

EXPLORING SOCIAL WORKERS' EXPERIENCES REGARDING WORKPLACE VIOLENCE

A report on a study project presented to

**The Department of Social Work
School of Human and Community Development
Faculty of Humanities
University of Witwatersrand**

**In partial fulfilment of the requirements
for the degree Master of Arts in Social Work**

By

MALESA KGASHANE JOHANNES

March, 2014

ACKNOWLEDGEMENTS

This research project would not have been completed without the support and assistance of several people. Therefore, I would like to thank the following people:

My Lord and Saviour, for giving me the wisdom, strength and knowledge that enabled me to complete my studies;

Mrs. Roshini Pillay, my supervisor, for her encouragement, unlimited patience and guidance in the successful completion of the study;

Dr. Stacey, for the wonderful editorial work she did on this project;

Mr. Legodi Donald, for continuously encouraging and having confidence in me, you are my motivator;

Dr. Mogorosi Lobelo and the late Prof. Dumisani Thabede, for their full support with my studies;

My siblings, for their unselfish support and encouragement;

Mr. Raliwedza Emmanuel and Mr. Sekgobela Tumelo, for your valuable contribution in this study;

The Department of Social Development, for granting me permission to conduct the study within the department; and

The research participants, for their willing participation in this research project.

DEDICATION

**Dedicated
to
my late parents,
Sontaga and MotekwanaMalesa,
and
to all social work survivors of workplace violence.**

ABSTRACT

The workplace, in general, has been perceived as a comparatively violence-free environment. There have been many studies conducted on workplace violence in the helping profession in health-related occupations that involve substantial contact with clients, such as pre-hospital care, emergency medicine and nursing. However, there is a paucity of research that has explored the social workers' experiences of workplace violence in South Africa. Workplace violence inflicted on employees may come from both internal sources, such as co-workers, and clients and external sources, such as robbers or muggers. A qualitative study was conducted using semi-structured interviews with 15 social workers from the Limpopo Department of Social Development in the Waterberg District. The study endeavoured to explore the experiences of social workers regarding workplace by external parties. Seven overarching themes and a number of sub-themes emerged from a detailed Thematic Content analysis. The themes highlighted a wide range of psychosocial factors associated with workplace violence. The themes examined are, namely: psychosocial effects on social workers, workplace resources and environment, management of workplace violence and human supervision, and types of workplace violence. The main finding of the study highlighted a lack of organisational resources that contributed to workplace violence and led to frustrations experienced by clients and social workers. This report concludes with a brief discussion of the psychosocial impact of workplace violence and recommendations.

Key words: Occupational safety, social workers, social development, workplace violence.

Table of Contents

ACKNOWLEDGEMENTS	i
DEDICATION	ii
ABSTRACT.....	iii
CHAPTER ONE	3
1.1. Introduction	3
1.2. Background of the study.....	3
1.3.1. Aim of the Study.....	3
1.3.2. Objectives of the Study.....	4
1.3.3. Relevance of the Study to Occupational Social Work	4
1.4. Motivation for the Study	5
1.5. Literature Review	6
1.6.1. Research Methodology	6
1.6.2. Data Collection Strategy.....	6
1.6.3. Sampling Methodology	7
1.7. Data Analysis Strategy	7
1.8. Limitation of the Study	7
1.9.1. Workplace Violence	8
1.9.2. Social Workers	8
1.9.3. Occupational Safety.....	8
1.9.4. Social Development.....	8
CHAPTER TWO	10
2.1. Introduction	10
2.2. The Concept of Workplace Violence	10
2.3. Workplace Violence Typologies	14
2.4. Risk Factors for Social Services and Health Care Workers	18
2.5. Factors Contributing to Workplace Violence.....	19
2.5.1. Situational Factors	19
2.5.2. Organisational Factors.....	19
2.5.3. Societal Factors.....	20
2.6. Cost of Workplace Violence.....	20
2.7. The South African Labour Legislative Framework.....	21
CHAPTER THREE	24
3.1. Introduction	24
3.2. Nature of the Study	24
3.3. Research Strategy.....	24
3.4. Population and Location of the Study	25
3.4.1. Population of the Study	25
3.5. Sampling Method and Procedures.....	25
3.5.1. Sample (Participants and Key Informants).....	25
3.5.2. Sampling Procedures	26
3.6. Data Collection Methods.....	26
3.7. Data collection instrument	27
3.8. Levels of measurement.....	28
3.9. Data Analysis.....	28
3.10. Ethical Considerations.....	29
3.10.1. Informed Consent.....	29

3.10.2	Violation of Privacy and Confidentiality	30
3.10.3	Voluntary Participation.....	30
3.10.4	Deception of Social Workers.....	30
3.10.5	No Harm to Social Workers	31
3.11.1.	Purpose of Pre-Testing.....	31
CHAPTER FOUR.....		34
4.1.	Introduction	34
4.2.	Demographic Information	34
4.3.	Understanding of Workplace Violence	36
4.4.	Nature of Workplace Violence against Social Workers	37
4.5.	Contributory Factors to Workplace Violence.....	38
4.5.1.	Organisational Factors	39
4.5.2.	Societal Factors.....	41
4.5.3.	Individual and Situational Factors	42
4.6.	Costs of Workplace Violence.....	44
4.6. 1.	Psychosocial Effects on Social Workers.....	44
4.6.2.	Social Effects	46
4.6.3.	Effects of Workplace Violence on the Organization	46
4.7.	Management of Workplace Violence.....	48
4.7.1.	Unrecorded Threats	48
4.7.2.	Under Reporting	49
4.7.3.	Provision of Resources	50
4.7.4.	Promotion of Services	50
4.7.5.	Accountability	51
4.8.	Workplace Violence Experiences of Social Workers	52
CHAPTER FIVE		54
5.1.	Introduction.....	54
5.2.	Main Findings	54
5.3	Conclusion	58
5.4.1.	Recommendations for Social Workers and Social Work Supervisors.....	59
5.4.2.	Recommendations for Society	60
5.4.3.	Recommendations to the Policy Makers.....	60
5.4.4.	Future Research	60
REFERENCE LIST		61
APPENDICES		66

LIST OF TABLES AND FIGURES

Tables

Table 1: Profile of Social Workers.....	33
Table 2: Types of Experienced Violence.....	34

Figures

Figure 1: Prevalence of Workplace Violence.....	13
Figure 2: Workplace Violence Experience Per Municipality.....	34
Figure 3: Workplace Violence Experiences - Gender based	51

CHAPTER ONE

1. INTRODUCTION AND BACKGROUND OF THE STUDY

1.1. Introduction

The study aimed to explore the experiences of social workers regarding workplace violence by external parties, herein referred to as clients. The participants were employed, at the time, in the Department of Social Development (DSD), Waterberg district, Limpopo Province, South Africa.

In order to make this chapter more understandable, the researcher systematically outlines the following aspects: an introduction to, and the background of the study, the aim of the study and its objectives and the relevance of the study to the social work degree. The researcher also highlights the motivation behind this study topic. Other aspects covered in this chapter focus on how and where the literature was obtained and indicates the research methodology applied in this study. Delimitations of the study, definitions of major concepts and the sections of the study are also covered.

1.2. Background of the study

Workplace violence takes many forms and ranges from armed robbery to threats from clients to degrading initiation rituals imposed by other employees (Mayhew and Chappell, 2004). There are several definitions for violence, locally and internationally by different authors (WHO, 2002; Di Martino, 2003; Steinman, 2003; Kennedy, 2004,). The term “workplace violence” is not commonly used in South Africa. Terms like “harassment”, “discrimination”, “abuse”, “intimidation”, and “bullying” are widely used, but ‘violence’ as such is reserved, by the media and the broad South African population, to describe physical violence almost exclusively (Steinman, 2003). A definition that originated from South Africa in 1989 is that of Van Der Merwe: “violence is the application of force, action, motive or thought in such a way that a person or group is injured, controlled or destroyed in a physical, psychological or spiritual sense (Steinman, 2003, p. 6). This definition is inclusive of physical and psycho-emotional violence.

1.3. AIM AND OBJECTIVES OF THE STUDY

1.3.1. Aim of the Study

The aim of the study is defined in simple terms as something that you are trying to do or to achieve (De Vos, 2011) while Gray (2009) defines an ‘Aim’ as a general statement on the intent and direction of the research.

The aim of this study is to explore social workers' experiences regarding workplace violence perpetrated by clients and their families by focusing on the following aspects: understanding how social workers define the term 'workplace violence', contributory factors, the costs of workplace violence to the organization and to the employees, intervention and prevention mechanisms and, lastly the social workers' experiences. Furthermore, to address issues of workplace violence within the field of helping profession, particularly social work.

1.3.2. Objectives of the Study

'Objectives' refers to the clear statement of intended outcomes, all of which can be measured in some way (Gray, 2009, p.52). Furthermore, Somekh and Lewin (2005, p.347) defined objectives as 'the removal of the personal (emotions, knowledge, experiences, values and so forth) of the researcher from the research process'.

Therefore, the objectives of the study in order to reach to the study aim are as follows:

- To understand how social workers define the term 'workplace violence'.
- To explore how social workers become victims of violence in the workplace.
- To describe the possible factors that contributes to workplace violence.
- To understand the effects of violence on social workers', the employer and on the profession.
- To describe the intervention strategies social workers use when experiencing or being exposed to violence in the workplace.
- To explore the prevention strategies social workers find to be effective.

1.3.3 Relevance of the Study to Occupational Social Work

In view of the detrimental consequences of violence in the workplace on employees, their families and the organisation itself, the researcher adopted interventions from the occupational social work model which stipulates four types of interventions namely restorative, promotive, work-person and workplace interventions. The researcher found work-person interventions and workplace interventions as the relevant interventions in addressing the violence that occurs in the work setting.

Workplace interventions target the workplace itself - changing the work environment, structure, system or processes so as to fit better with the needs and dynamics of the workforce and work-person interventions include training or programmes to develop the resilience of employees and families to

cope with the demands and challenges of the workplace such as dealing with violent clients or issues of deployment. Van Breda (as cited in Carapinha, 2009).

1.4. Motivation for the Study

The need for this study was identified because of the researcher's workplace experience of violence by clients and the fact that many of the studies conducted in South Africa relating to workplace violence were based on the health sector and the social work service has been neglected by researchers. The researcher felt there was a need for social workers to be researched as they also have daily contact with the clients.

On the other side, the researcher was highly motivated by both international and local statistics. United State of America statistics indicates that between 50-88% of social workers have experienced some form of violence in the workplace (Spencer & Munch, 2003). Furthermore, in the USA, between 2004 and 2008, after the deaths of several social workers due to client violence, there is legislation at the state and national level such as Social workers Safety Bill and the Social workers Safety Act, 111 of 2009, that has been proposed to address safety issues, specifically for social workers (Shannon, 2012). Workplace violence is a serious and chronic workplace stressor that negatively affects both individuals and organisations. According to Ncongwane(2014) 'workplace violence has received increasing attention across the globe. Internationally, workplace violence literature is extensive; however, in strong contrast to the global trend, studies on workplace violence in South Africa are limited'. This is alarming as South Africa is amongst countries with the highest rates of violence in the world and is thought to have amongst the highest rates of workplace violence globally (Ncongwane, 2014). For example, in an internet survey conducted in 2000, it was found that 77.8% of South Africans say that they experienced some form of victimisation during their career. The South Africa's minister of Health, Dr. Aaron Motswaledi reported that 6.5% of employees absent from work as a result of violence and injury in SA (Government Gazette, 2014). Therefore, the severity and the extent of violence in South Africa as indicated by statistics warranted research within the social work field and this is because workplace is violence is widespread and is far greater than envisaged.

In South Africa, the Occupational Health and Safety Act (OHSA) - 85 of 1993, explains that the employer should provide a safe working environment for employees. However, the Act is silent in

terms of the definitions or explanations of psychological or emotional safety. Furthermore, limited research has been done in South Africa within the social work services sector on the issue of violence against social workers, particularly by the clientele population while they are engaged in practice.

1.5 Literature Review

Literature review refers to the selection of documents (published / unpublished) on a topic, that contain information, ideas, evidence and the evaluation of these documents in relation to a particular piece of research (Gray, 2009, p.578). Bless, Higson-Smith and Kagee (2006, p.183) further defined the literature review as an integrated summary of all available literature relevant to a particular research question.

The literature reviewed includes the following aspects: definitions of workplace violence, workplace violence typologies, risk factors, and workplace violence preventative measures. The literature was reviewed from authoritative sources such as academic books, journals, academic theses and the credible internet sites.

1.6 BRIEF OVERVIEW OF RESEARCH DESIGN AND METHODOLOGY

1.6.1. Research Methodology

The researcher adopted a qualitative approach that is exploratory in nature and a phenomenological approach as research design. Use of the phenomenological method allows the researcher to study the human experiences as they are lived, and to ascertain how these experiences have affected “social workers” and why.

1.6.2. Data Collection Strategy

A semi-structured interview schedule with open ended questions was used as an instrument to interview fifteen social workers (Bless and Higson-Smith, 2007). This method of data collection aimed to provide insight into workplace violence as phenomenon which impacts negatively on the social workers and the employer or organization. The use of face-to-face semi-structured interviews helped to gain further understanding and insight of the problems experienced as workplace violence. The interviews also enabled the researcher to explore more of the social workers’ feeling regarding possible factors leading to workplace violence and the strategies that can be effective in dealing or addressing with the phenomenon.

1.6.3. Sampling Methodology

The entire project involved a sample of fifteen social workers who are practicing generic social work within the Department of Social Development in Limpopo province, particularly in the Waterberg district. Three social work supervisors were also sampled and considered as key-informants. Non-probability sampling was considered as an appropriate sampling method for this study. The researcher initially selected the purposive sampling method and later resorted to availability sampling because it was cost effective and the least time consuming. All of the participants were selected because of the experiences of some types of violence in their workplace. These participants were social workers and because the interviews took place during working hours at their place of work where there were numerous social workers who had experienced some type of violence in the workplace were willing to participate in study, it was so convenient and cost effective for the researcher (Gray, 2009). All social workers who participated in this research study did so after being fully informed about the purpose of the project, what was required from them and that they had the right to withdraw from the study at any point at any time, without prejudice.

1.7. Data Analysis Strategy

The data that were obtained from the research study were analysed using thematic content analysis. This method of data analysis was used to analyse the collected data and Creswell's (2007, p. 152) guidelines for the steps in the analysis of data, were followed. Thematic content analysis was used to deduce the main themes that emerged from the social workers' responses to the semi-structured interview -schedule.

1.8. Limitation of the Study

The Waterberg district has six municipalities, but it was only in three municipalities that matched the specific criteria for inclusion and they were interviewed, together with their office social work supervisors, to gather information on the experiences of social workers regarding workplace violence. Only these municipalities in Waterberg district receives newly placed social workers since 2011 to date. The reason is that many social workers placed in the district are from other districts of Limpopo and as such the Department saw a need to place them to areas where transportation will be accessible to home during the end of the month.

1.9. DEFINITION OF MAJOR CONCEPTS

1.9.1. Workplace Violence

The definition of workplace violence used in this study is: ‘incidents where persons are abused, threatened or assaulted in circumstances related to their work, involving an explicit or implicit challenge to their safety, well-being or health’ (Kennedy, 2004).

1.9.2. Social Workers

For the purpose of the study, ‘social workers’ refers to employed generic social workers registered with the South African Council for Social Services Professions and currently employed in the Department of Social Development in Limpopo, Waterberg district.

1.9.3. Occupational Safety

For the purpose of this study, occupational safety refers to the promotion of safety of social workers, the laws and regulations which should be enforced by the Department of Social Development to prevent workplace violence, injuries and fatalities (Occupational Health and Safety Act, 83 of 1993).

1.9.4. Social Development

For the purpose of the study, social development refers specifically to the government structure in the Department of Social Development in the Waterberg district which provides social work services and other services.

1.10. DIVISION OF THE STUDY

According to Mogorosi (2009, p.23) ‘the study is divided into five chapters’. The first is the introduction and background of the study which summarises aspects such as objectives of the study, relevance and motivation of the study, literature review, research methodology, research questions, and limitations of the study and definitions of major concepts. The second chapter is the literature review which contains a review and discussion of related historical, theoretical and research matters from relevant literature and the views of other authors about the phenomenon of workplace violence towards social workers. Also included in chapter two are statistics, Government reports, authoritative books, and journals. Chapter three outlines the research design and methodology, focusing on the systematic discussion of the nature and type of the research and the choice of instrument, the research population and ethical considerations. Chapter four presents the study data with emphasis on the

presentation of the collected data and the last chapter contains a discussion of the findings and recommendations wherein the discussed findings are linked with the reviewed literature and followed by the researcher's conclusion, recommendations and the implications of the findings.

CHAPTER TWO

2. LITERATURE REVIEW

2.1. Introduction

There is a growing body of literature describing various aspects of workplace violence, particularly in the health care setting; for example, that which nurses experience (Kennedy, 2004). Conflict and violence in the workplace have emerged as a real but inadequately explored concern in the social work profession. The recent study by Ringstad (2012) surveyed a national random sample of 1,029 National Association of Social workers (NASW) members about their experiences with client violence and with physical and psychological assault in relation to practice setting, age, gender, and experience. However, there is still a paucity of literature regarding workplace violence in the social work services that focuses particularly on social workers in South Africa although some studies were conducted in other countries such as the United States of America regarding the same professional social workers. Jayaratne, Croxton and Mattison (2004) conducted a national study about conflict in the workplace. They found that 42% of the social workers sampled had been verbally abused by clients, 17, 4% have been physically threatened, and two comma eight per cent had been physically assaulted. Their study shows that social workers are indeed experiencing violence at the workplace in different ways and their study also justifies why it was vital for this research to have been conducted in South Africa, particularly in the social services sector as many researchers have focused much more on the health sector. The purpose of this literature review is to explore and understand the issues regarding the workplace violence that threatens social workers so as to inform exploratory research into the degree and nature of workplace violence experienced by social workers.

A macro perspective of violence is given by defining violence according to the perspective of the World Health Organisation (2002) and the micro level will focus on the manifestations of workplace violence. Aspects covered in the literature review include definitions of workplace violence, risk factors, and the effects of workplace violence on the employer, employees and the social work profession.

2.2. The Concept of Workplace Violence

2.2.1. Definition of Violence and Workplace Violence

Violence at work has become an alarming phenomenon worldwide. The real size of the problem is largely unknown. The inordinate cost of workplace violence for the individual employees, the organisation and the community at large is becoming more and more evident. Although incidents of

violence are known to occur in all work environments, some employment sectors such as social services sectors are particularly exposed to violence due to daily contact with clients. Violence includes both physical and non-physical violence. Violence is defined as being destructive towards another person. It finds its expression in physical assault, homicide, verbal abuse, bullying, sexual harassment and threat. Its prevalence has, however, increased in the workplace which was traditionally viewed as a violence-free environment.

Equally descriptive of the physical and psychological nature of violence was the definition agreed upon by the European Commission: ‘incidents where persons are abused, threatened or assaulted in circumstances related to their work, involving an explicit or implicit challenge to their safety, well-being or health’ (National Institute for Safety and Health, 1997).

There is no consensus in the literature on the use of the term workplace violence, or workplace aggression. ‘Violence and aggression are essentially synonymous terms, but the abuse of superlatives, particularly by the media, and the resultant desensitisation have resulted in the term, violence, replacing that of aggression in many circles’ (Rippon, 2000, p.456). Workplace violence and aggression are thus complex concepts, having many different meanings, or definitions associated with them.

Waddington, Badger and Bull (2005, p.158) further indicate that ‘some of the definitions of workplace violence are so broad and inclusive that any kind of behaviour experienced by an employee, ranging on a continuum from disagreeable to frightening, is labelled as violent’. The latter authors do acknowledge that people experience violence differently and that such experiences should be respected from an analytical and practical point of view. However, they point out that broad, inclusive definitions of workplace violence are problematic, in the sense that the same conceptual tools are used to describe distinctly different circumstances and events (Waddington et al. 2005).

Alternatively, definitions restricting workplace violence to, for example, intended or physical assault, excludes the harmful effects of non-physical actions or threats, such as verbal and emotional abuse. To demonstrate this, the World Health Organisation’s definition of violence is ‘The intentional use of physical force or power, threatened or actual against oneself, another person, or against a group or a community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, mal-development or deprivation’ (WHO, 2002, p. 4). Although helpful in recognising that

violence occurs at micro, meso and macro level and acknowledging the psychosocial consequences of violence, this definition, by limiting violence to actual or threatened physical assault, is not comprehensive enough to be suitable for research on workplace violence targeting social workers. Instead, violence in the social services context should be viewed as an overarching term comprising a wide range of behaviours (Luck, Jackson and Usher, 2006).

LeBlanc and Kelloway (2002, p. 444) suggested that the term, workplace violence, be reserved for physical violence and threats of physical violence, and that the term workplace aggression, be reserved for non-physical aggression, e.g. shouting and swearing. In yet another attempt at achieving conceptual clarity, the term psychological violence, was used to 'denote verbal abuse, bullying, sexual or racial harassment, mobbing and threats, in an international comparative study on violence in the health industry in 2002' (Mayhew and Chappell, 2004, p. 110).

Fox and Spector (2005, p.5) express preference for the more global term, i.e. 'counterproductive workplace behaviour', which they regard as an umbrella term for a domain that deals with any kind of behaviour that is detrimental to an organisation. They define workplace violence as 'any form of behaviour directed by one or more persons in a workplace towards the goal of harming one or more others in that workplace, in ways the intended targets are motivated to avoid'. Neuman and Baron (as cited in Fox and Spector, 2005) isolate intention as the critical factor that differentiates workplace violence, in particular aggression, from other forms of counterproductive work behaviour. They make strong cases for the concept, aggression, to be the integrating construct around which work and research into workplace violence and aggression should be centred. Bies and Tripp (as cited in Fox and Spector, 2005, p.76) also prefer the use of the term 'workplace aggression', because it is a value-neutral concept, preferable to a manager-centred concept, such as counterproductive work behaviour.

Hegney, Eley, Plank, Buikstra & Parker (2006, p. 221) regard workplace violence in nursing workplaces as 'inclusive of aggression, harassment, bullying, intimidation and assault'. Other researchers have used terms like 'disruptive behaviour' and 'bullying' (Rosentein & O'Daniel, 2005). The lack of a clear definition presents conceptual difficulties for researchers attempting to study workplace violence not only in the nursing but also the social work sector or social services sector context and has contributed to difficulty in addressing such behaviour (Rippon, 2000, p. 452). Luck, Jackson and Usher (2006, p. 252) point out that a common definition of violence would enhance the

comparability of data attained in research, and would enable social workers to recognise and confront episodes of violence and aggression more effectively. It could be argued, however, that a universally shared definition may have an opposite, simplistic effect and would exclude, for example some of the finer cultural distinctions of workplace violence, as experienced in different contexts.

In summary, the literature seems to indicate that intent to harm, with physical or psychological consequences, is fundamental to any definition of workplace violence (Rippon, 2000, p.456). There also seems to be consensus that workplace violence encompasses at least two subcategories of workplace violence, namely physical and non-physical violence (Luck, Jackson & Usher, and 2006, p.252). The formulation of a functional definition of workplace violence for the purpose of this study was further reliant on typologies or classifications of workplace violence and an analysis of the nature of workplace violence experienced by social workers.

2.2.2. Violence in the Workplace

Workplace violence crosses all work settings and occupational groups. It is increasingly common in work settings where violence is expected, e.g. law enforcement, delivery services where robbery is common and in mental health settings, and it could be concluded that every occupation that deals with the public can experience incidents of violence in the work environment.

Earlier studies (Di Martino, 2002; LeBlanc, and Kelloway, 2002, Rivara and Thompson, 2000) revealed that most of the violence comes from people outside the work environment. This involves acts by customers or clients of a service and could include patients, prisoners or passengers, but in addition, later studies highlighted horizontal violence, which is described as violence and aggression by staff on staff (colleagues), for example, bullying and harassment. This brings into focus another perspective of workplace violence, namely that of organisational violence, described by Bowie (as cited in Davis and Snyman, 2005) as organisations knowingly placing their workers in dangerous and violent situations or allowing a climate of bullying or harassment to thrive in the workplace.

In a press release on workplace violence by the World Health Organisation in 2002, it is alleged that new research indicates that violence in the healthcare workplace is actually a global phenomenon and is common in all societies, including the developing world (WHO/37, 2002).

Work-related, non-fatal assaults are a more common form of workplace violence. This includes not only physical assault, but also other forms of aggression, such as stalking and harassment. A study

done in Nova Scotia 1995 revealed that the prevalence of workplace violence in the health sector is widespread and includes settings like acute care setting, emergency department, psychiatric inpatient units and critical care units. (Registered Nurses Association Nova Scotia, 1996). Literature also shows that, from the subjects surveyed over the years, the majority had been subjected to at least one incident of violence in the course of his/her occupational experience. In South Africa, 78% of employees confirmed that they had been bullied or victimised at least once in their careers (Marais-Stein, 2002).

2.2.3. Prevalence of Workplace Violence

Ringstad (2012) conducted a study along similar lines to the researcher's. In his study, he revealed that, in the USA, workplace violence towards social workers by clients is growing and indicated that the most experienced type of violence in the workplace is psychological as compared to physical. In South Africa, there are no specific statistics pointing to social workers experiencing workplace violence except statistics which are based on the health professionals, hence many studies on workplace violence concern them. The chart below shows the statistics regarding the types of violent behaviours experienced by social workers from their clients. The figure further shows that the most experienced violent behaviour is in the form of insults which is emotional violence. On the other side, physical attacks or assault are minimal.

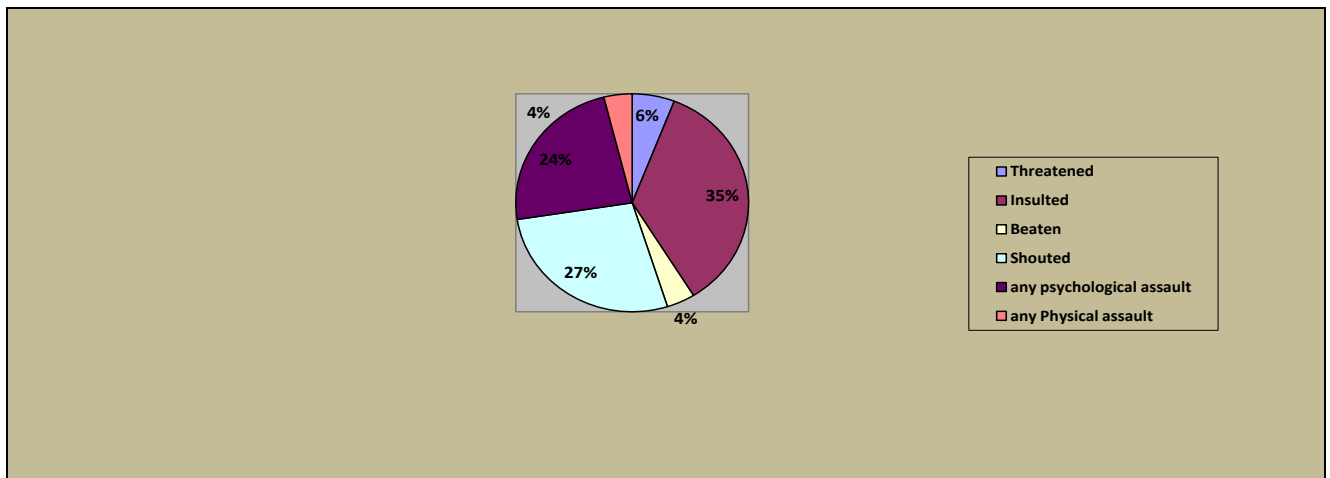


Figure 1 Prevalence of workplace violence: USA (Ringstad, 2012)

2.3. Workplace Violence Typologies

Bowie (as cited in Davis and Snyman, 2005) notes that the typology of workplace violence that is generally accepted in current legal, occupational health and safety, criminology and security circles is

one that is based on the relationship of the perpetrator to the workplace. The Californian Occupational Safety and Health Administration (Cal/OSHA) developed a workplace typology. In this typology, workplace violence events are classified into five types, namely Type I which is stranger violence, Type II is client/customer violence and Type III is organisational violence, which is violence that is committed within the organisations. Type IV and Type include workplace violence types and employer violence which covers physical and non-physical violence committed by an employer on an employee (Cal/OSHA, 1995).

Apart from the abovementioned typology, there is another widely recognised and foundational typology used for different studies on workplace aggression which is that proposed by Buss (as cited in Neuman & Baron, 2005) who classifies workplace aggression using three dichotomies, namely physical-verbal, active-passive, and direct-indirect. Physical aggression involves physical actions (for example, pushing, assault) on the part of the perpetrator while verbal aggression (for example, yelling, gossip) inflicts harm through words, rather than deeds. Active aggression implies that the perpetrator does something to harm the target, either directly, for example, obscene gestures or racist remarks, or indirectly, e.g. theft or spreading rumours. Passive-aggressive behaviour is a pattern of indirectly expressing negative feelings instead of openly addressing them. There is a disconnect between what a passive-aggressive person says and what he or she does. For example, a passive-aggressive person might appear to agree — perhaps even enthusiastically — with another person's request. Rather than complying with the request, however, he or she might express anger or resentment by failing to follow through or missing deadlines.

Aggression and physical abuse are found especially in occupations dealing and interacting with the public. The range of aggressive behaviour reported, includes being grabbed, punched, pushed, pinched, scratched, kicked, stabbed with scissors and pulled by the hair (Hemmila, 2003). Hemmila further states that the assaults that involved physical contact were mostly ascribed to the psychotic behaviour of the patient or behaviour that stemmed from the patient's substance abuse (mostly alcohol intoxication).

It should be noted that documented data on the prevalence of specific types of violence around this aspect (physical abuse) is limited. Authors explain that this could be due to underreporting (Sofield & Salmond, 2003). Available statistics are often retrieved or collated from records, like occupational injuries compensation, or via the occupational health and safety compensation claims.

Werner (as cited in Wells and Bowers, 2002) reports a significant association between verbal abuse by patients and physical assault, and states that verbal abuse often precedes physical abuse. Wells and Bowers (2002) also revealed that the incidence of verbal abuse is not only related to patients, but quite often colleagues, especially doctors, are also guilty of such behaviour. (Stringer, 2001). 'Some of the worst attacks nurses undergo come from within. The nasty words, vicious threats and even physical assaults occasionally arise not only from angry or confused patients, but also from the physicians with whom nurses work' (Tamra, 2002, p.2). The above can be described as verbal intimidation. It often manifests itself in a loud angry tone of voice, foul language, inappropriate jokes, or threats. This type of abuse is mostly hierarchical downwards, has a controlling effect and humiliates the individual.

According to data from a global study on violence in the healthcare worker's workplace, verbal abuses constitute 61.1% of all types of abuse reported in the public sector (WHO/37, 2002). Despite this high incidence, verbal abuse is usually not reported, as it is viewed as 'common practice'. 'The incidence of verbal abuse is believed to be underreported and this underreporting is hypothesized to stem from oppressed behaviour, because nurses blame themselves for the abuse instead of placing the blame on the abuser' (Sofield and Salmond, 2003, p.3).

Emotional or psychological abuse may include verbal abuse, bullying, harassment and threats. Social workers like nurses are often called names or they are insulted, and this could cause emotional distress. Tamra (2002) also states that these attacks do not leave visible scars, however, the emotional damage to the inner core of the victim's self can be devastating. Another aspect that may be considered as relevant for the underreporting is the cultural complexity of communication, as different cultures communicate and use language differently. This complexity could result in the spoken word being interpreted differently. As nursing care involves interaction and service to a multi-cultural client population, this difference in interpretation may lead to nurses accepting verbal abuse from all sources, as 'part of the job' (Sullivan & Decker, 1992, p.158). The Department of Social Development like other institutions employs people from different ethnic and cultural groups who on the other hand speak different languages. Even when we are thoroughly aware of all the barriers to effective cross-cultural communication and make use of English as the medium of instruction to assist us in communicating with people from cultural and linguistic backgrounds different to our own, misunderstandings will occur. Misunderstandings occur in all communication, even between people from the same cultural and linguistic background. In most cases, the social worker is expected to

communicate or provide services using the client's local language. In situations wherein the social worker is of Venda cultural background for example, he or she might show signs or say something to show respect but such might have different meaning to that of a client from another culture. Such may lead to workplace violence, especially in the Waterberg district where the study was conducted as Sepedi is the predominant spoken language and the majority of social workers employed in this district are from Vhembe, Mopani and Capricorn. So words such as 'wena' meaning 'you', 'nyaka' meaning 'want' carry different weight in different cultures which find such words disrespectful.

Due to such cultural differences, social workers who speak a different language from the client-population end up being victims of verbal abuse which is sometimes referred to as workplace bullying. Workplace bullying is rife and is referred to as the 'silent epidemic', eating away careers and human potential. Verbal abuse or workplace bullying can be emotionally harmful and can be crippling as most people identify very strongly with their jobs and their self-esteem is derived from the position they hold. Staffs working in the emergency and trauma units are often subjected to bullying by patients who have a history of violent behaviour, especially those involved in gang-related violence. Often social workers are threatened or bullied because of their nature of work. Verbal abuse could also be expressed through the use of offensive sexual comments by clients. This mostly happens to female social workers as compared to male social workers, especially those who are perceived by clients to be younger. Sexual harassment can involve a range of unacceptable behaviours, including unwanted physical contact, offensive sexual comments and sexual propositions. According to Hoyer (1994), very few victims of harassment in the workplace manage to take effective measures to prevent or discourage such behaviour. He further states that it is consistently reported that disclosure of harassment often exacerbates the situation and penalises the victim more than the perpetrator. This could account for many unreported cases and the tendency to trivialise certain behaviours.

For the purpose of the study, the researcher focused on Type II which is client workplace violence. This type of workplace violence is relevant to the study as occupational social work is an occupation that involves substantial contact with clients (work community) on a daily basis (Van Breda as cited in Carapinha, 2009, p. 287). In South Africa, there has not been much research regarding the types of violence that take place in the social work services. Bowie (cited in Davis and Snyman, 2005) explains workplace violence typologies as follows:

Type II: Client Workplace Violence

Type II workplace violence involves aggressive acts by clients/ patients (or their relatives) who are recipients of a service provided by the affected workplace. 'The employees of the affected workplace become victims during the course of the service relationship with the assailant' (Graycar, 2003).

2.4. Risk Factors for Social Services and Health Care Workers

The literature shows that 'health care workers and social service workers face a significant risk of job-related violence' (Workplace Bullying Institute, 2010). According to the Occupational Safety and Health Association report (2004) by the USA Department of Labour health care and social services workers face an increased risk of work-related assaults stemming from several factors. Furthermore, the National Institute for Occupational Safety and Health (1997) stipulates that violence within our societies often infiltrates the work environment. In addition, work practices that include low staffing levels, long waits for the services by the clients, or working in isolation may possibly put an employee under threat. Although there is a paucity of research in South Africa regarding workplace violence towards social workers, there are studies conducted regarding the same topic but towards nurses in which according to the researcher, health services and social services complement each another.

In a South African study conducted by Marais-stein, Van der Spuy and Rontsch (2002, p. 11) it was found that at the three health services being studied in the Western Cape, 'frustration, as a result of lengthy waiting periods, and substance abuse were primary reasons for aggressive behaviour towards the practitioners'. Other identified risk factors related to workplace violence include environmental factors where violent societies, a violence prone neighbourhood or community and early release of mentally ill patients play a role. Thus the violence within our societies often infiltrates the work environment.

In addition, work practices which include limited work experience, low staffing levels, long waits for services by clients, or working alone. According to the results of a regional survey conducted in Iranian hospitals by Hossein (2013, p.11) it has been found that 'there is a significant association between violent events and work experience, indicating limited work experience as a risk factor of violent incidents in emergency department'. Furthermore, the long waiting periods often increase the negative emotions of clients, which in turn increase the level of frustration. Perpetrator profiles may

include persons with a history of violent behaviour, and may include relatives and friends of the injured persons (National Institute for Occupational Safety and Health, 1997).

2.5. Factors Contributing to Workplace Violence

A goal of anyone looking into workplace violence would, more than likely, be to predictably discover what causes people to react violently. Finding exact causes would be a daunting task for anyone and is well beyond the scope of this paper. With that in mind, it would be helpful to identify work related factors that may very well contribute to a work environment that could lead to violence in the workplace.

In order to be able to identify risk factors and thus prevent violence at work, it is important to understand its causes and antecedents. Kennedy (2004) categorizes contributory factors to workplace violence into situational factors, individual factors, organizational factors and societal or environmental factors. In addition, Di Martino, Hoel and Cooper (2003) elaborate on these factors.

2.5.1. Situational Factors

Chappell and Di Martino (2000) suggest that some work situations appear to be particularly associated with an enhanced risk of violence. Working in contact with the public, such as at the interface between the organisation and the general public, increases the risk of exposure to violence. Examples of such occupations include the health service, local government, passenger transport, banking institutions and hotels and the catering industry. Typical examples of employees facing violence are those working in an enforcement capacity, including child-welfare workers, probation officers and security guards. For those working with people in distress, displays of anger and aggression on the part of a client are common-place, to the extent that many workers consider such incidents as part of the job. Amongst groups most typically facing distressed people are social workers, psychiatric nurses and prison and probation officers.

2.5.2. Organisational Factors

Poor work distribution is another factor influencing levels of violence. Thus, where the workload is excessive or unevenly distributed, situations may be created that bring about a violent reaction from clients (Poster, 1996). Change, economic uncertainty, downsizing, tougher competition for promotion, often combined with budget cuts, are factors that are associated with higher levels of

aggression and violence in the workplace (Elliott and Jarrett, 1994) The culture and climate at the workplace, such as an increased risk of threats and fear of becoming a victim of violence, have been found in situations where there is a lack of harmony within a work group and where there is little or no support from fellow-workers .

In addition to the above, Kelleher (as cited in White, 2002, p.9) lists nine elements that directly impact the work environment: “excessive workload, inadequate time to complete the assigned task, poor supervision, uncertain organisational climate, insufficient authority to meet job responsibilities or functions, philosophical differences between the organisation and employee, unexpected or significant change at work or at home, and unanswered or unresolved frustrations”.

2.5.3. Societal Factors

The following factors may, on their own or in combination, influence the risk of violence in a given society: levels of violent crime in society (Chappell and Di Martino, 2000). Economic change: an example of the latter is that in order to sustain competitiveness in an increasingly global marketplace, most European organisations at the beginning of the new millennium are still in the midst of struggling with the effects of dramatic change processes, with downsizing and organisational restructuring as a common result. Under such circumstances, the relationships between employees are likely to be affected (Sheehan, 1999). Rapid social change appears often to be associated with increased levels of workplace violence (Chappell and Di Martino, 2000).

2.6. Cost of Workplace Violence

According to White (2002, p. 8), the costs associated with incidents of violence in the workplace consist of both hidden and highly visible items. These costs can be very high and are not limited to the loss of life. Every company with employees would be well advised to factor in costs from the following areas when trying to anticipate any cost associated with the aftermath of a violent event: additional security immediately following a violent event, building repair and clean up, business interruptions, loss of productivity caused by the loss of employees directly involved in an incident and those who are traumatised as a result of the event, salary continuation for those who are injured, loss of customers, early retirement or resignation of valued and knowledgeable employees, increase in workers compensation claims, increase in insurance premium rates, attorney fees, and long term counselling care for remaining employees .

Any form of violence can have a serious effect on the workforce, the employer and the victim, and a negative impact on productivity and profitability which can threaten organisational survival. 'Firstly, included in the potential consequences may be high levels of anxiety, depression, stress-related illness, as well as absenteeism and turnover amongst victims; secondly, diminished productivity, job satisfaction, morale, and employee involvement; and thirdly, difficulties in recruiting and retaining valued staff' (Randall, 1997, p. 57).

2.7. Occupational Health and Safety Act No. 181 of 1993 as amended

Given the realities of the social work practice environment the importance of emphasizing safety for social workers is clear. Employees should generally enjoy a common law right to a safe working environment (Newhill, 2003). Health and safety legislation is aimed at supplementing this basic right. In the South African context, health and safety legislation was a response to the dangers inherent in mining operations, and dates back to the turn of the century. The focus here will be on understanding the general provision of the Occupational Health and Safety Act-OHSA (No 181 of 1993) as amended. This will cover the purpose of the Act, general duties of employers to their employees, duties of employees and health and safety representatives and their duties in ensuring a stress free environment as outlined in the act. Whereas the occupational injuries and diseases Act, No. 130 of 1993, regulates the payment of compensation to persons who are injured or who contract a disease while working, the Occupational Health and Safety Act lays down certain rules aimed at preventing accidents at work. This is thus an important Act in light of the seven employees that die daily in South Africa at their workplace and 115 other that are permanently disabled per day (Carrell, Elbert, Hatfield, Grobler, Marx, and Van der Schyf, 1998, p. 438).

2.7.1. Duties of the Employer and Employee

2.7.1.1. Duties of the Employer

According to section 8 to 13 of OHSA, No. 181 of 1993 as amended the issue of stress is a serious one as it not only affects the individuals but also the organisation itself. It is therefore important that the employer take responsibility in ensuring that workplace stress is prevented, and or reduced, at all times. The employer has a duty to provide a safe working environment that is without risk of health to employees. Employers need to ensure that they know their duties in ensuring a healthy and safe working environment. This section of OHSA emphasizes that 'the employer must provide and maintain a working environment that is safe and without risk to the health of employees, take steps to

eliminate or mitigate any hazard or potential hazard to the health or safety of the employees and make arrangements for ensuring this safety' (Amos, Ristow, Ristow and Pearse, 2008, p. 52).

The emphasis is on the prevention and the removal of hazards rather than on protection against them. The employer must also see that employees are properly instructed and informed, and that precautions are adhered to. This is crucial for the employers of social work practitioners as the practitioners will be equipped with skills in self-defense should the need arise if, for example, a client is violent. According to Vender and Levy (2009, p. 247) there is also a responsibility to ensure that activities do not have an adverse effect on the general public.

2.7.1.2. Duties of Employee

Vender and Levy (2009, p. 247) mention that there is a possible conflict between carrying out orders and taking reasonable care for the health and safety of self and others. However, employees must report dangerous situations, cooperate with inspectors, use the safety equipment provided, and not tamper with it or render it ineffective. This means that employees have a role to play in reducing stressful situations at work by either reporting such or applying other necessary interventions. The occupational social worker should always remember to familiarize him/herself with the relevant Acts and policy documents of the company he or she is attached to. Occupational social workers must also remind employees of their responsibilities in reducing health and safety risks which may end up creating a stressful environment. A stressful environment may be very detrimental to the employees and also to the organizations.

This study will definitely be an eye-opener to the Department of Social Development in reminding them about the role they have to play as the main employer of social workers in the country according to what the OHS Act mandate. Amos, Ristow, Ristow, and Pearse (2009, p. 165) mentioned the following duties of the employees as outlined by the OHS Act amended Act, No. 181 of 1993. The Act states that the 'employee must take reasonable care for the health and safety of themselves and of others; cooperate with the employer in order to fulfill any duty or requirement imposed by the OHS Act; carry out any lawful orders and obey the health and safety rules and procedures laid down by the employer or by anyone authorized thereto by the employer, in the interests of health or safety; report any situation which is unsafe or unhealthy as soon as possible to the employer or to the health and safety representatives; and if the employee is involved in any incident which may affect his/her health

or which has caused an injury to him/ her, report such incident to the employer or to anyone authorized thereto by the employer as soon as possible thereafter’.

2.8. THEORETICAL FRAMEWORK FOR THE STUDY

A theory or theoretical framework could be described as a well-developed, coherent explanation for an event. According to Cohen (2007), theoretical framework requires diverse perspective to explain the study that involves human, societal and organisations framework in general, the same goes with the attempts to explain the workplace violence as the factor that hinder the effectiveness of service provision in the workplace.

There are many models that may be used to explain workplace violence, however the theoretical framework that underpinned this study was the ‘Two-Factor theory’ of Frederick Herzberg. The Two-Factor theory suggests that individuals’ relation to work is basic and that one’s attitude toward work can very well determine success or failure (Robbins, 2005). Factors that could contribute to a negative attitude toward workplace would be if employees perceived and experience as unsafe working environment. Herzberg in his Two-Factor theory further mentioned two important aspects which the researcher believes have relevance to the study: satisfaction and dissatisfaction. Herzberg’s theory outlined conditions surrounding the job such as quality of supervision, pay, company policies, physical working environment, and relations with other, and job security as conditions that contribute to either satisfaction or dissatisfaction. The theory suggests that should the workplace conditions include poor safety, a lack of supervision, and unclear policies. These unfavourable conditions will result it dissatisfaction and demotivated employees.

Coetzee (2008, p. 33) emphasised that ‘the safety culture of an organisation should be recognized as being an important determinant of the safety and health of employees.

CHAPTER THREE

3. RESEARCH METHODOLOGY AND DESIGN

3.1. Introduction

Kumar (2011) defines research design as the plan or strategy through which a study attempts to obtain responses to the research question. The aim of this chapter is to provide a detailed account of the methodology that was used in this research project. This chapter will further elaborate on the type of sampling methods that were applied to obtain social workers. This chapter also informs the reader of the research tools that were applied in this research study. In addition to this, the research design and methodology chapter will discuss how the researcher ensured the trustworthiness of the research study. Limitations of this research study will be discussed throughout the chapter. Finally, this chapter will discuss ethical procedures that were followed in when conducting the study.

3.2. Nature of the Study

The study was qualitative in nature. Qualitative research attempts to collect rich descriptive data in respect of a particular phenomenon or context with the intention of developing an understanding of what is being observed or studied (Maree, 2007). The researcher used qualitative approach to gain in-depth information from individuals who had been exposed to workplace violence. According to Bless, Smith and Kagee (2006), qualitative research is conducted using a range of methods which use qualifying words and descriptions to record and investigate aspects of social reality.

3.3. Research Strategy

Phenomenological design was used in this study. According to Welman, Kruger and Mitchell (2006, p. 53) research design is the plan according to which researchers obtain research participants and collect information from them. In it researchers describe what they are going to do with the social workers, with a view to reaching conclusions about the research problem or research question. In addition, Maree (2007, p. 70) defines a research design as a plan or strategy, which moves from the underlying philosophical assumptions to specifying the selection of participants, the data gathering techniques to be used and the data analysis to be done.

Using phenomenological design has been hailed by Babbie (2008) as a means through which the researcher can enrich data as well as the trustworthiness and rigour of the design especially where key informants are being used. Rigour according to Creswell (2003), refers to ensuring that qualitative

research is protected from bias so that the reliability of the findings is enhanced. Interviewing both participants and the key informants, as opposed to interviewing one type of respondent, enabled the researcher to weigh the findings and conclusions reached about the data collected against one another and thus deduce more valid conclusions.

Using the phenomenological method allowed the researcher to study the human experiences as they are lived, and to ascertain how these affect participants and why. Furthermore, the researcher concurs with Creswell (2003) in believing that phenomenological design allows the researcher the opportunity to obtain the necessary information related to individuals' actions and interactions through interviews and observation. The findings of this study will add to the existing body of knowledge.

3.4 Population and Location of the Study

3.4.1. Population of the Study

According to Strydom (as cited in De Vos et al, 2005, p. 204), population refers to the 'individuals in the universe who possess specific characteristics or asset of entities that represent all the requirement of interest to the researcher'. In addition, Welman, Kruger, and Mitchell (2005, p. 52) also define 'population' as the study objects and state that it consists of individuals, groups, organizations, human products and events or the conditions to which they are exposed. For the purpose of this study, 'population' refersto all registeredsocial workersemployed at the Department of Social Developmentin Limpopo province, Waterberg district who were exposed to one or more incidents of workplace violence. Confirmation questions were asked prior to the interviews regarding their experiences of workplace violence.

3.5. Sampling Method and Procedures

Non-probability sampling was considered as an appropriate sampling method for this study. The researcher used this type of sampling method because it sampling allows the researcher to use his own judgement in selecting cases, or to select cases with a specific purpose in mind (Cohen, Lawrence and Morrison, 2007).

3.5.1. Sample (Participants and Key Informants)

A total sample of fifteen participants was selected from the Department of Social Development (DSD) wherein five participants were selected from each of three municipalities. The following are

the Waterberg district municipalities from which the social workers were selected; Mogalakwena, Modimolle, and Bela-Bela. Included in the interviews were the three key-informants. Key informants were selected based on the number of years of working experience and their positions at work. Furthermore, the researcher believes that key informants inhabit social and professional roles in communities including workplace. The researcher needed them to provide knowledge and information related to workplace violence as they are in the management positions or at a supervisory level within their workplace. It was easy to select them, though, as each municipality has only one supervisor per sub district office.

3.5.2. Sampling Procedures

The researcher negotiated entry with the social work supervisors within those aforementioned municipalities. Then the research topic and targets were explained to the supervisors. The meeting was held with social workers and supervisors to inform them about the study and were then asked who was interested in taking part in the study. The social workers' information sheets and consent forms were distributed. After they all read the social workers' information sheets, the social workers who did not qualify to be part of study then left and those remaining in the boardroom were those who had the following criteria of inclusion; registered social workers and practicing generic social work only, with more than one year of working experience as social workers, must be currently employed on a full-time basis within the DSD in the Waterberg district in Limpopo province, and must have experienced workplace violence. Confirmation questions were asked prior to the interviews regarding their experiences of workplace violence. Each social work supervisor, from all three municipalities participated in the study as key informants.

3.6. Data Collection Methods

A number of different methods can be used to collect data from the social workers. Each method has advantages and disadvantages and some methods are better than the others in certain circumstances. The semi-structured interview was selected by the researcher as a suitable method of collecting data.

The section of data collection methods specifies 'the procedures and techniques to be employed, measuring instrument to be utilized and activities to be conducted in implementing a research study' (Richard and Grinnell, 1993, p. 44). According to Ragin (1994, p. 191) Data collection methods refers to the various methods social researchers have developed for collecting evidence in a systematic way. The data collection method used in this study was self-report (semi-structured

interview). Bless et al (2006, p. 121) maintains that self-report involves the research participant reporting on his or her own experience.

Interview refers to a 'technique in which an interviewer reads a question to social workers and records their verbal responses' (Monette., Sullivan, and De Jong, 2008, p. 488). In addition Bless, et al (2006, p. 185) define an interview as a data collection technique based on a series of questions relating to the research topic to be answered by research social workers.

To collect data, the researcher conducted semi-structured interviews which took place in the social workers' workplaces after it was agreed between the supervisors and the researcher that they should be interviewed at work though the initial plan was to interview them at their homes to avoid interfering with their daily duties. It was thought beneficial for the researcher to conduct semi-structured interviews at the workplace as this assisted the researcher in getting the feel of the work environment and to allow the social workers to narrate their experiences in their natural work environment. The interviews per individual took a minimum of twenty five minutes and the longest was forty minutes. The researcher audio-taped the interviews and recorded in writing any non-verbal gestures of the social workers to be able to keep a reflective journal.

3.7. Data collection instrument

Instrument is the 'term used for material developed by researchers for data collection and analysis' Somekh and Lewin (2005, p.577). In addition Gray(2009, p.346) defines an instrument as a 'tool such as a questionnaire, survey or observation schedule used to gather data as part of a research project'. According to Bailey (1994, p.446) an interview schedule is a 'list of questions read by an interviewer to a respondent, with the interviewer then writing down the respondent's answers on the schedule'. Monette et al, (2008, p. 488) define an interview schedule as a document used in interviewing, similar to a questionnaire, that contains instructions for the interviewer, specific questions to be asked in a fixed order, and a transition for the interviewer.

For the purpose of the study, the researcher used two semi-structured interview schedules one of which was for participants and the other designed for the key-informants. As the study involved social work supervisors as key informants, they had their own semi-structured interview schedule which was different to that of the participants. The semi-structured interview schedule gave the researcher the opportunity to "clarify concepts, eliminate superfluous questions and properly formulate

ambiguous ones” (Bless, Higson-Smith, and Kagee, 2007, p. 108). However, these instruments had limitations in that they were time consuming and thus expensive. The initial plan was to interview participants at their homes but the employer suggested the workplace. Secondly, the issue of space for the interviews was a challenge as the researcher had to use their offices and at some point the interviews were interrupted by the movements of other social workers within the premises who failed to read the notice on the door indicating that there was an interview in process.

In dealing with some of the limitations, the researcher firstly pre-tested the research tool at Mookgophong Social Development office with the aim of determining whether the instruments would be understood by the social workers and subsequently made changes in the data collection instrument where necessary.

3.8. Levels of measurement

According to Nachmias and Nachmias (1992, p.152), ‘levels of measurement refers to the degree to which typical numbers describe characteristics of the measured variable. In addition, Bailey (1994, p.576) indicates that ‘levels of measurement’ refers to the simplest sort of measurement to which one has only discrete categories but no ranking of categories, the categories are generally assigned names rather numbers.

Nominal measurement was selected for the study. According to Marlow and Boone (2005, p.337) ‘nominal measures’ refers to measures that clarify observation into mutually exclusive categories with no ordering of categories. In addition, nominal ‘scale describes characteristics that have no numerical value (for example, the name of the organizations, products, departments) sometimes referred to as the categorical scale’(Gray, 2009, p.580).

For the purpose of the study, the researcher used nominal measures because he wanted to focus on a population that had the same characteristics and this meant only social workers who had experience of violence from a client during working hours while on duty.

3.9. Data Analysis

The method of data analysis applied in this study was thematic content analysis which is a descriptive presentation of qualitative data (Creswell, 2007, p. 152). The researcher transcribed the audio-taped, semi structured interviews and interpreted where necessary as the participants were given the

opportunity to express themselves in their mother tongues. The most used language during the interview was but there were also participants who, in the middle of the interview, used Xitsonga, Tshivenda and Sepedi. The vernacular language answers were later translated into English and then analysed. Then the researcher arranged the interview transcripts into themes in order to gain an understanding of them (Boeijie, 2010).

A semi-structured interview schedule for key informants which yielded qualitative data was used to triangulate the data from the participants and the literature. The usage of key informants' data enabled the researcher to validate one form of data through the other (Creswell, 2007) hence strengthening the validity of the results.

The interview encounter has the explicit purpose of one person obtaining information from another during a structured conversation based on a prearranged set of questions (Babbie and Mouton, 2001). The interview was used to obtain information about the social workers' experience of workplace violence (Miller and Salkind, 2002). A major advantage of the personal interview is that the interviewer can obtain additional information about the interviewees' personal characteristics and environment, which could be useful when interpreting and evaluating findings (Miller and Salkind, 2002). An important weakness of the interview is that, because it is face to face, there is a problem that the participants are more likely to over-report socially desirable behaviour than when answering through a closed-ended questionnaire (Gray, 2005). Data analysis of closed questions is straight forward, readily coded, ensures confidentiality, and there is no interviewer bias (Gray, 2005).

3.10. Ethical Considerations

In research, ethics are very important as the researcher studies humans who are typically associated with morality and matters of wrong and right that are defined according to the standards (Neuman, 2006). In addition, the researcher has an ethical responsibility towards those who take part in the research, those who sponsor the research and those who are potential beneficiaries from the research (Monette et al, 2008). The ethical issues which were considered relevant to the study by the researcher will be discussed next.

3.10.1. Informed Consent

The researcher believes that informed consent is based on the professional relationship between the researcher and the participants in the research study. The researcher, in this regard, explained to the

social workers what the study was about and that participation was a choice and in this way any manipulation participants was minimised (Leedy and Ormrod, 2005). The researcher ensured that all participants consented in writing to be part of the study and for the interviews to be audio-taped (see the attached consent forms in page 73 and 74).

3.10.2. Violation of Privacy and Confidentiality

The researcher assured participants that the tape-recorded interviews would be kept safe in a locked cupboard and informed participants that the research supervisor would be the only person allowed to access such information and that the interview schedules, together with the tapes, would be kept for a period of two years following any publication or six years if no publication emanates from the study. The participants were also assured that their names and personal details would be kept confidential and that no identifying information would be included in the final research report. The researcher used pseudonyms in order to protect the names of the participants. During and upon completion of the report the data together with the audio tapes will be stored in a locked filing cabinet and the computer files will be password protected.

3.10.3. Voluntary Participation

This principle entails that no one should be forced to participate in the study. Therefore, the researcher indicated to the participants that participation in the study was voluntary, and that social workers may withdraw their participation at any stage without any negative consequences.

3.10.4. Deception of Social Workers

Deception involves withholding information or offering incorrect information to ensure the participation of subjects when they would otherwise have refused (Mogorosi, 2007, p. 31). Ethics in research help to avoid possible problems. For the purpose of this study the researcher did not withhold information or offer incorrect information to ensure the participation of the participants. The researcher was honest with the participants especially when they asked if they would be remunerated for participating or not. To avoid deceiving them the truth was told that the study was conducted for academic purposes.

3.10.5. No Harm to Social Workers

The researcher avoided sensitive questions which might trigger the participants' emotions because they were expected to share their experiences with regard to workplace violence. On the other side, the researcher did arrange for free debriefing and counselling sessions with psychologists from Bela-Bela Hospital in case the social workers needed supportive counselling following the interview.

3.11. PRE-TEST

According to Bless et al (2006, p.184), pre-testing is a small study conducted prior to a large piece of research to determine whether the methodology, sampling, instruments and analysis are adequate and appropriate. In addition, pre-testing refers to 'a preliminary study or practice conducted by researchers before they conduct the full-blown version of the study in which they are interested' (Pelham and Blanton, 2007, p.405).

For the purpose of the study, the researcher interviewed two social workers and their supervisor from Mookgophong office. These participants who took part in the pre-testing were two males and one female. The pre-test participants were requested to provide honest feedback about the interview, after it was explained to them that it was a pilot study. In this research project, piloting the interview schedule provided information as to the length of time that was allocated to each interview session as well as questions that needed to be included or amended so that they were clear to the participants. Amendments were made to the semi-structured interview schedule by including other questions and deleting some, in particular in the schedule for participants as that for the key informants was never amended. This critical part of the research project served to ensure that the finalised research tools were respondent-friendly.

3.11.1. Purpose of Pre-Testing

The reason for pre-testing the tools was to find out if the techniques and procedures to be followed would be effective during the process of data gathering and also to make sure that questions were clear and not ambiguous. De Vos (2000) states that it is essential that newly constructed interview schedules are thoroughly pilot-tested before being utilized in the main study. The study was aimed at assessing the following aspects prior to the study:

- Time taken by respondents to answer all the questions.
- To check whether the questions were clear and understandable to the social workers.

The participants were able to answer the questions in 25 minutes minimum and 45 minutes maximum. The social workers were also asked to indicate sections or questions that were not clear to them and this helped the researcher to change some of the questions to make sure they were understandable to all the social workers. For example, the participants felt that question ten should be taken out as it is answered in question five. Question five asked about the type of workplace violence the participants' experienced while question ten asked if there was a history of workplace violence within their organization. In section C, question eleven was altered because participants felt that there might be other factors contributing to workplace violence which is not organizational, for example, work experience or societal factors. The altered question now covers all other factors which are now covering all other factors which are not only organisational, so only one question not was asked in this section. Item eight was also removed as it was also covered in item seven. Probing was used and clarification was given during the interviews. Therefore ten items remained for the main study excluding three confirmation questions for demographic purposes.

For the study, permission was granted by the Department of Social Development (Provincial Office). Participants were given information sheets and consent forms before they participated in the pre-testing process. To avoid contamination of the sample the participants chosen for the pre-testing of the study-tool were not involved in the actual study.

3.11.3. LIMITATIONS OF THE STUDY

In terms of data collection, the researcher encountered challenges regarding the availability of the participants due to attendance at training workshops. This made it difficult to arrange specific dates and times as it is the decision of the supervisor as to who attends the workshop and when.

The sensitive nature of the study may also have led to participants providing socially desirable answers so as to protect themselves because during the interview, some of the participants did not participate freely when answering the questions in the study as they thought their participation might get them into trouble with their employer. However, the researcher ensured that all participation was voluntary, and that participants were fully informed regarding the aim and nature of the study, prior to taking part in the in-depth interviews. On the other hand, a few of the participants, because of memories of violent experiences, memories of their violent incidents had to be given extra time to calm down before going with their interviews.

As this study was exploratory and used a small sample size, the results that were obtained cannot be generalized to the broader population. Furthermore, the anonymity was not absolute due to the fact that face-to-face, semi structured interviews were conducted. Confidentiality, however, was upheld. Because the data gathered from the study were open to interpretation by the researcher, the findings may be influenced by the researcher's subjectivity. In an effort to minimize this, the researcher consulted with his supervisor in order to obtain a second opinion on the themes that were deduced from participants' responses.

CHAPTER FOUR

4. PRESENTATION OF THE STUDY FINDINGS AND DISCUSSION

4.1. Introduction

The chapter presents the findings of the study. Social workers and their supervisors employed in the Department of Social Development (DSD) from three municipalities in the Waterberg district of Limpopo province were interviewed. The study explored the experiences of social workers regarding workplace violence initiated by clients. During the course of the fifteen semi-structured interviews conducted from 29 April 2013 to 30 May 2013, social workers showed that they understand the phenomenon of workplace violence and also described their reactions to the horrific workplace violent they experienced, how this impacted negatively on them as employees and on their families, and the impact on the profession of social work wherein the social workers gave their own views on how they are perceived by people outside the social work profession. They also narrated their own experiences of workplace violence, their views on contributory factors, then cost of workplace violence and intervention and preventative measures. The following sections outline main themes and sub-themes emerging from analysis of the interview transcripts.

4.2. Demographic Information

The focus of this section was primarily on demographic information obtained from the confirmation questions that were asked of the social workers. The section covered only two questions: the number of years of work experience of the social workers and the position they hold within the Department of Social Development.

TABLE 1 Profile of Social workers (N 15)

Demographic factor	Sub-Category	No.
Gender of social workers	Male	7
	Female	8
Municipality	Bela-Bela	5
	Mogalakwena	5
	Modimolle	5
Years of experience	2 years	9
	3 years	3
	4 years	1
	5 years	1
	5 years	1

Table 1 above outlines the social workers in terms of gender, the municipalities they work for, and their years of work experience. Table 2 below shows the type of violence that they experienced. The tables further show that a total number of fifteen participants took part in the study and majority of the participants were female social workers.

TABLE 2 Types of experienced violence

Type of Violence experienced	sub-category	No
Physical	Beaten, Pushed	2
Psychological (emotional)	insulted, shouting threatened	15

The study has revealed that participants experienced both psychological and physical violence while in practice although, interestingly, psychological violence was found to be common to all fifteen interviewees. On the other hand, only two male participants experienced both physical and psychological violence. The latter suggests that social workers experience violence not only because of gender but because of many other factors which are stipulated in the document.

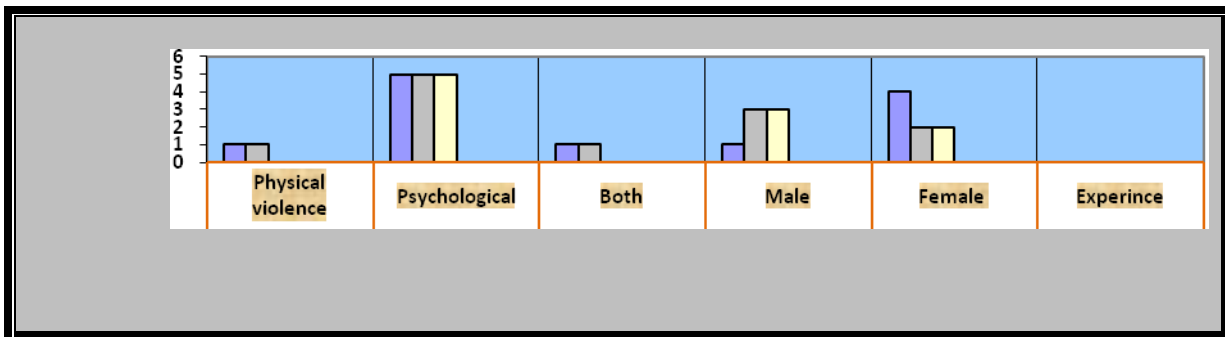


Figure 2 Workplace violence experience per municipality

Figure 1 above shows that in all three municipalities in which the study was conducted, all social workers experienced psychological violence. Out of fifteen participants, two participants from two different municipalities had experienced both physical and psychological violence while in practice.

4.2.1. Study Key Informants

Three social work supervisors, two females and one male, also took part in the study as key informants. The supervisors were selected mainly because they head the municipalities from which

the researcher conducted the study. Furthermore, the researcher believes that key informants inhabit social and professional roles.

4.3. Understanding of Workplace Violence

4.3.1. Defining Workplace Violence

The focus of this section is on the understanding of social workers regarding the phenomenon of workplace violence. The researcher wanted to find out how participants understand the term workplace violence and also wanted them to verbalize their own experiences regarding workplace violence by their clients. All participants were found to be knowledgeable about workplace violence and so could tell about their experiences. During the interviews the participants were asked the question, ‘what is workplace violence in your own understanding?’ Their definitions indicated that they knew what workplace violence is. For example, *Gabautlwan* defined workplace violence as ‘*Any form of violence that occurs within the premises of work or outside the premises of work but in relation to work*’ and Helen showed a similar line of thought by defining workplace violence as ‘*Those kinds of acts that are committed, it can be from employee to employee or just people surrounding the workplace or it could be people from outside the agency coming to violate you during working hours*’.

Thirteen participants defined this concept by singling out the types of violence which occur within the workplace while two of them further indicated that workplace violence does not only happen within the premises of work but also outside the workplace during working hours. Interesting is the definition by one social work supervisor confirming that social workers experience workplace violence daily. For example, when asked to define workplace violence she started by saying: ‘*Workplace violence does exist and happening daily, social workers are being attacked by clients*’ and ‘*Workplace violence is when you are being insulted or physically attacked by the client or colleagues in relation to work issues while on duty*’.

It appears that all fifteen social workers were able to define the aspects of workplace violence. Although they did not use the World Health Organisation (2002) definition of workplace violence, they indicated the same understanding of the concept. The world health organisation’s definitions emphasizes ‘the **intentional** use of physical **force** or **power**, threatened or actual, **against oneself**, another person, or against a **group or community** that either results in or has high likelihood of

resulting in injury, **death**, psychological harm, **mal-development** or **deprivation**'. The elements highlighted in the WHO's definition were left out in the participants' definition of the concept.

4.4. Nature of Workplace Violence against Social Workers

The second question needed the social workers to explain the types of violence being experienced by the social workers at their workplace. All fifteen social workers responding to the interview had experienced some type of violence during working hours such as psychological or emotional violence and threats. Verbal abuse was more common than physical assault.

4.4.1. Emotional and Psychological Violence

A total number of thirteen social workers experienced emotional violence which they felt was excessive. Two of them were physically assaulted. Deliwe spoke with a sad, low voice saying '*Ya (yes) when we communicate you may find that the responses are very bad and I was not expecting that from the client you know. So it is hurting.*' Ms. Lekganyane, one of the key informants, indicated that, based on the complaints she heard from her subordinates, the type of violence they experienced most is emotional violence. It seems as if, in most cases, emotional violence is experienced on a daily basis by social workers. When asked about the type of violence experienced by social workers, Ms. Lekganyane said that '*physical and emotional but in most cases they witness emotional violence wherein clients shouts at the social workers*'. When seeking clarity, the researcher found out that almost all social workers combined emotional and psychological, coupling them with aggression, insults and threats as one and the same thing.

Two social workers, especially those who witnessed physical violence, felt that they did not want to talk about it but eventually explained to the researcher exactly what has happened. Fulufhelo started crying when elaborating on his story. He indicated that he had experienced physical workplace violence twice. Although the first incident involved a mentally ill client he felt the second incident was even worse. From the information gathered it was discovered by the researcher that workplace violence, especially emotional violence, is committed by both male and female clients, while physical violence is concentrated on male clients. He said, '*I once had this joint interview, male and female, couple. So this gentleman was saying err (taking time to think) he want his property from the house. It's like this man went to Johannesburg for a while, the wife had to support children, buy everything in the house and this man came back after some years, he said he wanted the house it is his house and everything in the house. He mentioned that he married his wife and paid everything. So his wife was*

having this letter written 'I will pay this much and later will come and finish so much lobola (bride price)'. So that lady produced that letter and then the man saw that there is evidence to prove him otherwise and that he was lying. After that the gentleman wanted the letter and the lady said to me she is the one who gave me the letter and I must give it back to her. So they started to fight over the letter and then when I was giving back the letter to the lady, the man grabbed my hand, twisted it and took the letter and started fighting physically with his wife. I managed to escape, went to the supervisor so that he can intervene.

Not only did two social workers experience physical violence in the workplace but also witnessed it happening between their clients in the presence of the social worker. Recalling the incident, Ivy said, *I remember when I was with clients, a couple, so I was writing everything they were saying. While I was writing I just heard the husband slapping the wife. When I asked him what is happening, he started swearing at me and said I don't know anything and that this is his wife. I was stuck there in the office and if he had something dangerous like a knife or an object he would have done something bad to me.*

The latter sub-themes are in line with what Hemmila (2003) outlined when saying that aggression and physical abuse are found especially in occupations dealing and interacting with public. The range of aggressive behaviour reported includes being grabbed, punched, pushed, scratched, kicked, and pulled by the hair.

4.5. Contributory Factors to Workplace Violence

The researcher's focus in this section was to explore the factors that contributed to the social workers experiencing workplace violence based on their own experiences and to see if those factors are linked to organisational, situational or societal factors. The section had one major question with three sub-questions following the three categories of factors (Chappell and Di Martino, 2000). Kennedy (2004) added the fourth category, namely individual factors. Social workers reported a lack of knowledge by the clients of the services offered by the social workers, frustration caused by unemployment, poor organizational strategies and gender and age factors though all social workers had identified the lack of resources as a common contributory factor leading to them experiencing violence at the workplace.

4.5.1. Organisational Factors

4.5.1.1. Lack of Capital Resources

Social workers believe that service delivery is being hindered due to the shortage of capital resources which in turn creates a negative view of social workers by clients who will then become violent towards them. When the researcher explored which resources the social workers believe are 'key' in enabling social workers to provide better services, many of them mentioned computers, transport, stationary, printing machines, photocopying machines and telephones.

Fulufhelo is adamant that should the organization provide the mentioned capital resources, there will be no violence in the workplace. Taking it further she emphasized '*Mostly because of lack of resources, clients come to us and insult us for not doing our jobs*'. She further declared, with anger and a harsh voice, that '*some cases need you to visit the family and how do you go without transport?, Some of these cases requires you to write reports and without computer you can't type a report to court, and all these cases if are being delayed, influence clients to conclude that we are not working then violence start*'.

It was interesting to note that the scarcity of the basic resources required in the workplace created competition and conflict between co-workers. Six out of fifteen social workers reported that they experienced emotional violence from colleagues regardless of their gender but only one male social worker was attacked by a female colleague fighting over office space. This, according to the researcher, indicates that violence sometimes has nothing to do with either masculinity or femininity. Extreme incidents of conflict resulted in acts of violence between workers.

In justifying the latter statement, for example, Oupa said '*Organisational factors will be capital resources, at point it frustrate the clients and the staff equally. When it comes to staff we may end up fighting one another because of the little resources we have. You find that someone is over using let's say a car and it is the only one and we are more than fifteen, it means someone's job is backlogging. As for clients, if they are told that they will be visited within a week and nothing happen for three weeks, then it will mean they start to be impatient so the problem starts. All these happen because of lack of capital resources*'.

The natural-system model, as a theory that underpins this study, views an organization as a system made up of a multitude of individuals, roles, subsystems, and formal and informal processes striving

to function and survive in a wider social environment. The model recognises that the personnel of an organisation can be easily distracted from the organization's official mission by such things as job stress, unclear work assignments, and disagreements over duties and responsibilities which may in turn lead to workplace violence.

4.5.1.2. Lack of Safety and Security

Even though all fifteen social workers expressed their concern about the issue of the shortage of capital resources, thirteen of them felt that the security system within the Department of Social Development, particularly in areas where social workers offices are based, is not effective as compared to the provincial and national offices of the department. It was mentioned that the only security measure provided is the security guards who are found at the gates of the premises and who are without proper equipment to search for dangerous weapons on clients and anyone who enters the premises.

Gabautlwane responded angrily saying, *firstly, the client can even enter the premises without any source of identification. So the first thing is to ensure that whoever enters the premises is known to the security through identification card, ID or so and if that is not corrected then we have a problem. Tightening security will mean having CCTV cameras.*

Security has always been a challenge, not only in communities but also in government and private organisations. The literature is in line with what the social workers have alluded to as it states that employees who are at risk or facing violence are those working in an enforcement capacity, including child-welfare workers, probation officers and security guards. It is stipulated in the Republic of South Africa's Occupational Health and Safety Act (OHSA) of 1993, that employers are required to provide a workplace that is free of serious hazards (Section 8)(2)(d) and in compliance with the OHSA standards . The Act further stipulates in Section 8 (1) that, 'every employer shall provide and maintain as far as is reasonably practicable, a working environment that is safe and without risk to the health of the employees'.

4.5.1.3. Poor Management

Three social workers indicated that the decision - senior management takes might lead to workplace violence. Gabautlwane (observed to be angry) said: *'the issues ofsometimes clients come and say to you as a social worker, you promised to come to my home for assessment, but no social worker will*

want to drive you so that you can do home visits but you approach the department to say they must allow you to be tested your driving skills but they show you a policy that is says if your driver's license is within a year, you cannot be tested'. 'Sometimes we do foot to do home visit. This does not only frustrate us but also our clients. For example the foster care process should be handled for a maximum period of three months but such is not happening and we end up extending due to lack of resources. In this building we have more than twenty five employees but share one car'.

Social workers felt that the management style applied by the senior management which is mostly a top-down approach is not effective and therefore contributes to workplace violence. The literature, though, is silent about management style being one of the contributory factors to workplace violence.

4.5.2. Societal Factors

4.5.2.1. Age and Gender Factor – Cultural Issue

Age was also seen as one of the contributory factors to workplace violence. Social workers felt that sometimes they are undermined by clients because they are young. According to African cultures, young people cannot give advice to the elders or the unmarried to the married (Netshitungulwana, 2009). Whilst concurring with other social workers, Nontshimudi emphasised that age and gender are also a problem among colleagues just as they are with the clients. She said: *ok, i say age factor because as young as i am now, with my degree, clients mostly feel offended especially if they themselves did not go to school, so they will impose culture on you to say you are very young and not married to can assist us in dealing with our problems, they say it in a very hurtful way to show that you are not even respected. Sad enough is that even our older colleagues feel like as young as I am cannot be innovative.*

In addition, a woman cannot lead a discussion in the presence of a man. This problem is mostly experienced during joint interviews with couples or during family group conferences. Nonthimudi further indicated that *'client is unable to deal with emotions; especially men feel we cannot tell them how to live with their wives and even when you tell them what law says they become more aggressive'*. It was discovered that twelve social workers were below twenty-five years of age. When the researcher probed they indicated that they experienced workplace violence mostly from clients older than themselves.

The age and gender factors are also perceived by other researchers as leading to workplace violence. Booysen and Steinman (2010) maintain in their article that workplace violence can strike anywhere, anytime and no one is immune from it. They also mention that not every employee is at risk however those who are at greater risk of attack include female employees and younger or inexperienced employees. The social workers, though, did not mention the issue of migrant workers; the latter mentioned researchers indicated that being an employee from different or minority ethnic group groups; employees working in service delivery such as social work services, those who exchange money with the public, those who deliver passengers, goods and services, those who work alone or in small groups or community settings; those who work in high crime areas, or those with unusual working hours or conditions, amongst other.

The industry sectors most commonly associated with workplace violence include health care and social services, security services, and community workers. The study conducted by Ringstad (2012) supports Booysen and Steinman (2010) regarding the age and gender factors. Ringstad indicated that male social workers were more likely to become victims of physical violence. Nontshimudi in her response further indicated that

we, in many times, put our male social workers in trouble because we seek protection from them when clients are aggressive to us, this compromise their safety but we are left with no any other option as the department is doing very little to protect us.

Based on the latter statement in her response (Nontshimudi), it is clear that in terms of gender one cannot only conclude that violence in the work place is gender-based as male social workers also becomes victims in circumstances where they have to protect their female colleagues. In a way, one can even say male social workers are going extra miles by also offering security services to their colleagues which puts their lives at risk by making them victims of workplace violence.

4.5.3. Individual and Situational Factors

4.5.3.1. Lack of Experience and Supervision

Some of these factors mentioned by the social workers are organisational and situational as well as societal. Even though the category individual factors was not explored much as a contributory factor, Emmanuel indicated that

Sometimes it has to do with the experience, you will find that the officer is new from school and the supervisor's office is in town while the social worker is in the remote area alone with no one to capacitate him on how things are done there.

Twelve of 15 social workers had two years of work experience as social workers with minimal supervision and amongst the 12 although only two had experienced physical violence all 15 had experienced some degree of psychological or emotional violence. This suggests that there is a link between social workers with limited work experience and workplace violence. Jason responded by saying:

Briefly let me say lack of experience can lead to workplace violence, for example an incident that happened in Vhembe district, the guy was new and stationed in a clinic and was handling a marital case, something went wrong and the client went out of the office and brought a stone and started hitting his wife and the child till death in front of the social worker. Another supervisor interviewed said that 'Sometimes is how social workers handle cases'.

This suggests that violence can also take place amongst clients themselves fighting in front of the social worker. According to Emmanuel, witnessing violence amongst clients is also considered workplace violence because it affects social workers emotionally and leaves them traumatised. Lack of knowledge has been perceived by Booyesen and Steinman (2010) as one of the leading factors of workplace violence. Twelve social workers amongst the fifteen had only two years of working experience practising as social workers and they also indicated that their experiences of being emotionally and verbally abused began in their first year of practice. Their responses do not automatically suggest that everyone will experience violence in their first year of practice.

4.5.3.2. Lack of Knowledge by Clients and Miscommunication

Nine social workers felt that one of the leading factors is lack of knowledge by clients. It is believed that clients complain because they have no idea regarding the processes, which the social workers are following. They want the services here and now and this is impossible. For example Helen mentioned the most recent incident that happened to her while on duty. She said *I am going to tell you a different scenario, the recent one happened last week, the two gentlemen came into my office. It was like they did not know the procedure of receiving a voucher for receiving food parcels. So they thought you*

just come to the social worker's office and you get the voucher and then you go to this certain store every month to get grocery. So the information that they got was not proper.

The situation itself can also create or influence violence especially when the client is also not aware of current affairs within the country or area. For example, when different departments in the Limpopo province were put under administration, many services were cut. Social workers believed that being under administration increased the amount of workplace violence experiences.

4.6. Costs of Workplace Violence

The researcher's aim in this section was to explore the effects which the violence experienced had on them as employees, on the organisation they work for and on the social work profession itself. The social workers had described quite a number of effects the workplace violence had on them as victims. The range of effects reported include feeling stressed, discouraged, emotionally hurt, embarrassed, a feeling of being undermined, demotivated, threatened, demoralized and of self-blame but, most commonly, having an intense fear for their lives.

4.6.1. Psychosocial Effects on Social Workers

4.6.1.1. Psychological Factors

4.6.1.1.1. Self-Blame

It was discovered during the interviews that social workers felt as if they were the ones to be blamed for workplace violence by clients. The impact in most cases is not seen especially when it is not physical violence but the impact is within. Christine indicated that

I feel embarrassed, I feel ashamed, undermined, and discouraged because you find outfor, for, for me it's just that I want to assist the person. You find out that maybe he is swearing and the man is fighting with the wife and I went there and are refusing to open the gate for me saying hey sesi (sister) we areThis matter you are not....you are not going to be able to You...I don't know what to say.....o ka se kgone go borarolla, e paletsebathobabagoloYou won't be able to solve this problem, even the elders have failed or whatsoever or give us time to have family conference before we bring it to molao (law). So I feel like I am failing to do my job or maybe they are just taking advantage that I am still young and they are older than me so some things I will not able to handlethem. The latter suggests that culture is indeed a challenge especially when it is imposed on social work practice by our clients.

4.6.1.2. Fear

During the interviews all fifteen social workers indicated that they are not comfortable at work as they feel unsafe and unprotected. Social workers further explained that the workplace violence does not only impact on them as employees but also on their immediate family members. For example, Deliwe said *ok, akere (is it not that) you have to understand gore (that) nna (I) am from Polokwane, ketlilemokammereko (I came here because of work), so they know this community. I am staying with my children. So it will put my life in danger. I am always scared that they will come to my place or do something to my children. I can't feel comfortable.*

This was also supported by what was said by Fulufhelo, Ivy and Helen. The three had the same line of thought. For example; Fulufhelo indicated that workplace violence, *has got bad effects, because at the end of the day, one goes home not being happy, when you arrive at your place you will still be not happy and it then affect your family.* Ivy answered by saying *'Ok, sometimes you will feel threatened. I remember during the weekend I thought of them (two violent men) because I don't know what they are planning, and this affect me mentally'*, while Helen felt like this prevent her from exercising her ability to provide better services to the service consumers. She therefore supported them by saying *'Sometimes when I come to work I feel scared and it impact on the service delivery because I fear to go to the community to avoid violence'*.

4.6.1.3. Stress

Arabile felt that his experience of workplace violence had many effects but he felt it would be better to just mention a few, such as stress. In answering the question which was about the effect on the employees, he said *'Ja,(yes) there are lots of effects but to name the few I will , let met talk about stress as one of the effects on us because in some instances, like even though we are guided by principles and values and of which sometimes they will tell you that you need not to sympathize with the client but need to apply what they call empathy wherein you should not take the client's problem as yours, at the end of the day we are humane and we get affected because you start or if the client is telling you that he is going to report you to the council, then you start to think that I will lose my job then or then children are going to suffer at home or I won't be able to pay up my rent , I won't be able to build my house and things like that, then at the end of the day you might feel discouraged to go back to work because you just feel like maybe I am not good enough'*. Stress on its own emanates from many sources such as being threatened and many others.

4.6.2. Social Effects

4.6.2.1. Isolation

Three of the social workers, due to fear of losing their own lives and the lives of their family members, find themselves not allowing children to go out to the streets. They fear that they might be attacked by those clients who threaten them (the social workers) at work. *'I fear to go to the community to avoid violence'* said Helen. Ivy concurs with what was said by Helen. She said *'I remember during the weekend I thought of them (violent clients) because I don't know what they are planning, and this affect me mentally'*. This shows how terrible the effects of workplace violence can be on individual social workers. Lungile's response also shows this:

'it (workplace violence) leaves you with fear and you are not free in the office, and even to walk in the township you feel like you are being followed. You know you ask yourself many questions to say what if this? What if that? What if he is carrying the weapon? This hinders the production'.

It is clear that violence at the workplace leads to the violation of rights such as freedom of movement, freedom to safety of persons and many other constitutional rights outlined in the bill of rights in the constitution of South Africa.

4.6.3. Effects of Workplace Violence on the Organization

The other question asked was specifically about the effects of workplace violence on the organisation in which these social workers are employed, in particular the Department of Social Development.

4.6.3.1. Reputation

It was interesting to find out that many of the social workers talked about the department losing value and service delivery being affected, which they believe leads to clients losing faith in the services the Department of Social Development is offering. But interesting is the response by Christine indicating that there is no clear cut answer to the question as the answer depends on the client's experience with the department, in particular the social work services section, as they are the key role players. For example, she said, *'It's fifty-fifty, for those who got helped value our department but those who did not get help the time they needed it they then don't see our role in dealing with social issues and think we are also lazy'*

4.6.3.2. Poor Service Delivery

Thirteen social workers social workers were concerned about poor service delivery due to violence. This was actually linked with how workplace violence instils fear in the social workers which in turn leads to them not being effective. On the other side, it was linked with the issue of resources where the lack of resources prevents social workers from performing their duties. Lungile emphasized that *production, we will have poor service delivery due to working under fear. Also the image of the department because once that has happened, the client is going back to the community and talk bad about the department. This is not good for our profession too because if we experience all the time we cannot encourage people to follow our profession hence it is risky. This is killing our profession.*

There seems to be a relationship between workplace violence and poor service delivery. The two aspects (violence and poor service delivery) have a great influence on each other, although in this regard the focus was mainly on poor service delivery as mentioned by the social workers.

4.6.3.3. Effects of Workplace Violence on Social Work Profession

The government Draft Scarce Skill Policy Framework recognizes social work as a scarce skill, therefore the government saw a need to recruit and retain social workers with the desired outcome of determining conditions that impact negatively on social work services as well as to provide guidelines and measures that will ensure the recruitment and retention of social workers within the profession.

4.6.3.4. Burnout

One respondent emphasized the tremendous impact that workplace violence has on the profession and how the experience she had has led to her hating the social work profession. Keabetswe boldly said; *'I hate this profession myself.'* On the other hand, fourteen of the social workers indicated effects such as changing careers or discouraging other people from studying social work as they perceive it as a risky profession. Gabautlwane was definite when responding: *I think we will end up not having enough social workers. I understand the government is trying to recruit people to study social work but their retention strategy is just something. Currently social workers are studying toward other related careers such as psychology and so forth. This will impact negatively on the profession and this may not be seen now but in five years to come the gap will be visible.*

Some social workers felt that the social work profession is being degraded and being taken advantage of by the state. Oupa believes that *The workplace violence impact negatively because it is degrading*

the profession. We were taught to believe that we are not supposed to be judgmental and emotions should not be attached to the cases but at some point you stop being a social worker and become a person because due to lack of resources we run things on emotions. There is a thin line but at the end of the day, social work as a noble profession is being degraded a lot. This showed how he respected the profession although he is worried that it is not taken seriously.

In conclusion, about all the above effects on the social work profession mentioned by the social workers, the literature is silent although it acknowledges that any form of violence can have serious effects on the workforce, employer and victim, and that the negative impact on productivity and profitability can even threatens organisational survival. Firstly, included in the potential consequences may be high levels of anxiety, depression, stress-related illness, as well as absenteeism and turnover amongst victims; secondly, diminished productivity, job satisfaction, morale, and employee involvement; and thirdly, difficulties in recruiting and retaining valued staff” (Randall, 1997, p. 57).

It is the researcher’s opinion that it is possible that social workers are leaving the profession not only because of monetary issues but also because of conditions that promote workplace violence that were listed by the social workers.

4.7. Management of Workplace Violence

The researcher wanted to find out from the social workers whom interventions had occurred immediately after the experienced violence and also what they believe could be used to prevent the further occurrence of violence in the workplace. Furthermore, the researcher wanted to find out who the key role players are in preventing workplace violence.

4.7.1. Unrecorded Threats

Five social workers reported that they verbally reported the violent incidents they experienced to their supervisors and no written statements were made except when the incident involved employee-on-employee violence and disciplinary procedures were initiated. For example, Juliet explained that

‘There was nothing that I could do but to take the matter to the supervisor and told her that I believe that we are not safe in the office. You can even see our office settings. If you get attacked by the client there is no an alternative way out for you. So, yes, we take all our grievances to the supervisor but we

do not know what happens with them though we have complained. The method we use to report is through consultation wherein we just explain the situation verbally’.

Ten of the social workers reported that, based on their experience with the Department of Social Development that has done nothing regarding such violent incidents initiated by the clients towards the social workers, they decided to approach the Department of Justice before dealing with the matter within the organization. For example, a respondent, Nontshimudi, said that

I went to the prosecutor who is handling the case, so the law itself it’s unfair because they will say let him do something first and as for now they will only give him warning. Sometimes we end up doing nothing because we have been reporting these things but there is no action from the side of the department. Sadly, the department does not even know that violence is high towards social workers.

The researcher believes that recording the threats initiated by clients will be a better method of acquiring statistics which can assist the department in understanding the seriousness of the phenomenon.

4.7.2. Under Reporting

Even though some social workers reported that they notified their supervisor, seven of social workers responded that they decided not to report such incidents, saying that even if they report such incidents to the supervisor, nothing will be done. Lungile mentioned that *‘I am not sure what the other social worker did with the matter but with me I only tried to calm the clients and did nothing after they have left. I kept the matter within me.’*

Mr. Mokoena agreed with the social workers when they said that nothing is being done regarding violent incidents initiated by clients except to request the guards at the gate to tighten security. He also commented that *‘They report to me verbally because we do not have a template or format to record such incidents or put statistics and normally, nothing. We only report to security and asked them to tighten the security. But we did not take it further as we understood he was drunk. It will just be a conversation. There is no reporting format.’* Some social workers indicated that they do not report such incidents because they (the social workers) do not take them (especially verbal abuse) seriously. Keabetswe said *‘We just talk and that is because we don’t take them (incidents) serious’.*

4.7.3. Provision of Resources

The social workers suggested panic-button installation, tightening security personnel at the gate through the use of metal detectors, improvement of the infrastructure and installation of CCTV cameras would all help but most common is the belief that the provision of resources will enable them to be effective in providing services. They suggest that when resources are provided the violence might be minimal as services will be provided. Emmanuel emphasized:

First of all, I think we need to be treated as professionals not politicians, they must make sure that we have resources for effective service delivery and in terms of security, they must employ proper security company with proper equipment, example, at the gate, the guard does not even have a sensing machine, and in our offices, should the client attack me, he can even kill me because we don't even surveillance cameras and panic buttons because we handle sensitive issues.

4.7.4. Promotion of Services

Others felt it is important that the Department of Social Development go out to the communities educating clients about the baskets of services offered in the department and explaining the procedures to be followed. Deliwe believes that latter will decrease or even prevent workplace violence because clients will know exactly what to expect and for how long to wait if need be.

The term resources sounded very broad to the researcher. When asked to elaborate on that, social workers complained about not having computers and that those they have are not functioning, a lack of transport and telecommunication, office accommodation and a lack of general stationery which think are key in assisting them to perform their daily duties better. For example, Jason indicated that *'If the department can manage to provide us with resources that we need I think that will solve the problem. Resources such as cars, printers and computers, paper, pens, telephone are key resources we should have'*.

Social work supervisors were asked about the measures they have in place, as the department, to prevent client-initiated workplace violence and most of them agreed with the social workers by saying there are no measures except security officers at the gate which many felt was not effective. Even though it was reported that there are no measures currently that are effective to prevent workplace violence, supervisors still believe that there are other measures which they find effective in other institutions and are adamant that should they be implemented within DSD, workplace violence

will be reduced and or even be eradicated. Mr. Mokoena did not hesitate to say *'There are certain department were finger prints to enter and they use machines to sense weapons. If the client can come with a gun what is it that the security guard can do? Installations of alarm system and panic buttons in the offices can work'*. Ms. Mfati made the general point that *'We don't have our own buildings. If the department can have their own structures then we can talk about how to improve security but if keeps on renting buildings how can we improve security'*.

4.7.5. Accountability

Seven social workers reported that it is the responsibility of the employer (DSD) to prevent client-initiated workplace violence through the provision of necessary resources that will enable the social workers to perform their duties effectively. However, some of them believe that the supervisors are the ones who have a major role to play which is to report to the higher authorities about the incidents reported to them. Even though social workers felt it was their supervisors' responsibility to prevent workplace violence, all three social work supervisors, on the other hand, reported that they are not equipped with the skills or techniques to handle violent clients except by applying communication skills to calm the violent clients. Mr. Mokoena and Ms. Mfati had a similar line of thought. Mr. Mokoena indicated that *'We are not equipped; we are just using communication skills to calm the situation. I just don't want to think about the situation wherein the client can bring in the gun because communication skills cannot work not even the security can prevent that'* and Ms. Mfati added that *'Nothing much than to just try to calm the client'*.

Although social work supervisors felt that they are not equipped with the necessary skills to handle or prevent workplace violence, a few of them talked about policies which the department has to address employee-on-employee workplace violence but silent about client-initiated workplace violence and therefore felt mediation between the clients and social workers is the only way to go to address client-initiated workplace violence. For example Ms. Lekganyane said:

We do have policies in the department addressing workplace violence within the department, we do have grievance procedure handling and we do get trainings on how to handle any kind grievance but these policies are only for addressing violence within the organization not client initiated violence. As a supervisor I also act as the mediator between the client and the social worker. I listen to client's complaining, and then later call the social worker. Both will have to come to an agreement in resolving their quarrels.

According to Republic of South Africa’s Occupational Health and Safety Act of 1993, employers are required to provide a workplace that is free of serious hazards (Section 8 (2)[d] and in compliance with the OHS Act standards. The Act further stipulates that ‘every employer shall provide and maintain as far as is reasonably practicable, a working environment that is safe and without risk to the health of the employees’ (Section 8 [1]).

The literature is in line with the responses as there are guidelines for how to prevent violence in the workplace. However, the South African OHS Act does not include or specify psychological or emotional safety. On the other hand, security is limited due to ethical considerations within the profession.

4.8. Workplace Violence Experiences of Social Workers

The figure below shows that social workers in the Waterberg district experience workplace violence in many ways. Their experience of workplace violence included being insulted, threatened, physically assaulted and degraded. Their experiences are inclusive of physical and psycho-emotional violence, and verbal abuse. The violence was direct where the client directs the violence to the social worker, and where clients fight in front of the worker and she or he gets affected by that because it happened in the worker’s office and might express their anger to another social worker.

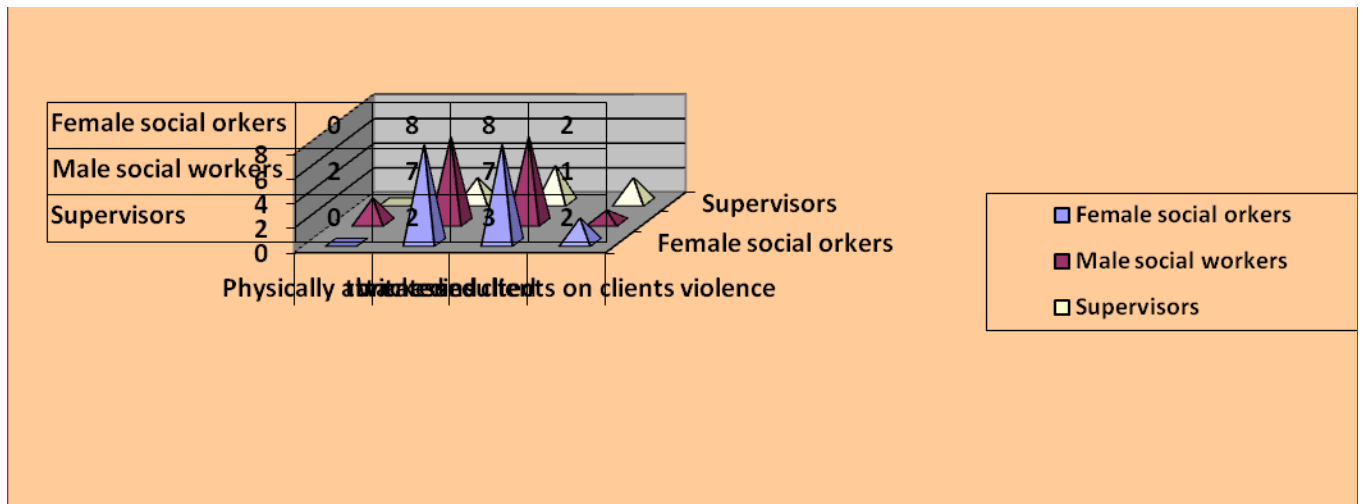


Figure3 workplace violence experiences- gender based

The figure above reveals that client-initiated workplace violence is indeed happening within the Department of Social Development and not only towards social workers but also towards their

supervisors during interventions or the mediation process. The social work supervisors also do not have any other techniques to apply in addressing client-initiated workplace violence towards social workers except to try and calm down the clients.

4.9. CONCLUSION

This chapter presented the analysis of the data generated via semi-structured interviews. The data was collected using audio tape and was transcribed thereafter. The responses were grouped, quantified and the most common responses were presented as themes. The discussion of the findings followed, in which the results were linked with information revealed during the literature review.

In the following chapter, the conclusions and recommendations arising from the outcomes of this research are presented. Recommendations that were made for further studies are presented.

CHAPTER FIVE

5. MAIN FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1. Introduction

The previous chapters have provided an overview of the research study. The aspects discussed included literature on workplace violence, the contributory factors to workplace violence, the costs of workplace violence for both the employees and the organisation, in particular the Department of Social Development, and the possible preventative measures. The previous chapters also looked at the methodology that was followed and analysed the data that was collected, as well as the limitations of the study. This chapter will summarize the research report by discussing the main findings of the overall research study.

In addition to the primary aim of the study, there were six secondary objectives that the study set out to investigate. A summary will be provided with the reference to each of these secondary objectives and will be informed by information gathered from the qualitative study conducted. It will also discuss the conclusions that were reached by the researcher as a result of the findings of the study which were discussed in chapter four. Lastly, the chapter will discuss recommendations for practice, society, policy makers and any future research on a similar topic, based on the findings of the study.

5.2. Main Findings

The overall aim of this research study was to explore the experiences of social workers regarding client-initiated workplace violence. It aimed to investigate and to address the following objectives: the understanding of social workers in defining the term 'workplace violence' and to explore how social workers become victims of violence in the workplace. Other objectives included were, to describe the possible factors that contribute to workplace violence, to understand the effects of violence on social workers, employers and on the profession. Furthermore, to describe the intervention strategies social workers use when experiencing or being exposed to violence in the workplace and lastly to explore the prevention strategies social workers find to be effective. The findings are thus addressing the objectives of the study as discussed below:

OBJECTIVE 1- Social workers' understanding of workplace violence

One objective of this study was to determine whether social workers had an understanding of workplace violence as a phenomenon and as such the social workers were asked to define the term workplace violence in order to address this objective. In this study, the social workers had a full knowledge of the phenomenon in terms of definition because of their experiences. The social workers' definitions were very similar to the world health organisation definition. The social workers mentioned that violence it is an act that can results in an employee being psychologically or physically hurt, though some elements in the WHO's definition were not included in the social workers' definition. The WHO's definition emphasizes 'the **intentional use of physical force or power**, threatened or actual, **against oneself**, another person, or against a **group or community** that either results in or has high likelihood of resulting in injury, **death**, psychological harm, **mal-development or deprivation**'. The elements highlighted in the WHO's definition were left out in the social workers' definition of the concept

OBJECTIVE 2- Exploring the contributory factors to workplace violence

In exploring the factors which contribute to client-initiated workplace violence towards social workers, the main theme that emerged was lack of resources within the workplace. The social workers believe that the lack of resources hinders service delivery which in turn frustrates not only clients but also social workers. These resources included the shortage of vehicles and office equipment including computers, printers and photocopy machines. The lack of resources contributes to dissatisfaction on the part of client and in extreme cases clients are violent towards social workers. Among other factors, the social workers felt that that the top-down management style also contributes to the incidents of workplace violence due to lack of consultation by management to the employees at the production level. The Department of Social Development, as a state organisation, has a zero tolerance attitude towards employee-on-employee workplace violence which, on the other hand, neglects the client-initiated workplace violence. Social workers further indicated that should the employee be on the wrong side of the law, then disciplinary measures are taken, but if the violence was initiated by a client towards a social worker, there is no action taken against the client by the employer. Another finding that emerged was lack of safety and security, with all fifteen social workers identifying the lack of safety and security of themselves and other workers as one of the reasons they became victims of workplace violence. Social workers reported that during field work

that where they are prone to violent incidents as security is limited to the protection of premises and everything inside the premises.

It was also found that under-reporting of violent incidents and even when incidents were reported there were little or no actions taken by the management to remedy the problem. Even though the social workers understood that they are actually victims of psychological or emotional violence, this type of violence was not considered as a serious event by thirteen social workers. They reported that such incidents, especially psychological violence, are not reported to the senior management. Only two social workers out of fifteen reported such incidents to their supervisors and that is because they were physically attacked. Supervisors reported that they are limited in their actions and all they can do is calm down the violent clients using communication skills. There seems to be a general lack of awareness by the social workers regarding the reporting channels or mechanisms or procedures for when one has been involved in client-initiated violence. The latter could be one of the reasons why social workers are not reporting such incidents.

One can conclude from these findings that although factors such as a lack of resources and lack of safety and security are influential in the promotion of workplace violence and provision of such awareness could improve prevention. In an organisation such as the Department of Social Development, which promotes people's wellbeing, it is crucial that employee safety is given greater priority regarding protection against harm and injury.

OBJECTIVE 3- Exploring effects of workplace violence on the social workers, organisation and the social work profession.

The findings showed that all fifteen social workers were affected either psychologically, emotionally, socially or physically. The participants indicated that workplace violence left them fearful, stressed, physically hurt and some feeling like deserting the social work profession. In addition, the study findings revealed that not only the social workers but also the organisation in which they work for are affected by the violence. It was reported that the organisation loses its recognition by the clientele and people disregard the role of the Department of Social Development. The objective was partially addressed by the study especially with regard to the impact of violence on the organisation.

Similarly, findings showed that all fifteen social workers felt that the management of the social work services sector and its programmes need to be reviewed. They further stated that even when there are different legislative frameworks such as occupational health and safety and many others, there is no effective implementation of such legislation. The social workers indicated that the risk management section was set up but was not visible when incidents occurred. The literature does mention that working in isolation can be detrimental to social workers, meaning that when a social worker is new and placed in a rural area far from the supervisor's office this could jeopardise them or put them at risk of becoming victims of workplace violence. A respondent noted that being stationed in a rural area without supervision put them in danger.

OBJECTIVE 4-Describing social workers' interventions and preventative strategies.

The main findings that emerged from the study were as follows: violence by clients towards social workers does exist within the Department of Social Development. Even though there are other measures such as reporting the violent clients to the South African Police Service, the social workers felt that the Department of Social Development should also have internal measures to address and prevent such incidents of clients-initiated violence as the available measures are limited to security at the gate while social workers are prone to violence while doing home visits. Legislation such as the Occupational Health and Safety Act, the Labour Relation Act and the Code of Conduct for Employees, only address employee-on-employee workplace violence.

As much as social workers in this research showed an understanding of the phenomenon researched, they outlined a very important point indicating that the location of the violence was both within and outside the work place in relation to work. One cannot conclude, though, that the Department of Social Development has deliberately neglected the fact that there is violence towards social workers by clients because the research has found that such incidents, especially of psychological violence, is not reported by the employees to management and there not bench mark record compiled. The under-reporting of client-initiated violence, on its own has consequences as the employer is unable to measure the phenomena.

The findings also revealed that none of the social workers interviewed have been trained regarding issues of safety or work place violence prevention. Not only social workers lack such skills but senior management, too, have such a challenge. Furthermore, social workers indicated that they are not

aware of any legislative framework that speaks to them within the workplace regarding workplace violence, let alone where to get help except by engaging with the South African Police Services (SAPS), which is also a challenge as they have no telephone connections. There is no effective implementation of policies regarding workplace violence. The researcher in this study also found that the social workers have the perception that they are being excluded, as people who are making daily contact with the clients at the grassroots level. They wish that the Department of Social Development would include or consult them as, in most cases, decisions are taken without their knowledge and this makes social workers feel neglected and leaves their issues of security unaddressed.

Regarding preventative measures, the study findings showed that improvements in technology within the Department of Social Development could be a solution. These include amongst others, the installation of panic buttons, CCTV cameras and electronic scanners within the premises of the Department of Social Development. The study, though, did not address the issues of security for social workers during field work.

Furthermore, the findings showed that there is a dire need for all contributory factors mentioned by social workers to be addressed in order to reduce, if not to eliminate the client-initiated workplace violence towards social workers. These areas of focus include the provision of resources (computers, motor vehicles, telephones and many others) which the social workers and the key informants believe are key in the promotion of violence due to their paucity.

5.3 Conclusion

From the findings discussed above, it can be concluded that although social workers experience workplace violence, little of this is known to the management due to the underreporting of such incidents. On the other hand, it has been reported by the key informants that there is a need for effective way of implementing the Occupational Health and Safety Act as a guideline. Client-initiated violence imposes a significant physical and emotional impact on social workers and could result in potentially large legal and economic risks for the employer.

This research study has documented a range of psychologically damaging experiences associated with workplace violence. The evidence from the fifteen semi-structured interviews suggests that workplace violence has an adverse effect on the social workers' social and family life with consequences for the social workers' mental and physical health. Some social workers struggled to create and maintain

structure in their daily work lives. In particular social workers struggled to come to terms with the conditions of their working environment and the nature of their work.

Three social work supervisors who were considered key informants in the study and who had more knowledge of the government's policies which address issues of safety in the workplace, provided responses that are keeping with the theme that emerged. The responses provided by both the social workers and their supervisors suggest that effort needs to be put in by the Department of Social Development to deal with client-initiated workplace violence which compromises the safety, health and wellbeing of the employees. The Act should also make clear that it includes emotional and psychological violence (which is under-reported) as the Act focuses mainly on employee-employer workplace violence. This is substantiated by Neate et al (2008), who argues that prevention of violence in the workplace should be based on on-going workplace and managed-care programmes including employee assistance programmes, general health promotion and wellness programmes, occupational health and safety programmes, and workers compensation, disability, disease management and compensation benefits programmes.

A copy of the research will be submitted to the Department of Social Development so that consideration may be given to the implementation of certain recommendations from the study to mitigate against the incidences of violence experienced by social workers.

5.4. RECOMMENDATIONS

The recommendations here are directed at the society, policy makers, professional/ social workers and future researchers.

5.4.1. Recommendations for Social Workers and Social Work Supervisors

With regard to the social work professionals, the researcher recommends that social workers report every incident of workplace violence regardless of the severity to management. Records should be kept by supervisors and appropriate action should be taken. Furthermore, social workers should conduct campaigns which will educate the communities about the services offered within the departments and the limitations thereof in terms of scope of operation. It is also recommended that there be employee counselling services after an incident of workplace violence. Furthermore, in-service training on the management of workplace violence is recommended.

5.4.2. Recommendations for Society

The researcher's recommendation to the society, especially social work clients, is that they should strive to be empowered through knowledge about services offered by the social workers. Clients should be aware of the processes to lodge grievances against the organisations.

5.4.3. Recommendations to the Policy Makers

The development of a departmental policy and strategy to control risks could be one of the preventative measures that can be taken. As with other occupational health and safety problems, the risk identification, risk assessment and risk control process has been found to be an effective prevention strategy, as well as being a legal requirement.

5.4.4. Future Research

Research with a larger sample in the Limpopo province would give a better insight into the extent of the research problem. Further research could also be done in evaluating the safety and security measures implemented by the Department of Social Development nationally.

There are a few examples of 'best practice' prevention in different government departments, such as Justice and Constitutional Development and many others, where safety and security of the employees is ensured. As recognition of the problem of workplace violence grows, improved policies and strategies within the Department of Social Development should emerge. It is the researcher's belief that should all these recommendations be taken into consideration, the phenomenon will be well understood and client-initiated violence could be better managed.

REFERENCE LIST

- Amos, T.L., Ristow, A., Ristow, L., &Pearse, N.J. (2008). Human Resource Mangement. Cape Town, South Africa :Juta& Co. Ltd.
- Babbie.E.(2008). The practice of social research. Belmont: Thompson Wadsworth.
- Babbie.E., & Mouton, J. (2001). How to succeed in your master's and doctoral studies: A South African guide and resource book. Pretoria, South Africa: Van Schaik publishers.
- Bailey, K.D, (1994). Methods of social research. New York :Simon and Schuster publishers
- Bless, C., Higson-Smith, C., &Kagee, A. (2007). Fundamentals of Social Research Methods: An African Perspective (4th ed.). Cape Town, South Africa: Juta and Co, Ltd.
- Boeije, H. R, (2010). Analysis in Qualitative Research.London: SAGE Publications Ltd.
- Booyesen, T., & Steinman, S. (2010). Members. Proudlysa.co.za: Guarding Against Workplace Violence. Retrieved from <http://members.proudlysa.co.za/area/partners/cgf/2...>
- Bowie, V. (1998).Workplace Violence. A paper presented at the Australian Institute of Criminology Conference Crime Against Business, Melbourne Australia. Retrieved from: <https://www.google.co.za/search?site=&source=hp&q=vaughan+bowie+workplace+violence&btnK=Google+Search&oq=Bowie+workplace+&gs>.
- The Californian Occupational Safety and Health Administration. (1995). California Department of Industrial Relations: Guidelines for workplace security. Retrieved from: <http://www.dir.ca.gov>.
- Carapinha, R. (2009). Aligning occupational social work to corporate citizenship.The social work practitioner-Researcher, 21, 337354.
- Carrell, M.R., Elbert, N.F., Hatfield, R.D., Grobler, P.A., Marx, M., & Van der Schyf, S. (1998). Human Resource Management in South Africa, South africa :Prince-Hall.
- Chappell, D., & Di Martino, V. (2000). Violence at Work (2nd ed.).Geneva: ILO publications.
- Coetzee, S. (2008). A course in Employee Wellness. Pretoria: University of South Africa.
- Cohen, L., Lawrence, M., & Morrison, K. (2007). Research Methods in Education (6th ed.). London, New York : Routledge.
- Creswell, J.W. (2003). Research Design: A qualitative, quantitative and mixed methods approaches (2nd ed.). Thousand Oaks: Sage.
- Creswell, J.W. (2007). Research Design: A qualitative, quantitative and mixed method approaches (2nd ed.). Thousand Oaks: Sage.
- Davis, L., &Snyman, R. (2005).Victimology in South Africa. Pretoria, South Africa: Van Schaik Publishers.

De Vos, A.S., Strydom, H., Fouché, C.B. & Delpont, C.S.L (Ed.), Research at Grassroots: for the social sciences and human service professions (3rd ed.). Pretoria: Van Schaik Publishers.

Di Martino, V. (2002). Workplace violence in the health sector. Country case studies Brazil, Bulgaria, Lebanon, Portugal, South Africa, Thailand and an additional Australian study. Ginebra: Organisation International del Trabajo.

Di Martino, V. (2003). Relationship of work stress and workplace violence in the health sector. Geneva; ilo/icn/who/psi joint programme on workplace violence in the health sector, forthcoming working paper.

Elliott, R.H., & Jarrett, J.T. (1994). Violence in the workplace: The role of human resource management. *Public Personnel Management*, 23, 287-300.

Fox, S., & Spector, P. (2005). Counterproductive work behaviour: investigations of actors and targets. Washington: American Psychological Association.

Gray D.E. (2009). *Doing Research in the Real World* (2nd Ed.). London: Sage Publications Ltd.

Graycar, A. (2003). *Violence in the workplace: personal and political issues*. Canberra: Security Press.

Hegney, D., Eley, R., Plank, A., Buikstra, E., & Parker, V. (2006). Workplace violence in Queensland, Australia: the results of a comparative study. *International journal of nursing practice*, 12, 220-231.

Hemmila, D. (2003). In the line of fire. Nurse week. Retrieved 17 June 2013 . from <file:///A:/Nurseweek%29News.htm>

Hoel, H., Sparks, K., & Cooper, C.L. (2001). The cost of Violence/Stress at Work and the Benefits of a Violence/Stress-free working environment (Report commissioned by ILO), University of Manchester Institute of Science and Technology (UMIST). Luxembourg, Loughlinstown.

Hosseini, J. (2013). Workplace Violence: A regional survey in Iranian hospitals' emergency department. *International Journal of hospital research*, 2, 11-16.

Hoyer, A. (1994). Sexual harassment: Four women describe their experience. *Archives Psychiatric Nursing*, 8, 19-23.

Jayarathne, S., Croxson, T. A., & Mattison, D. (2004). A national survey of violence in the practice of social work: Families in society. *The journal of contemporary social services*, 85, 445-453.

Daniel, K. & Hall-Flavin, M.D. (2013). *Psychiatry online*. Retrieved from <http://www.psychiatryonline.com/resourceToc.aspx?resourceID=5>

Kennedy, M. A. (2004). Workplace violence: an exploratory study into nurses' interpretations and responses to violence and abuse in trauma and emergency department (Masters Dissertation). University of Western cape, Bellville, South Africa.

- Kumar, R. (2011). *Research Methodology: A step-by-step guide for beginners* (2nd ed.). London: Sage Publications Ltd.
- LeBlanc, M. M., & Kelloway, E. K. (2002). Predictors and outcomes of workplace violence and aggression. *Journal of Applied Psychology*, 87(3), 444.
- Leedy, P.D. & Ormrod, J.E. (2005). *Practical Research: Planning and Design* (8th ed.). Ohio: Merrill Prentice Hall.
- Luck, L., Jackson, D., & Usher, K. (2006). Survival of the fittest, or socially constructed phenomena? : Theoretical understandings of aggression and violence towards nurses. *Contemporary Nurse*, 21, 251-264.
- Marais-stein, S., Van Der Spuy, E., & Rontsch, R. (2002). Crime and violence in the workplace-effects on health workers, Part 11. *Trauma Review*, 8, 8-12.
- Maree, K. (2007). *First Steps in Research*. Pretoria, South Africa: Van Schaik publishers.
- Marlow C, R & Boone, S. (2005). *Introduction to the concepts of research methodology*. Belmont, USA :Brook/Cole-Thompson Learning.
- Mayhew, C. & Chappell, D. (2004). *Occupational violence: types, reporting, patterns and variations between health sectors*. Discussion Paper No.1. New South Wales: School of Industrial Relations and Organisational Behaviour, University of New South Wales.
- Miller, D. C., & Salkind, N.J. (2002). *Handbook of research design and social measurement* (6th ed.). London: Sage Publications.
- Mogorosi, L.D. (2007). *Steps in Research and Thesis Writing Process: Choice and Project Management*. University of Venda. Unpublished.
- Monette, D., Sullivan, T & DeJong, C. (2008) *Applied Social Research: A tool for the Human Services* (5th ed.). United States of America: Thompson Learning inc.
- Nachmias, C.F & Machmias, D. (1992) *Research Methods in the Social Sciences*. London: St. Martin's Press.
- National Association of social workers. About NASW: Code of ethics. <http://www.naswdc.org>.
- National Institute for Occupational Safety and Health, (2002) violence occupational hazards in hospitals. Dhhs (niosh) publication no. 2002-101. Retrieved on 23/05/2013 from; <http://www.cdc.gov/niosh/2002-101.html>
- National institute for occupational safety and health. (1997). *Violence in the workplace*. Fact sheet. Retrieved on 3 May, 12 December, 2012 from <http://www.gov/niosh/violfs.html>
- Ncongwane, S. (2014, June 17). *Bullying and Violence in the workplace*. Retrieved from <http://www.hrfuture.net>.

- Netshitungulwana, M.E. (2009). *The Traumatic Impact Imposed By African Cultures On Young Pastors (Masters Dissertation)*. University of Pretoria, Pretoria, South Africa.
- Neuman, J.H & Baron, S.A. (2005). *Aggression in the workplace: a social-psychological perspective*. Washington: R.A. Giacalone.
- Newhill, C. (2003). *Client violence in social work practice*. Guilford Press: New York
- Occupational health and safety Act. No 85 of 1993. Pretoria, South Africa: government printers.
- Occupational Safety and Health Administration.(2004). *Guidelines for preventing workplace violence for healthcare and social service workers*.Retrieved from: <http://www.osha.gov/Publications/OSHA3148/osha3148.html> (2011, February 23).
- Pelham, B.W.,& Blanton, H. (2007).*Conducting research in psychology: measuring weight of smoke*. Belmont: Thompson Wadsworth
- Poster, E.C. (1996).A multinational study of psychiatric nursing staff's beliefs and concerns about work safety and patient assault.*Archives of Psychiatric Nursing*, 1, 365-73.
- Ragin, C.C. (1994). *Constructing social research: the unity and diversity of methods*. Pine Forge Press.
- Randall, P. (1997). *Adult Bullying: Perpetrators and Victims*. London, Routledge.
- Registered Nurses Association of Nova Scotia.(1996). *Violence in the workplace-Resource Guide*. Retrieved on 15 September 2012 from www.rnans.ns.ca
- Ribbon, S.P. (2005). *Organizational Behaviour (7th ed.)*. New Jersey : Pearson Prentice Hall.
- Richard, M. and Grinell, J.R. (1993). *Social Work Research and Evaluation (4th ed.)*. USA: F.E. Peacock Publishers.
- Ringstad, R. (2012). *Conflict in the workplace: social workers as victims and perpetrators*. West Monte Vista Avenue, Turlock: California State University.
- Rippon, J.(2000). *Aggression and violence in health Care professions*.*Journal of Advanced nursing*, 31, 452-462.
- Rivara, F. P., & Thompson, D. C. (2000). *Systematic reviews of injury-prevention strategies for occupational injuries: an overview*. *American journal of preventive medicine*, 18(4), 1-3.
- Rosentstein, A.H., & O'Daniel, M.(2005). *Organisational Research: disruptive behaviour and clinical outcomes: perceptions of nurses and physicians*. *American Journal of Nursing*, 105, 54-64.
- Sheehan, M. (1999). *Workplace bullying: Responding with some emotional intelligence*. *International Journal of Manpower*, 20, 57-69.

- Sofield, L., & Salmond, S. (2003). Workplace violence: Focus on verbal and intent to leave the organization. *Journal of Orthopaedic Nursing*, 22, 43- 47.
- Somekh, B., & Lewin, C. (2005). *Research Methods in the Social Sciences*. London: Sage Publishers.
- Spencer, P., & Munch, S. (2003). Client violence toward social workers: the role of management in community mental health programs. *Social work*, 48, 532-542.
- Steinman, S. (2003). *Workplace violence in the health sector: Country Case Study: South Africa*. Geneva. ILO/ICN/PSI joint programme on workplace violence in the health sector, forthcoming working paper.
- Stringer, H. (2001). *Raging Bullies*. Nurse week. Retrieved on the 28, July 2013 from: <http://members.tripod.com/laura08723/mary.htm>.
- Sullivan, E.J. (1992). *Nursing management: an experiential skill building workbook* (3rd ed.). Redwood City: Addison-Wesley Nursing.
- Tamra, B. (2002). *Danger zone*. Nurse week, retrieved on 22 July 2013 from: <http://nurseweek.com>.
- Venter, R., & Levy, A. (2009). *Labour Relations in South Africa*. Cape Town :Oxford University Press Southern Africa.
- Waddington, P., Badger, D., & Bull, R. (2005). Appraising the inclusive definition of workplace violence. *British journal of criminology*, 45, 141-164.
- Welman, J.C., Kruger, S.J., & Mitchell, B. (2005). *Research Methodology* (3rd ed.). London: Newbay Park.
- Wells, J., & Bowers, L. (2002). How prevalent is violence towards nurses working in general hospitals in the U.K. *Journal of Advanced Nursing*, 39, 21-24.
- White, R.F. (2002) .*Workplace Violence: A case study* (Masters Dissertation). University of Nevada, Lasvegas.
- Workplace Bullying Institute.(2010). 2010 U.S. workplace bullying survey. Retrieved :http://www.workplacebullying.org/research/2010NatlSurvey/2010_Survey_Flyer.pdf.
- World Health Organization. (2002). *World Report on Violence and Health 2002: Summary*. Geneva. Retrieved on 22 June 2013 from: http://www.who.int/violence_injury_prevention/violence/world_report/en/summaryen.pdf.

APPENDICES

APPENDIX A

INTERVIEW SCHEDULE- SOCIAL WORKERS

SECTION A: DEMOGRAPHIC INFORMATION

Profile of Social workers

1. What position do you currently occupy in the department?
2. Gender
3. For how long have you been working for the department?

SECTION B: REGARDING WORKPLACE VIOLENCE.

4. What is workplace violence in your own understanding?
5. Explain what type of violence occurs at your workplace?
6. Describe your experience of workplace violence?
7. Which method did you use to report the incident?

SECTION C: WORKPLACE VIOLENCE CONTRIBUTORY FACTORS.

10. What are the factors (in general) that contributes to workplace violence?
11. What are the organizational factors that contribute workplace violence?

SECTION D: COSTS OF WORKPLACE VIOLENCE

12. What effects does workplace violence have on the employees?
13. What are the effects that workplace violence has on the organization?

SECTION E: INTERVENTION MEASURES

14. What are the strategies that can be put in place to prevent violence at the workplace?
15. Whose role is it to prevent workplace violence?

APPENDIX B

KEY INFORMANTS INTERVIEW SCHEDULE

SECTION A: DEMOGRAPHIC INFORMATION

Profile of Social workers

1. What position do you currently occupy in the department?
2. For how long have you been in this position?

SECTION B: REGARDING WORKPLACE VIOLENCE.

3. How do you define workplace violence?
4. Explain one violence incident that occurred at your workplace?
5. How are the incidents reported to you?

SECTION C: WORKPLACE VIOLENCE CONTRIBUTORY FACTORS.

6. What are the organizational factors that contribute to workplace violence?

SECTION D: COSTS OF WORKPLACE VIOLENCE

7. What effects does workplace violence have on the employees?
8. What are the effects that workplace violence has on the organization?
9. What effects does workplace violence have on the social work profession?

SECTION E: PREVENTATIVE MEASURES

10. What measures are in place to protect social workers from violent clients?
11. How do you ensure that the safety measures are implemented and effective?
12. How well are you equipped in terms of workplace violence prevention?

APPENDIX C

Student number: 674641
Tel: +27 (0) 838790 697
Fax: 086 563 6069
Email: kgashanem@gmail.com

PARTICIPANT INFORMATION SHEET FOR DEPT. OF SOCIAL DEVELOPMENT

Greetings

RE: EXPLORING SOCIAL WORKERS' EXPERIENCES REGARDING WORKPLACE VIOLENCE

My name is Kgashane Johannes Malesa and I am a student registered for the Masters degree in Occupational Social Work at the University of Witwatersrand in Johannesburg. I am required to conduct the research study as part of requirement for the completion of the degree. The study to be conducted is about the social workers' experiences regarding workplace violence. It is hoped that the information may make Department of Social Development to be aware of what workplace violence constitute and correct ways of dealing with violence at the workplace in order to improve service delivery.

I therefore would like the department to allow social workers to participate in my study. their participation is entirely voluntary. Interview can be arranged at a time and place that is suitable to them and not interfere with the departmental daily duties. The interview will last approximately one hour. Kindly note that there will be no remuneration for participating in this study and there are possibilities that the study might bring back painful memories. However, the arrangement were made with the psychologist from BelaBela hospital should the need for counselling would have arisen.

The interviews will be audio-taped. No one other than my research supervisor (Mrs. Roshini Pillay) will have access to the tapes. The tapes and interview schedules will be kept for two years following any publications or for six years if no publications emanate from the study. Please be assured that your name and personal details will be kept confidential and no identifying information will be included in the final research report though it might be possible for the social workers to be identified.

Please feel free to ask any questions regarding the study. I shall answer them to the best of my ability. I may be contacted on cellular phone; 083 8790697/ kgashanem@gmail.com and the research supervisor (Mrs. Roshini Pillay) may be contacted on 011-717 4476 / Roshini.Pillay@wits.ac.za. A copy of the research outcomes will be made available to the departmental research section with recommendations.

Thank you for allowing your employees in advance to participate in the study.

Yours sincerely
Malesa kgashane

APPENDIX D

Student number: 674641
Tel: +27 (0) 838790 697
Fax: 086 563 6069
Email: kgashanem@gmail.com

PARTICIPANT INFORMATION SHEET FOR SOCIAL WORKERS

Greetings

RE: EXPLORING SOCIAL WORKERS' EXPERIENCES REGARDING WORKPLACE VIOLENCE

My name is Kgashane Johannes Malesa and I am a student registered for the Masters degree in Occupational Social Work at the University of Witwatersrand in Johannesburg. I am required to conduct the research study as part of requirement for the completion of the degree. The study to be conducted is about the social workers' experiences regarding workplace violence. It is hoped that the information may make social workers to be aware of what workplace violence constitute and correct ways of dealing with violence at the workplace in order to improve service delivery.

I therefore would like to invite you to participate in my study. Your participation is entirely voluntary. If you are willing to take part in the study, interview can be arranged at a time and place that is suitable to you. The interview will last approximately one hour. Kindly note that there will be no remuneration for participating in this study and there are possibilities that the study might bring back painful memories. However, the researcher has made arrangement with the psychologist (Mr. TebogoFafudi-BelaBela hospital) should the need for counselling arise.

With your permission, the interview will be audio-taped. No one other than my research supervisor (Mrs. RoshiniPillay) will have access to the tapes. The tapes and interview schedules will be kept for two years following any publications or for six years if no publications emanate from the study. Please be assured that your name and personal details will be kept confidential and no identifying information will be included in the final research report though it might be possible for the social workers to be identified.

Please feel free to ask any questions regarding the study. I shall answer them to the best of my ability. I may be contacted on cellular phone; 083 8790697/ kgashanem@gmail.com and the research supervisor (Mrs RoshiniPillay) may be contacted on 011-717 4476 / Roshini.Pillay@wits.ac.za. Should you wish to receive a summary of the results; an abstract will be made available on request.

Thank you for allowing your employees to participate in the study.

Yours sincerely
Malesakgashane

APPENDIX E

Student number: 674641
Tel: +27 (0) 838790 697
Fax: 086 563 6069
Email: kgashanem@gmail.com

CONSENT FORM FOR PARTICIPATION IN THE STUDY

I hereby consent to participate in the research project. The purpose and procedures of the study have been explained to me. I understand that I am not bound to participate in the study and that it is my right as the participant to withdraw from this study if I feel not comfortable. I understand that my responses will be kept confidential though there is a possibility that I might be identified regardless of my name being excluded in the final report..

Kindly note that there will be no remuneration for participating in this study and there are possibilities that the study might bring back painful memories. However, the researcher has made arrangement with the psychologist (Mr. TebogoFafudi-BelaBela hospital) should the need for counselling arise. By putting my signature and date on this consent document is to declare that I agree to be interviewed.

Name of Participant: Researcher (as witness).....

Date:..... Date.....

Signature: Signature.....

APPENDIX F

Student number: 674641
Tel: +27 (0) 838790 697
Fax: 086 563 6069
Email: kgashanem@gmail.com

CONSENT FORM FOR AUDIO-TAPING OF THE INTERVIEW

I hereby consent to tape-recording of the interview. I am prepared to participate in the study with the understanding that my confidentiality will be maintained at all times even though there is a possibility that I might be identified regardless of my name being excluded in the final report. and that the tapes will be destroyed two years after any publications arising from the study or six years after completion of the study if there are no publications.

Kindly note that there will be no remuneration for participating in this study and there are possibilities that the study might bring back painful memories. However, the researcher has made arrangement with the psychologist (Mr. TebogoFafudi-BelaBela hospital) should the need for counselling arise. By putting my signature and date on this consent document is to declare that I agree to be audio-taped.

Name of Participant: Researcher (as witness).....

Date:..... Date.....

Signature: Signature.....

APPENDIX G



Social Work / School of Human and Community Development

Private Bag 3, Wits 2050, South Africa • Tel: +27 11 717-4472 • Fax: +27 11 717-4473 •
www.umthombo.wits.ac.za

Date: 31 January 2013

To whom it may concern

Re: Academic Studies: MA Occupational Social Work

This is to confirm that Kgashane Johannes Malesa, student number: 674641 is registered for the Occupational Social work Degree by course work and research at the University of the Witwatersrand.

The topic for his research is, "Exploring Social workers' Experiences and Perceptions regarding Workplace Violence."

The date for completion of his Master's programme is December 2013

Should you have any queries, please do not hesitate to contact me.

Sincerely

Ms. Roshini Pillay
Research Supervisor
011 717 4486



LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF SOCIAL DEVELOPMENT

Ref : S5/3/1/2
Enq : Ledwaba MS
Tel : 015 293 6406
Date : 26 February 2013
To : Mr Malesa KJ - Social Worker (Waterberg District)

RESPONSE ON THE REQUEST TO CONDUCT RESEARCH TITLED "THE PERCEPTIONS OF SOCIAL WORKERS REGARDING WORKPLACE VIOLENCE".

1. The above matter refers to the letter dated **25 October 2012** forwarded to the Department (Social Development) and the Department hereby acknowledge receipt of your letter.
2. The Department of Social Development hereby grant permission to conduct the above-mentioned research, on the proviso that the Ethics Committee for the University of Witwatersrand has provided clearance for the study.
3. **NB.** On completion of the study, a copy of the research report should be submitted to the Department of Social Development in honour of your commitment.
4. The Department take this opportunity to wish you well during the period of research.



.....
**SENIOR MANAGER: HUMAN CAPITAL
DEVELOPMENT AND ORGANISATIONAL STRATEGY**

2013-02-26
.....
DATE

18 College Street, Polokwane, 0700. Private Bag x9710, POLOLKWANE, 0700
Tel: (015) 293 6027, Fax: (015) 293 6211/20 Website: <http://www.limpopo.gov.za>

The heartland of Southern Africa – development is about people

APPENDIX I

University of the Witwatersrand, Johannesburg
Faculty of Humanities – Postgraduate Office

Private Bag 3, Wits 2050, South Africa • Tel: +27 11 717 8202 • Fax: +27 11 717 4037



Student Number: 674641

MR KJ MALESA
Postnet Suite 238
Private Bag X 1604
Bela-bela
Polokwane
0480
Limpopo

17 April 2013

Dear Mr Malesa

**APPROVAL OF PROPOSAL FOR THE DEGREE OF MASTER OF ARTS IN SOCIAL WORK BY
COURSEWORK & RESEARCH REPORT**

I am pleased to be able to advise you that the readers of the Graduate Studies Committee have approved your proposal entitled "*Exploring social workers' experiences regarding workplace violence*" and you have now been admitted to full candidature. I confirm that Mrs Pillay has been appointed as your supervisor in the department of Social Work.

The research report is normally submitted to the Faculty Office by 15 February, if you have started the beginning of the year, and for mid-year the deadline is 15 August. All students are required to RE-REGISTER at the beginning of each year.

You are required to submit 2 bound copies and one unbound copy plus 1 CD in pdf (Adobe) format of your research report to the Faculty Office. The 2 bound copies go to the examiners and are retained by them and the unbound copy is retained by the Faculty Office as back up.

Please note that should you miss the deadline of 15 February or 15 August you will be required to submit an application for extension of time and register for the research report extension. Any candidate who misses the deadline of 15 February will be charged fees for the research report extension.

Kindly keep us informed of any changes of address during the year.

Note: All MA and PhD candidates who intend graduating shortly must meet your ETD requirements at least 6 weeks after your supervisor has received the examiners reports. **Students must remain registered at the Faculty Office until graduation.**

Yours sincerely

A handwritten signature in black ink, appearing to read "JPoyser".

Julie Poyser
Postgraduate Division
Faculty of Humanities
Private Bag X3
Wits, 2050
Tel: +27 11 717 8202
Fax: +27 86 553 4699

APPENDIX J

DECLARATION OF LANGUAGE EDITOR

I declare that I, Jennifer Stacey, have edited the thesis entitled Experiences of Social workers Regarding Workplace Violence which was written by Kgashane Johannes Malesa, student number: 674641. The edit was a general language edit that included grammatical accuracy, punctuation, expression and spelling.

Jennifer Stacey obtained the following degrees: BA (Wits) 1965, BA Hons, English Literature (Natal) 1970, BA Hons, Applied Linguistics (Wits) 1981, MA Language and Literature (by dissertation, Wits) 2000, PhD, Language and Literature (Wits) 2002. She also obtained a University Education Diploma (Natal) 1969. She has taught for nineteen years in the English Department at the University of the Witwatersrand where she lectured and was responsible for the supervision of post-graduate students, She is the co-author of Read Well and Write Well. Since retiring she has done freelance editing for Wits University Press, Jacana and Macmillan.

A handwritten signature in cursive script, appearing to read 'J Stacey', is positioned above the date.

6th March 2014