS THAT HAVE A NEED FOR NIP IN DIFFERENT COURSES

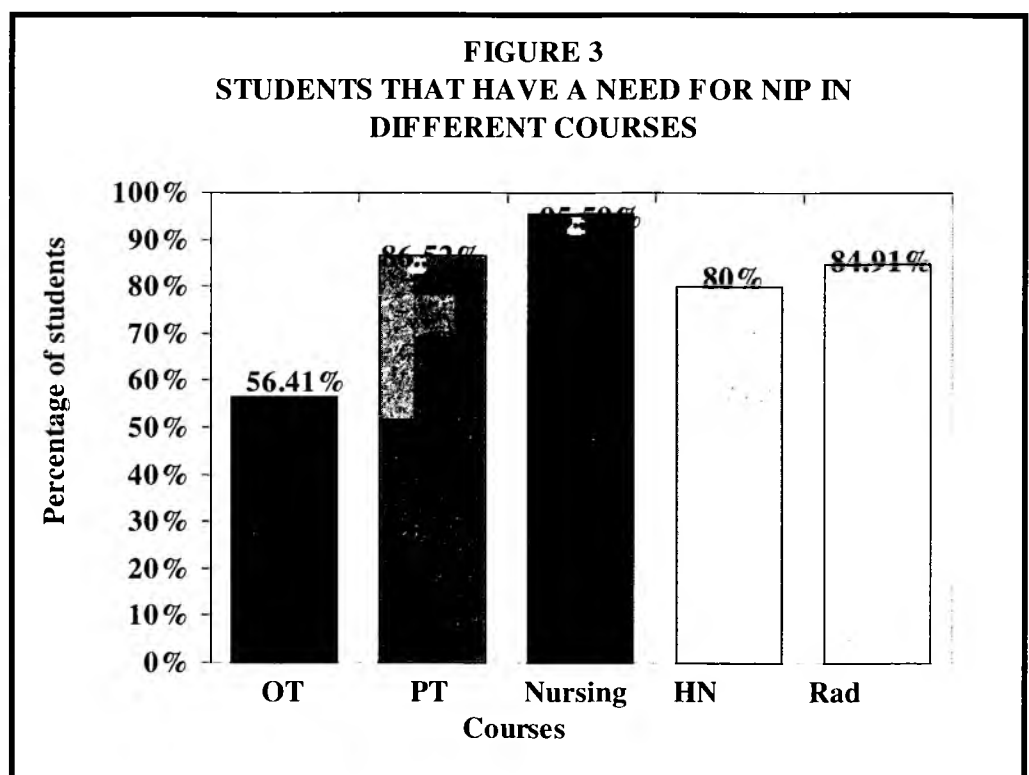
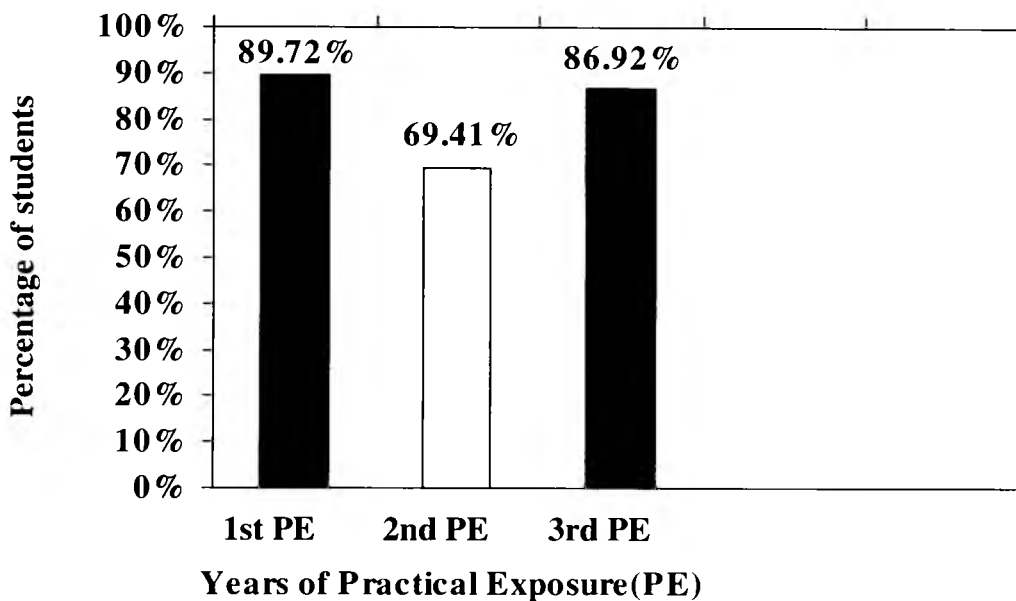


FIGURE 4
STUDENTS THAT HAVE A NEED FOR NIP IN
DIFFERENT YEAR GROUPS



more mistakes, and their unawareness of how to handle abusive situations, makes them four times more susceptible to abuse (Ellwood et al 1996: 488 ; Moreno et al 2001: 21). Ellwood & Rey (1996: 488) indicates the absence of a reference framework, which increases the fear and anxiety of the unknown among students. Figure 4 reflects the results.

Fourth year students, having three years of fieldwork experience, and being exposed to various settings; makes their identification of a need most credible. They may also be more aware of their student rights "to a safe training environment" and are familiar with the procedures to follow when they are under a perceived threat. The onset of the community service year, after their graduation, might influence their urgency in acquiring the skills needed for handling abuse, seeing that they might work in isolated environments.

Sub-hypothesis 3 (Setting)

Students will have a greater need for abuse prevention- and intervention programmes when placed in a Psychiatric setting than other clinical settings. This sub-hypothesis was accepted as 116 students indicated a greater need for the NIP, when working in a psychiatric setting ($p < 0.001$). See Figure 5 for detailed results.

Reasons for these results could be that students share the view on social stigma associated with psychiatric patients and settings and have a fear of the unpredictable-/ psychotic behaviour of institutionalised psychiatric patients. An additional factor could be the nature of psychiatric illnesses where patients have decreased social norm compliance, reduced inhibitions and lack of judgement. This study seems to support that a NIP is of great importance within psychiatric settings (Sharon 2000: 713; Noble 1989: 155; Saverimuttu 2000: 33; Skeem et al 2000: 607). According to literature there is an increase of student abuse within psychiatric settings (Echternacht 1999: 36; Elnicki et al 2002: 92) which warrants the increased need for a NIP.

Sub-hypothesis 4 (Gender)

Female students will perceive a greater need for a non-abusive intervention programme than male students. The sub-hypothesis could not be established due to an insufficient spread of data.

Although literature indicates that females will have a greater need for an intervention programme (Echternacht 1999: 36; Wondrak 1992:109), the distribution of gender throughout the sample was not statistically viable, since there were only 12 males (3.72%) versus

the 311 females (96.28%), in the sample group of 323 participants. See Table II for the gender distribution of participating students.

Sub-hypothesis 5 (History of abuse)

Students with a history of abuse will perceive a greater need for NIP than students who have not experienced abuse. This sub-hypothesis is rejected and the Null hypothesis is accepted ($p < 0.001$) as non-abused students (86.51%) have a greater need for a NIP, than students who have been abused previously (67.59%). The results are represented in Figure 6.

A history of abuse appears not to have an influence on the need for a non-abusive interven-

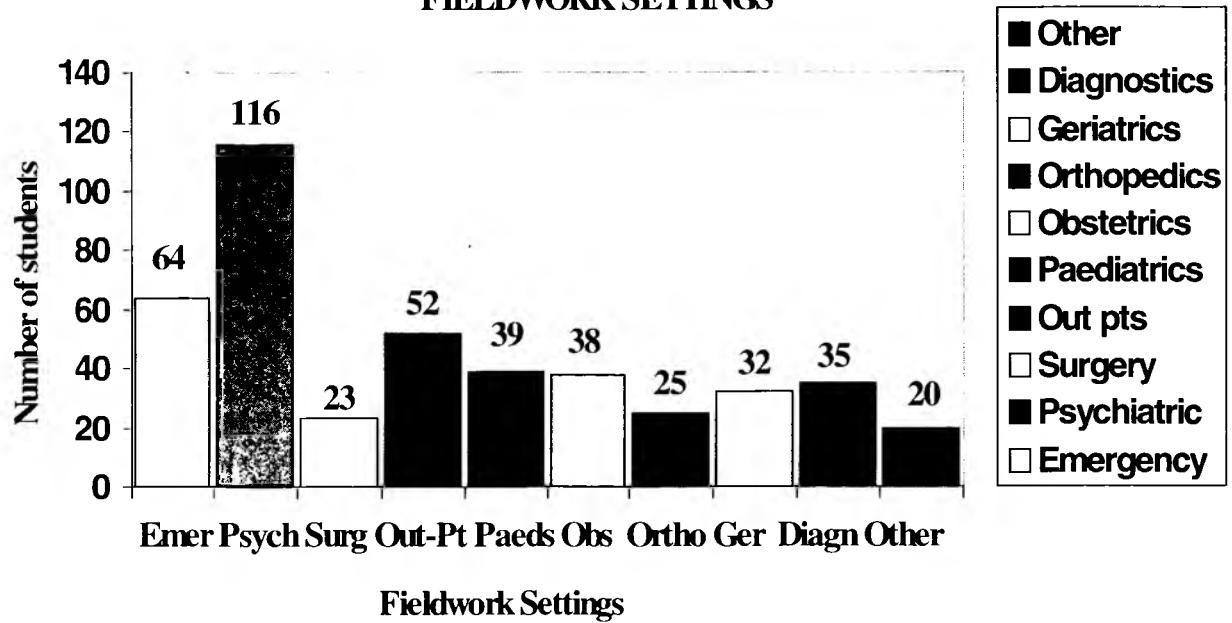
tion programme. An explanation for this appearance could be the characteristic "silence" associated with abuse victims (Sharon & Tabak 2000: 713). Alternatively, having experienced abuse, students might feel more equipped to handle similar situations in the future, as they "survived" the previous abusive incident. In contrast to students who have not experienced abuse where their uncertainty about the possibility of abusive events, and their fear of "the unknown" may increase their anxiety, and therefore contribute to an increased need.

Additional findings

The prevalence of superior(s) being the abusers amounted to 87 incidences (71.2%); compared to patients being the abusers that amounted to 35 incidences (28.8%). Superiors being responsible for most of the abuse, reported by Health Care Science students at the University of Pretoria, was a surprise finding, since the motivation behind this study was reported abuse by patients. This finding is however supported by literature (Moreno 2001: 18; CCHR 2000: 48). Figure 7 reflects these additional findings.

Another research finding that was unexpected was the marked lower need by occupational therapy students

FIGURE 5
STUDENTS THAT HAVE A NEED FOR NIP IN DIFFERENT
FIELDWORK SETTINGS



(56.41%), especially since they were the students that reported most of the abusive incidences, which initiated the research study. No plausible explanation could be formulated for this phenomenon.

Recommendations and limitations

As there is a significant need for a non-abusive intervention programme among Health Care Science students, it is strongly recommended that the educators at the University of Pretoria implement a non-abusive intervention programme as part of the undergraduate curriculum in the School for Health Care Science. More specifically, it is suggested that the intervention programme should be included in the first year curriculum before commencing fieldwork, to ensure that the students have more confidence and are better prepared. It is further recommended that a revision course of the intervention programme be implemented at the beginning of the final year of study since there is an indicated need, and fieldwork exposure is

greatly increased.

The needs analysis showed that within the School of Health Care Sciences, students with the greatest need for an intervention programme were the Nursing-, Physiotherapy- and Radiography students. Should the implementation of a NIP be too costly for all the students, it is recommended that the above-mentioned students be given preference.

As soon as an intervention programme has been implemented, a follow up study to determine the effectiveness of such a programme, is recommended.

Conclusion

The aim of the study was to establish whether a need for a non-abusive intervention programme existed amongst the School of Health Care Science

FIGURE 6
NEED FOR NIP AMONGST PREVIOUSLY ABUSED AND
NON-ABUSED STUDENTS

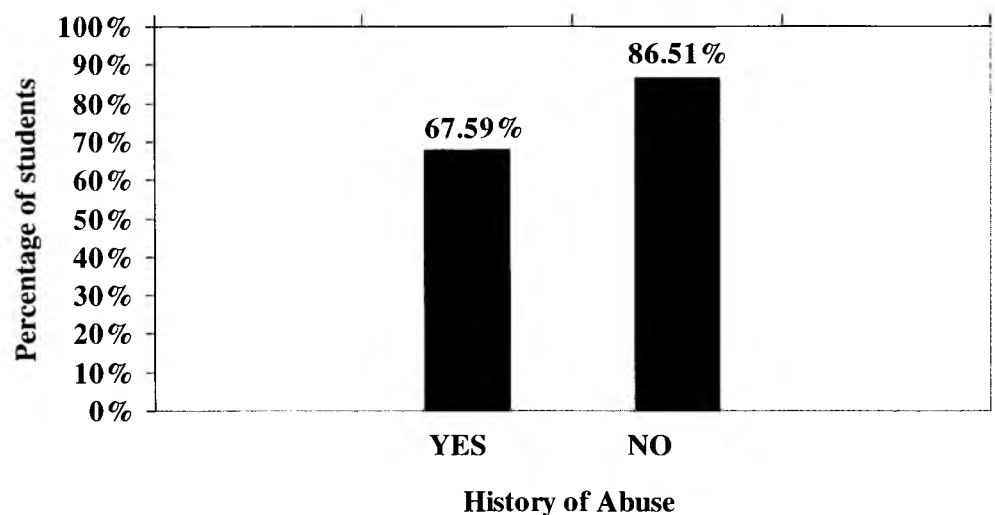


FIGURE 7
ABUSERS AS REPORTED BY STUDENTS



students at the University of Pretoria. A significant need was identified throughout the sample group: especially amongst Nursing-, Physiotherapy- and Radiography students, the 2nd and 4th year students and within a psychiatric setting. Two unexpected findings from this research study was firstly, that previously abused students had a lesser need for an intervention programme than students who have no history of abuse; and secondly that superiors in the field are responsible for the majority of abusive incidences reported by students.

Based on the findings of the research, the implementation of a non-abusive intervention programme is strongly recommended within the School of Health Care Science at the University of Pretoria.

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