VIOLENCE IN THE CONTEXT OF YOUNG NURSING STUDENTS: REPERCUSSIONS IN THE PERSPECTIVE OF VULNERABILITY

VIOLÊNCIA NO CONTEXTO DE JOVENS UNIVERSITÁRIOS DE ENFERMAGEM: REPERCUSSÕES NA PERSPECTIVA DA VULNERABILIDADE

VIOLENCIA EN EL CONTEXTO DE JÓVENES UNIVERSITARIOS DE ENFERMERÍA: REPERCUSIONES EN LA PERSPECTIVA DE LA VULNERABILIDAD

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Objective: to understand how violence presents itself to nursing students and to identify the repercussions of this phenomenon on their professional training in the perspective of vulnerability. Method: a qualitative research performed with 40 young nursing students from two public universities in the Santa Catarina State, Brazil. The data production was based on the Creative and Sensitive Method, mediated by the Dynamics of Creativity and Sensitivity. The data were submitted to Content Analysis. Results: the young nursing students presented unique understandings and experiences of violence, evidenced in the training process and beyond, which were reflected in their vulnerability to the phenomenon, at individual, social and programmatic levels. Conclusion: understanding the phenomenon of violence is beneficial for the planning of actions that are aimed at empowering young people to confront violence and help them to overcome the difficulties that will appear during professional training and to make their practices and actions less violent.

Descriptors: Violence. Nursing. Vulnerability in health. Adolescents. Nursing students.

Objetivo: conhecer como a violência apresenta-se para jovens universitários de Enfermagem e identificar as repercussões desse fenômeno em sua formação profissional, na perspectiva da vulnerabilidade. Método: pesquisa qualitativa realizada com 40 jovens, estudantes de enfermagem de duas universidades públicas de Santa Catarina, Brasil. A produção das informações ocorreu com base no Método Criativo e Sensível, mediado pelas Dinâmicas de Criatividade e Sensibilidade. Os dados foram submetidos à Análise de Conteúdo. Resultados: os jovens apresentaram entendimentos e vivência singulares de violência, evidenciados no processo formativo e para além dele, que refletiam

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na sua vulnerabilidade ao fenômeno, nos planos individual, social e programático. Conclusão: a compreensão do fenômeno da violência favorece o planejamento de ações com o intuito de empoderar os jovens para o seu enfrentamento, especialmente para auxiliá-los a superar as dificuldades que aparecerão ao longo da formação profissional e tornar suas práticas menos tomadas pela violência.

Descritores: Violência. Enfermagem. Vulnerabilidade em saúde. Adolescentes. Estudantes de enfermagem.

Objetivo: conocer cómo la violencia se presenta para jóvenes estudiantes de enfermería e identificar las repercusiones de ese fenómeno en la formación profesional, en la perspectiva de la vulnerabilidad. Método: investigación cualitativa, con 40 jóvenes, estudiantes de enfermería de dos universidades públicas de Santa Catarina, Brasil. Producción de informaciones basada en el Método Creativo y Sensible, mediado por Dinámicas de Creatividad y Sensibilidad. Datos sometidos al análisis de contenido. Resultados: jóvenes presentaron entendimientos y vivencias singulares de violencia, evidenciados en el proceso formativo y más allá de ellos, que reflejaban en la vulnerabilidad al fenómeno, en los planos individual, social y programático. Conclusión: la comprensión del fenómeno de la violencia favorece la planificación de acciones para empoderar a los jóvenes para su enfrentamiento, especialmente para ayudarles a superar dificultades que aparecerán a lo largo de la formación profesional y hacer prácticas menos tomadas por la violencia.

Descriptores: Violencia. Enfermería. Vulnerabilidad en salud. Adolescentes. Estudiantes de enfermería.

Introduction

In the last few decades, violence has had a prominent place among the registries of health problems in different countries, on a global level, which has surpassed infectious and chronic diseases. The phenomenon is no longer just a legal problem but has become a serious public health problem and of great relevance to nursing. This situation has implications and consequences for individual and collective health, demonstrating the need to implement preventive measures[1-3].

The World Health Organization (WHO) defines violence as the intentional use of physical force or power against another person or group, causing physical, psychological, deprivation and even death. Aiming to reveal the violence that coexists in the daily life of human beings, and to characterize the different types of violence and the links between them, the World Health Organization developed a typology, which divides violence into three broad categories, according to the characteristic of who commits the act of violence: self-directed violence (attempted suicide and suicide); interpersonal violence (intra-family and community); collective violence (social, political and economic). Regarding nature, violent acts can be divided into physical, sexual, psychological, deprivation or neglect and occur in each of the three categories and subcategories described[4].

The theme of violence over time has become "[...] increasingly significant, gaining importance in several areas of knowledge, among them, health and nursing, due to its magnitude and devastating consequences in the life of human beings, especially young people"[5:483], because violent acts interfere negatively in the personal, social and mental development of these individuals[6-7].

Nursing is one of the areas that suffers from the most violence in professional practice, this is due to the fact that nurses work directly with people who are usually physically and emotionally fragile due to health problems and, as a result, can become aggressive. In addition, violence against nursing professionals is commonly not reported nor confronted[8-10]. Furthermore, the people who are under the care of the nursing team have different customs, cultures and beliefs then that of the caregiver, which can also generate conflicts[2]. Considering that these conflicts are often not understood as violence by professionals, because they do not present themselves so obviously, it becomes difficult to identify them, which contributes to the naturalization of this phenomenon[2,9].

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The naturalization of violence and the lack of discussion about it make it difficult to understand. However, it is believed that if nurses receive a theoretical basis, during their training process, they will be more equipped which will allow them to identify the different typologies and nature of violence and, consequently, be able to deal with situations that arise in professional life[2].

These considerations defend the idea that the university is a privileged environment for the discussion of violence, as the training context supports reflections that help students to develop and construct their own perspective, autonomy and subjectivity[6]. In addition, this discussion helps them to recognize early manifestations of violence in their different environments, considering that it is present in all contexts, in different typologies and natures. Intertwined in societies and in families, violence is ever present in the lives of young people, it forms part of their life history and, at the same time, generates vulnerability[5].

Vulnerability is understood as the chance that the individual has of exposing themselves to a certain event and becoming ill. It is the result of a set of individual, collective and contextual aspects, which leads to greater or lesser susceptibility to infection and illness and, at the same time, the possibility of having coping resources[11]. Thus, vulnerability can be defined as a conceptual synthesis of the individual, social and programmatic dimensions relevant to the prevention or reduction of health problems or deficiencies[11-12]. In order to expand this concept, it is important to reach other health-related issues by approaching the phenomenon of violence. Thus, the terms aggravations or deficiencies, present in the concept, can be specified as situations of violence present in a given context, which is adhered to an articulated set of individual, social and programmatic aspects that exposes the young person to the problem and, at the same time, to the concrete possibilities in order to defend themselves[12].

Therefore, theguiding question of this study is: How do young nursing students perceive violence in their training process and what are the repercussions of this phenomenon in their training? Thus, the objective was to understand how violence presents itself to young nursing students and to identify the repercussions of this phenomenon in their professional training in the perspective of vulnerability.

Method

An exploratory and descriptive study with a qualitative approach, involving nursing students from two public higher education institutions (HEI) in the western region of Santa Catarina, Brazil.

The inclusion criteria of the students were: to be starting or finishing the undergraduate nursing course (these phases were chosen in order to better understand the experiences of violence among the students in the entry stage and completion phase of the course) and to be aged between 15 and 24 years. The exclusion criteria used were: young people whose schedules did not allow them to participate in the data collection period.

The young people were approached by means of an invitation together with the HEI, after planning with the course coordination of the young people who were studying in the phases chosen for the research. 75 eligible students were initially identified. Among these, 48 met the inclusion criteria and 40 participated in the study, of which 23 were new students and 17 were finishing the course. The other 35 did not agree to be part of the research, which indicates difficulties to approach the subject.

Four groups were created with the intention of organizing the data collection and allowing more space for dialogue with the participants who would report their experiences of violence in detail. Two with beginner students: Group 1 – New Students HEI-A; Group 3 – New Students HEI-B; and two others with the Finishing Students: Group 2 – Finishing Students HEI-A; and Group 4 – Finishing Students HEI-B.

Data production occurred between August and December 2015, through The Creativity and

Sensitivity Dynamics (CSD) guided by the Creative and Sensitive Method (CSM)[13]. This method aims to reveal the research question defined by the researcher and is later reoriented by the group discussions. Thus, it privileges collective participation and values what emerges from the participants' thinking and perception[13]. The CSM was applied in five steps: "[...] preparation of the environment and reception of the group; presentation of participants; explanation of the dynamics and individual or collective work; presentation of productions; collective analysis and validation of data"[13:132]. The CSD were performed with the groups, separately, in a meeting that lasted 120 minutes on average.

After the preparation and reception of the participants (first step), the group was invited to present, starting with the people who were conducting the data collection (researcher and four auxiliary research students); and then the young people.

The third step consisted in explaining the dynamics of the study and exposing the issues that guided the meeting: What is violence for you? How is violence present in the nursing training process? How does violence interfere with your training process? In this stage, the young people, individually or in pairs, answered the research questions by means of drawings, cutouts and collages and shared their production with the group, which made it possible for the theme to be revealed. This step is called coding.

In the fourth step, the group discussion began after the young people presented their production. At this stage the research assistants recorded the convergent and divergent themes that emerged from the discussions in the field diary, allowing them to be codified in generating themes that were negotiated with the participants, who then decoded them into sub-themes during the collective analysis and discussion group. This step is called decoding. In the fifth step, the thematic synthesis of the themes and subtopics was performed, i.e., a final synthesis and data validation. This step is called recoding.

In order to finish the data collection, the absence of new elements relevant to the subject matter as considered, as well as the quantity and quality of information that would allow the scope of the recoding, considering the construction of themes and subtopics.

Content Analysis[14] was used for data analysis which is organized in three stages: pre-analysis, material exploration, treatment of results, inference and interpretation. In the pre-analysis stage, an exhaustive, floating reading of the transcribed material was performed, with the aim of organizing and choosing which documents would be part of the analysis, respecting the completeness, representativeness, homogeneity and pertinence[14]. Codification took place in the exploration of the material, which included the clipping/cutting (choice of recording units), enumeration, classification and aggregation of intermediate categories and themes. In the treatment of the results, inferences, interpretations and contextualizations were made based on the references of violence and vulnerability. This step consisted in giving meaning to the raw results and interpreting them in order to respond to the expected objectives and to discuss the results[14].

The text was then organized in themes according to the convergent and/or divergent ideas, with two main categories emerging: Understandings and experiences of young people in relation to violence in nursing training and Repercussions of violence in professional nursing training – situations of vulnerability.

The meetings were recorded, digitalized and transcribed in full. The participants gave their permission for the artistic productions to be photographed. The participants also signed an Informed Consent Form (ICF). The young people over 18 years of age signed this form. In the case of minors the ICF was signed by their parents / guardians and the young people signed the Assent Form. Participants were identified by the letter "J" followed by an ordinal number.

The research followed the guidelines of Resolution n. 466/2012 of the National Health Council, and was approved, via *PlataformaBrasil*, by the Research Ethics Committee of

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the *Universidade do Estado de Santa Catarina* (CAAE: 42937914.7.0000.0118).

Results

During the CSD, the young people reproduced their experiences of violence during the professional training by means of drawings, cutouts, collages and textual production. These will be presented in two categories that discuss the understandings of young people faced with violence in their daily life and the situations of vulnerability caused by this phenomenon in their professional training process.

Understandings and experiences of young people in relation to violence in nursing training

When the young people were asked about the different types of violence, while believing that violence is present everywhere, the majority mentioned psychological violence, cited by 38 young people, followed by physical violence, mentioned by 32 young people, and sexual violence was referred to by four young people. None of them spoke of neglect or abandonment as a form of violence, just as none of them mentioned only one type of violence, which can be observed in the following statement:

> *Violence for me is an act that can cause harm to other people, be it physical or emotional.* (J24).

> *Violence is a physical, verbal and psychological act against one's fellow man who causes consequences such as injuries [...] or that compromises the performance of each individual.* (J15).

> *For me, a lack of respect and verbal aggression is a form of violence. We often encounter this in our field of practice [...]* (J26).

Faced with the magnitude of violence that affects different environments and social spheres, young people also experienced the presence of violence during their professional training. When asked if violence is present in this context, they stated that yes and that it is possible to identify it in the classroom environment and also in the theoretical-practical classes and/or internships in the health care services. They confirmed experiencing situations of violence between colleagues and between teachers and students in the classroom environment, stating the following:

> *There is violence [...] among colleagues who often do not accept each other's opinions and end up ridiculing or making nasty comments about the other person.* (J18).

> *[...] when students argue with teachers or even when students argue among themselves for different reasons, this is a form of violence in academic training.* (J35).

> *[...] for me, there is violence, because colleagues, teachers or other people often do not respect the opinion of the other, and this is a type of violence. Each nursing student has an opinion about something and [...] many disagree, many agree, and this ends up generating violence between students and teachers.* (J11).

The young person also drew attention to prejudice as a triggering factor for violence. The most common involving sexual orientation and religion.

> *We hear: Nursing is only for women; men who do nursing are all gay.* (J9).

> *Violence is very present in training due to prejudice. There is a lot of prejudice against gays, lesbians, and Christians.* (J10).

In the context of theoretical-practical classes and/or internships, the young person reported that they experienced or witnessed violence in the relationships between teachers, students and health professionals, especially highlighting the power relations of the teacher over the student.

> *I have experienced it in practice [...] several times, I heard a teacher saying: You should not be here, you do not have the profile to be nurse, go do something else. Give yourself time to do something else.* (J26).

In addition to cases of psychological violence from teachers, students also reported situations of violence from professionals working in institutions where theoretical and practical activities occurred.

> *Some professionals speak to us (referring to students): you are here and you know nothing.* (J23).

> *[...] violence [...] from constant inequality, swearing and profanity among professionals. We see this a lot in the hospital [...]* (J35).

Repercussions of violence in professional nursing training: situations of vulnerability

The repercussions of the violence are reflected in the idealization and the image that

the students construct in relation to the nursing course, as well as abandoning it, which can be observed in the following stories:

[...] *training is a brilliant path to take* [...] *when we enter the university, we imagine that everything will be perfect, but when we are faced with an episode of violence that we see in practice, this ends up discouraging us. These situations that discourage us, make us think about giving up.* (J30).

[...] *violence interferes mainly because of repression. The person feels very reprimanded and ends up isolating themselves, often giving up the course* [...] *discouraged* [...] *violence rebukes the person and this creates a myriad of barriers.* (J19).

Faced with the need to think about violence and its repercussions on the nursing training process, the young people reported that this phenomenon could have many consequences:

Violence made me feel anguish, fear, and anger [...] (J24).

Yes, Violence interferes in the training process. The person who suffers violence ends up being discouraged and wondering, is that what it´s really like? Do I want to continue in this profession [...]? (J22).

Violence in the training process [...] *will result in future problems for nurses, such as lack of autonomy.* (J10).

The young people also stressed the need for greater learning in order to manage violence and also the need to learn how to face it based on the experiences with the phenomenon.

[...] *I have already read that in some dentistry universities* [...] *there is a focus on violence* [...] *I have never had any experience in my training.* (J25).

I believe that in my training process, despite all the types of violence that exists, all the ways that it happens, caused me to think differently [...] *I think these experiences will make me a more human person. This will make me see people more equally, and make sure that I don´t do this kind of thing that I think is wrong.* (J20).

The statements also highlighted the implications of tolerance toward violence in the training process and how to assist the students.

Discussion

Violence is present in life and in society, following its history and evolution, directed especially at the most vulnerable populations, among them children, adolescents and young people. Violence is now a major concern worldwide, as it harms individuals and collectivities, becoming the subject of many scientific studies and discussions in various spheres of society[15]. However, comprehending and understanding it is usually related to situations of violence experienced individually[7].

The results of this study reveal that violence also permeates the daily life of young people who are in the process of professional training, and who have difficulties when these situations present themselves. However, they recognize that psychological violence is the most apparant type of violence, and manifests itself through the lack of respect, prejudices and by establishing power relations between teachers and students.

A study[16] argues that psychological violence is perpetrated against a person or group with the objective of maintaining control of actions and behaviors, resulting in mental, social and physical problems, especially when involving the young person who is in a developmental process.

Scholars in this area[7] highlight that most health care students have experienced some form of violence during their course, but that they have difficulty defining it or even perceiving it, especially since this theme is hardly, or not even discussed during professional training.

A study[17] conducted at King Abdulaziz University with 186 medical students revealed that 169 experienced some form of violence during their training. The most frequently observed violence was verbal violence, followed by sexual, racial or ethnic discrimination, physical abuse, religious discrimination and sexual harassment. The teachers were cited as the largest sources of abuse.

The results found in the present study corroborate these results, however, in this study, young people also mentioned the prejudice against gays and lesbians as a type of experienced violence. Regarding prejudice against gays and lesbians, understanding homophobia is complex as it is a multi-causal phenomenon with historical and cultural factors based on beliefs and taboos that revolve around the individual's sexuality who

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tend to believe that heterosexual relationships are correct. This difficulty in understanding the other and accepting differences, trying to maintain a single model of relationships as the most correct, can be a triggering factor for acts of violence[18].

A study[19] conducted at a Public University of Colombia with nursing students, aimed at identifying acts of discrimination and gender violence, revealed that 70% of the interviewees had been victims of some type of violence during their training. The most reported were abuse of power, psychological violence, verbal aggression, and physical discrimination.

Another situation raised by young people in the present study was religious prejudice. This type of violence cause people, or populations, to experience feelings of disaffection which can lead to acts of extreme violence, which can lead to death. Acts of prejudice may occur both against people who do not participate in religious groups and against religious groups. These attitudes and prejudiced behaviors can generate ideas and/or hierarchical groups that stimulate acts of violence. Prejudice emerges among young people as a determinant of violence, being closely related to discrimination and actions. Prejudiced attitudes and behaviors stimulate individual or group violence[20].

Another situation of violence identified by young people in the studied university institutions were power relation between teachers and students. These can be interpreted as a form of control or even a strategy to prepare the student to deal with the demands and responsibilities that professional life will bring. However, it cannot be overlooked that coercive attitudes can result in student developmental impairment or even lack of interest, absenteeism, delays or withdrawal from the course, increasing the symptoms of anxiety and depression[15].

In this regard, authors[21] emphasize that the main conflicts between student and teacher occur during the practical classes, when teachers face greater physical and mental exhaustion because they are primarily responsible for the development of the activities as well as mediating the relationships between students, staff and people who are in their care. However, this condition should not be justified by these aspects, and it is not always conditional on it, allowing the teacher to incorporate it as a common practice in his professional practice and perpetrate attitudes of violence against students. Thus, HEIs are also responsible for students and their attitude towards violence, since any act of violence generates situations of vulnerability.

The results of this study reinforce the considerations that the scientific literature has shown, that students, during their first contact with the practice, are verbally abused by teachers and the professionals who work in the health services, by their lack of receptivity , indifference, lack of collaboration and by discrediting their potential[5,15].

Occasionally, these situations represent a specific type of psychological violence, characterized by psychiatrist and psychoanalyst Marie-France Hirigoyen[22], as work bullying, which is any abusive conduct, be it gestures, dialogues, behaviors, attitudes that undermines the dignity or the physic or physical integrity of a person, by repeating or systematizing it, threatening their employment or degrading the working climate. This type of harassment leads to absenteeism, psychological degradation and causing those who are immersed in this scenario to become ill.

Faced with this reality, it is perceived that students and teachers are vulnerable to violence in the scope of nursing training. Thus, this situation needs to be analyzed in a special way. Mechanisms that minimize the power relations presented by young people need to be created, as violence can cause devastating damage to the lives of these people. In this context, it can certainly interfere in the teaching-learning process, by affecting the vulnerability of young people, at individual, social and programmatic levels[12], interfering with their behavior, causing them to be insecure and uncertain about their future.

Vulnerability at the individual level refers to individuals' behaviors in relation to their health, regarding their lifestyle, physical, psychological and cognitive aspects[11-12], their knowledge about violence and their capacity and interest in processing such knowledge and transforming it into protective behaviors.

Individual vulnerability to violence may be related a change in the young person´s physical, psychological and cognitive aspects, which sometimes lead the young person to become isolated, have emotional instabilities and low self-esteem which can generate thoughts of self-inflicted violence (suicidal ideations, self-harm). At this stage of life, the young person does not have all the necessary conditions to devise strategies that help him to free himself and / or to protect himself, since he still has little capacity to identify violence, especially as violence is often disguised in the training context[11-12].

The situations of violence experienced and reported by young people also make them vulnerable in social terms. Social vulnerability consists of the access to information and the ability to understand it and then incorporate it into the practical changes of everyday life[12]. Thus, in order for young people to create protective mechanisms against violence, they need be aware of and understand the causes, consequences and the different forms that this phenomenon presents itself in.

The young person's ability to create protective mechanisms against violence depends on individual issues, access to the media, schooling, economic conditions, power to influence political decisions, the possibility of facing cultural barriers, being free of violent coercion or being able to defend himself from them. It is related to the social trajectory, to the intersection or interaction of the trajectories and to the social context of the individual, during the different phases of life[11].

When analyzed from the perspective of vulnerability at the programmatic level, experiencing violence leads to the reflection on health and education policies that are currently emerging with regard to the issue of violence against young people. There is a lack of preventive actions, educational programs and policies that truly prioritize protection and guarantee the construction of citizenship.

Another issue to be discussed from the perspective of vulnerability at the programmatic level is the National Curriculum Guidelines for Undergraduate Nursing Courses[23] which, to date, do not specify or emphasize the importance of discussing the issue of violence in nurse training, despite being on the research agendas in Brazil and globally. Violence is still a lacking or fragmented topic in undergraduate health curricula. This situation causes professionals to learn how to manage their behavior when faced with the need to attend victims of violence during their professional practice, hardly observing their tools and/or capacities to face their own vulnerability to the problem[5].

The recognition of vulnerability caused by violence in the these three dimensions makes it possible to emphasize that understanding the concept of vulnerability helps young people to understand the behaviors that are assumed when faced with adverse events and delicate situations that occur in their daily nursing training. This understanding favors the planning of actions with the purpose of empowering them to face their difficulties, especially to help them overcome the difficulties that will appear throughout this process. However, in order to be able to think about actions that aim to minimize and/or modify the situations revealed in this study, it is imperative to understand that the human being is profoundly vulnerable, because he/she is exposed to innumerable dangers: illness, failing, being assaulted, dying. When they are conscious of this vulnerability, they think about it, reflect and seek ways to protect themselves[24].

In this context, it is also important to discuss the preparation of teachers and nurses for the debate, preparation and coping capacity regarding the subject, by which the professional can seek complementary training on violence or to learn more about it by experiencing the

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phenomenon[15]. In this scenario, educational institutions play an important role in society by providing space for education, socialization and professional training of individuals. Therefore, in this scenario, it is essential to identify and further investigate studies on violence so that students and teachers receive support which will allow them to recognize the different typologies and natures of violence, and consequently understand it as a phenomenon currently present in the most diverse scenarios of health professionals[16,25].

This study did not include discussions with the young people or proposals regarding prevention strategies related to this phenomenon, which are considered limitations of this study and suggestions for new research, which may potentiate interventions and new studies on the theme.

Conclusion

The results of this study reaffirm that violence is present in the different scenarios and contexts of young people, among them the university, where they more often recognize the psychological violencein the power relations between teachers and students and in the teacher´s or health professional´s disbelief in the student´s potential. The study corroborates that any type of violence causes the young person who is in the process of personal and professional formation to become vulnerable.

Interpreting violence with the support of the vulnerability framework made it possible to look at the context of nursing education and the situations of violence highlighted by the young people, with greater breadth and, at the same time, made it possible to reveal some facets that help to think about actions that minimize the occurrence of this phenomenon. The need for investments in the training process and the professional nursing scenario is mentioned, this can be done through the elaboration of public and regulatory policies that guide nurse training and the professional working process in a way that is closer to reality and the needs that present themselves on a daily basis.

This study is relevant due to its contribution to the student, professional and social areas, through the identification and characterization of violence. In addition, the understanding of the phenomenon favors the planning of actions with the purpose of empowering young people to confront violence, and especially help them to overcome the difficulties that will appear throughout this process and make their practice less violent.

Collaborations:

1. conception, design, analysis and interpretation of data: Elisangela Argenta Zanatta, Jean Henrique Küger, Peterson Luiz Duarte and Thais Cristina Hermes;

2. writing of the article and relevant critical review of intellectual content: Elisangela Argenta Zanatta and Letícia de Lima Trindade;

3. final approval of the version to be published: Elisangela Argenta Zanatta and Letícia de Lima Trindade.

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