

**AN EXPLORATION OF THE FACTORS THAT HAVE AN INFLUENCE ON
COMPLETION RATES AMONGST SECOND YEAR COLLEGE BASED NURSING
STUDENTS**

By

ROSE MALENTSOE RAMAHLAFI

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SUPERVISOR: DR. S. J. ARMSTRONG

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DECLARATION

Student Number: 481229

I, Rose Malentsoe Ramahlafi, declare that the dissertation

“AN EXPLORATION OF THE FACTORS THAT HAVE AN INFLUENCE ON COMPLETION RATES AMONGST SECOND YEAR COLLEGE BASED NURSING STUDENTS” is my original work and has not been submitted before for any degree or at another institution. All the resources that have been used or quoted have been acknowledged by means of complete references in the text and list of resources.

ROSE MALENTSOE RAMAHLAFI

DATE

DEDICATION

I dedicate this study to all who have made it possible for me to complete the study.

- My husband, Joel Masedi Ramahlafi who is a fighter, and supported me even though he was unhealthy throughout my studies.
- My son, Mokgawa Thato Ramahlafi who encouraged me and always willing to give advice and assisted with technology.
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ABSTRACT

PURPOSE

The study explored the personal and social factors that have an influence on completion of training, in order to better understand the causes and suggest possible solutions for the high level of attrition among second year students. The study also sought to determine whether these factors have a different impact on successful and unsuccessful students.

BACKGROUND

The attrition rate of an average of 40% of nursing students in the Gauteng Nursing Colleges between the 2005 intake to 2008 is high, compared to 15%-20% that is found internationally. Anecdotal evidence shows that personal and social factors are an important reason for attrition and yet all efforts made thus far are to deal with academic issues.

METHOD

A qualitative exploratory and descriptive research design was used in one of the nursing colleges in the Gauteng Province. Purposive sampling was used from a population of 240 second year diploma students. The group consisted of both students who were thus far successful in their studies (meaning they had passed the first year at the first attempt), and those who had repeated a year of study. Forty nine participants wrote naïve sketches answering two questions:

- What personal factors have influenced your academic progress?
- What social factors have influenced your academic progress?

A focus group interview was then conducted. Data was analysed using the Tech's method of data analysis.

FINDINGS

The results confirmed that the causes of success or failure are multifactorial, and that there is no agreed way of classifying them internationally. The following themes

emerged: study and work demands, educational programme challenges, individual student problems and student staff problems. It was confirmed that the personal and social factors play a role in completion or non- completion of studies, but that academic factors are inextricably intertwined with these personal and social factors.

CONCLUSION

The study found that the identified factors are prevalent in both the successful and unsuccessful students. However, the successful students appear to have intrinsic motivation, are able to come up with strategies to improve their academic performance, and are therefore able to succeed. The unsuccessful students are demotivated and find any challenges they encounter hurdles in making academic progress.

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LIST OF ABBREVIATIONS

| | |
|-----------|---------------------------------|
| BNS | Biological and Natural Sciences |
| GNS..... | General Nursing Science |
| HOD | Academic Head of Department |
| SANC..... | South African Nursing Council |

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CHAPTER 1

OVERVIEW OF THE STUDY

1.1 INTRODUCTION

The attrition rate of 40% nursing students in the Gauteng Nursing Colleges from the 2005 intake to 2008 is unacceptably high, compared to 15%-20% that is found internationally. Anecdotal evidence shows that personal and social factors are an important reason for attrition and yet all efforts made thus far have been to deal with academic issues. The study intended to explore and describe the personal and social reasons for attrition in order to better understand the causes and suggest possible solutions.

A qualitative exploratory research design was used. The study population was the students who were registered at the time of the study at one of the nursing colleges in the Gauteng Province.

One group of at least thirty students was asked to answer two questions. Naive sketches were used as a data collection method. Following this a focus group was held to get a better understanding of the issues raised in the naïve sketches. . Recommendations were made to address the current situation.

There is serious concern within the health services regarding the number of nurses being trained in South Africa. Although the number of applications far outweighed the number of available places between 1997 and 2007, and despite efforts to increase the size of intakes, the number of nurses who completed the course actually fell. The output of professional nurses from the four year course fell from 2295 in 1997 to 1493 in 2006.(Breier et al :68).

The Gauteng Province, like all other provinces in South Africa and countries, has experienced a severe shortage of nurses. In 2005, it was decided that all new intakes of nurses should be increased by 25% annually by all four colleges. This led to increased student numbers, large and crowded classes and clinical facilities.

Notwithstanding the efforts to increase student numbers, the province has not reached the planned targets, partly due to financial constraints and attrition of trainees. The table below (Gauteng Dept. of Health 2005, 2006, 2007 and 2008) indicates that the Gauteng Province is losing on average 40% of nurses recruited to meet the health care needs of the province. These numbers include repeat students from the previous academic year.

TABLE 1:1NURSING STUDENTS NUMBERS IN THE GAUTENG PROVINCE

| YEAR | INTAKE | OUTPUT | LOSS | % |
|-------|--------|--------|------------|-----|
| 2005 | 697 | 410 | 287 (2008) | 41 |
| 2006 | 862 | 588 | 274 (2009) | 32 |
| 2007 | 919 | 520 | 399 (2010) | 43 |
| 2008 | 1001 | 577 | 423 (2011) | 42 |
| TOTAL | 3479 | 2095 | 1384 | 40% |

In order to curb the loss attached to training of student nurses, all students who train in the Gauteng Nursing Colleges enter into an agreement with the government the of which bind them to serve the province on completion of training or to pay back the money they have received during training.

The students are selected through a three phase process, namely paper selection based on the matric score, an entrance test and finally the interview. Up to the end of 2013, the students that were selected into the programme did not have to have the science subjects as a prerequisite for entry into the course. The interview process is mandatory because the nursing students, who train in Gauteng, have a dual status as both students and employees and a prospective employee is required to have attended an interview. This means that the student receives a salary, housing and medical allowance and is entitled to all the privileges that the province gives to all permanent employees. The selection process does not address either the students' personal or social circumstances. It is estimated that the province spends R153 923.46 per annum per student; National Gazette (2013).This means that if a student does not complete the training, this investment is lost.

Currently, the training of student nurses in South Africa is a provincial competency. The students in the Gauteng Province have a dual status as both students and employees. They receive a monthly salary, and alternate college attendance with clinical practice. The students have to work forty hours (40) per week like all other employees. They also sign a Memorandum of Agreement, which spells out that they can only repeat a year once for academic reasons, and a further year for reasons of ill health, pregnancy and unforeseen circumstances.

Students are bound by the conditions of employment for public employees, as well as the student training regulations, as stipulated in the colleges' student handbook. They use the block system, meaning that they come to the college for theory for a few stipulated weeks, and then go to the clinical area for practice. This exchange happens at least three times during the academic year. The students have indicated that this practice is exhausting, and they often do not study after work in the wards. The 40 hours work- week, can be a combination of 7am to 4 pm or 7am to 7 pm shifts. During this time, they are supposed to meet practical requirements according to their student guide and learning outcomes. The medium of instruction is English, although the college trains students from all the eleven language groups in South Africa

According to the Colleges' internal regulations, a student may not sit for an examination if she/he has not attended at least 80% of the classes. During the time of data collection, the block system was used, and the blocks were divided according to discipline e.g. Midwifery for week 5 and 6. If the student is on sick leave for more than two weeks, he/she will not meet the examination entrance requirements, whereas in the other nursing colleges, content of the different disciplines is shared on a daily basis. If a student is absent, it does not impact negatively on his/her due performance.

Student nurses in the Gauteng Province are paid a monthly salary on a salary level 3, which is currently R6000.00 per month, National Gazette (2013)

On acceptance to the course, prospective students are given an acceptance letter by the nursing college, according to Gauteng Department of Health (2013) that confirms that they will assume training as nurses the following year. This letter stipulates amongst other things, that the college does not have a nurses' residence. It is the responsibility of the student to apply to the affiliated hospitals or any private residences for accommodation. The letter informs them that the accommodation is limited. The students find themselves without conducive accommodation, and some have to travel long distances to go to the college or clinical areas.

The fear of attrition or failure to complete training at any level is not only a problem for the trainee, but is worrying to the nurse educators and the funders of the training institution. It is therefore important to determine the factors that contribute to attrition

of student nurses, and come up with strategies that will assist the public institution to retain students and subsequently reduce the shortage of professional nurses.

Student Counsellors at the nursing colleges in the Gauteng Province report that they counsel some of the students who terminate training and report concern about problems experienced by the students contributing to their failure such as looking after sick parents with AIDS, and in some cases, the students have to look after sick baby siblings after both parents have passed on. This situation leads to poor performance, absenteeism and subsequent termination of training. In some cases, the student is the bread winner, and has to share her stipend with up to 10 members of family. As a result, financial problems occur leading to non-attendance at college and stress.

1.2 STATEMENT OF THE PROBLEM

The number of students who have terminated training in one public nursing college in the Gauteng province is alarming. The students in both the first and second years of training have had to discontinue training due to academic failure. Nurse educators are concerned not only with the quality of trained nurses produced in a country that has had an exodus of trained professional nurses to overseas countries, but also with the shrinking numbers that are available to nurse the community in the clinical setting.

Attrition in nursing is a very serious problem that has the potential to cripple the health care system if not attended to. While accepting that the poor academic background of most school leavers is a problem, the contributing factors are likely multi-factorial, such as ill-health and unprecedented absenteeism, relationship, financial and the academic environment. There is evidence that family background does contribute to the social factors that contribute to a high attrition rate of student nurses. Also, the student nurse population consists largely of mature students, many of whom already have family responsibilities. It is therefore important to identify the factors, including personal problems and social pressures, prior to attempting to put processes in place to improve retention.

1.3 RESEARCH QUESTIONS

1. What personal factors have an influence on completion of studies by the second year college-based nursing students?
2. What social factors have an influence on completion of studies by the second year college-based nursing students?

1.4 PURPOSE OF THE STUDY

The purpose of the study is to explore the personal and social factors that have an influence on the completion rate of second year students registered at a Provincial Nursing College in Gauteng.

It is expected that the research will provide answers as to why the nursing college is struggling to retain students until completion.

1.5 OBJECTIVES OF THE STUDY

The objectives of the study are to identify:

- The personal and social factors of students who have passed the second the year of study.
- The personal and social factors of those students who failed the second year of study.
- The personal and social factors that distinguish success and unsuccessful students in the second year of study.

1.6 OPERATIONAL DEFINITIONS

Attrition: Urwin et al (2009) describes attrition as the difference between the number of students beginning each cohort and the numbers who complete the cohort

Student Nurse: For the purposes of this study, a student nurse is a second year nurse who is registered to train at a public nursing college who is following the four year diploma course.

Termination: The process of cancelling the training of the student as a result of failure of the course due to poor performance or personal reasons.

1.7 SUMMARY

This chapter has outlined introduction and the reason why the researcher developed the interest to conduct the study. The research questions and the purpose of the study were highlighted. The three objectives and operational definitions were stated.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

This chapter serves to outline what other researchers have found and contributed in relation to understanding the social and personal factors that have an influence on student completion rates amongst nursing students. As little is published regarding second year college based nursing students in Johannesburg, who were the population of interest in this study, the literature used in this review includes studies related to attrition (or failure to complete), health professional students other than nurses (who share some of the challenges that nursing students do), students in other provinces and countries and students in higher education broadly as the pool of students may arguably be similar to that of student nurses.

2.2 UNDERSTANDING THE TERMINOLOGY

South African nursing education is regulated by the South African Nursing Council (SANC), according to the Nursing Act, Act 33 of 2005. All Nursing Education Institutions (NEI's) are accredited by the SANC for the training of nurses. In 1986, the training of professional nurses in South Africa could only be offered by the nursing colleges affiliated to universities.

While Urwin et al (2009) agrees that the terminology used for describing students who fail to complete the course has been changing over the years from wastage in the 1960's to attrition recently, it is believed that wastage may refer to the waste of time and resources used to train the nurses who failed to complete the course. Attrition on the other hand, is more of a military term. Both concepts may not be suitable, but are used interchangeably. Attrition from an educational institution could also include students who take longer than normal to complete a programme, or transferring to another institution, or, in the case of nursing students following the programme for registration as a nurse, they could exit at certain levels and register as a lower category nurse. Glossop 2002 also defines attrition simplistically as "the difference between the number of students beginning each cohort and the number who completed the cohort".

Tinto (1975) coined a much broader definition many years ago which indicates the complexity of the issue and the inter-relatedness of all the factors involved in attrition. His definition stated that attrition (in education) is, "a longitudinal process of interactions between the individual and the academic and social systems of the college during which a person's experiences in those systems...continually modify

his goals and institutional commitments in ways which lead to persistence and/or to varying forms of dropout.”

Attrition from educational programmes might be voluntary or involuntary, and while it is difficult to define the term it is arguably even more difficult to establish information about the factors influencing attrition or, conversely, retention of students. What is generally accepted though is the idea that attrition is one of the most important challenges that undermines financial, educational and workforce developments targets as outlined by Mulholland. (2008)

2.3 THE EXTENT OF THE PROBLEM

It is difficult to assess the exact attrition rate amongst student nurses following any of the SA Nursing Council (SANC) programmes, but it would appear from the published statistics of the SANC (2014) that as 2610 students completed the 4 year course in 2013 and approximately 4292 entered nursing programmes four years previously that there is an approximate attrition rate of 39%.

A cohort study by Esterhuizen and Armstrong (2013) of one intake of student nurses at one nursing college indicated that the attrition rate was much higher. They indicate that 45% of the group failed to complete the programme.

According to a study by Andrew et al (2008) the attrition rate of nursing students in Australia is 10 -25 %, in the UK it is 24.8%, in Canada it is 10 -18% and in California it is 20%. All of these are considerably lower than in South Africa, and vary widely from one another, but remain a concern in terms of financial and human cost.

A study done by Dante et al (2010) in Italy indicated that of 11,100 registered nursing students in the 2004/2005 academic year, 63.1% graduated in the 2006/2007 academic year. It is clear from this study that the nursing course is shorter than the one in South Africa. Dante et al (2010) further reports that of the 53 participants, 67.9% wanted to leave in first year, 11.3% in second year and 18.9% in the third and final year of study.

In the United Kingdom the overall attrition rate amongst student nurses is 34%, and the first year psychiatric nurses constitute 60% (Mulholland et al (2008). There is however no central record of attrition in the UK and no standardized method of recording attrition.

In Australia (Andrew et al (2008) most of the student nurses who leave do so in the first year. In the study by Dante et al (2010), 13.7% left in their first year, 7.7% in their second year and 8.5% before writing their final examinations. In the Gauteng Province of South Africa, the majority of students who leave, do so after two years of training but this is because some of the students have repeated first year and they are not permitted to continue if they fail again (Esterhuizen and Armstrong, 2013) .

Urwin et al (2009) asserts that although the number of students who fail to complete the course has remained constant for several decades, it still remains a concern. Clearly if the numbers are as high as they are, this is true.

According to Mashaba (1986), South Africa should produce at least 3000 black registered nurses annually for the next seventeen years, in order to curb the shortage of nurses. The increased student numbers led to a high workload for the lecturers, and had a negative impact on the newly qualified lecturers. A study conducted by Seekoe (2014) reports that 30 % of lecturers leave the NEI's within the first 5 years, and this is a very costly exercise.

In reviewing these vastly differing results, one needs to consider that the length of courses, the selection criteria, the difficulty and complexity of the course and the context of the educational institutions differ. When one considers, however, that the lowest attrition rate in the literature is 10% and the highest approximately 25%, South Africa has a disproportionally high attrition rate (39 to 45%).

2.4 REASONS FOR ATTRITION

Multiple factors appear to contribute towards attrition, including lack of support during placement, travelling difficulties, financial hardships, personal or family problems, disparity in perception and wider disillusionment with the health service. In a literature review Andrew et al (2007) stated that the following variables contribute to attrition: academic failure, personal and family reasons, wrong career choice, financial problems, travel difficulties , poor programme management, ill health, negative staff attitudes, programme pressures, inadequate programme information, lack of tutor support, theory/practice imbalance and variable placements

In a study conducted by Mulholland et al (2008) an attempt was made to explore the relationship between selected diversity variables, the nursing progression and attrition, they cited academic failure, wrong career choice, transport issues, inadequate management of the programme, insufficient information given before programme starts, unconstructive attitude of workforce and inadequate reinforcement from tutors as reasons for student nurses failing to complete their programme.

In the exit interviews conducted by Andrew et al (2007) students revealed that the five main reasons for them leaving the course were family reasons, academic reasons, financial reasons, health reasons and wrong career choice.

While each of these aspects could be examined in turn, it is probably more useful to accept that academic failure or attrition happens as a result of a complex interaction of individual, institutional and political factors which all have an impact, and to use this information to select the students who are most likely to succeed. (Lancia et al,

2013). The individual factors here include age, gender and ethnicity. Institutional factors include recruitment and selection strategies, whereas the political factors pertain to the social nursing image.

O' Donnell (2010) states that it is better for the risk factors to be identified and addressed in order to avoid negative organizational and financial effects which may result from high attrition rates. His paper discusses three levels of possible contributory factors to attrition, namely the micro-level that deals factors like unsuitable candidates for nursing, marriage and financial problems. The meso-level deals with factors including night duty, selection process and shortage of professional nurses and the negative staff attitudes. Finally, the macro-level include the large student classes could be responsible for the incongruence in student learning experience.

Another way of classifying factors that influence attrition or success are suggested by Dante et al (2010) who refer to intrinsic and extrinsic factors. The extrinsic factors include the duration, workload and format of the programme. Intrinsic factors are all those characteristics such as age, gender and health problems.

The study conducted seems to confirm the factors leading to attrition as identified by Andrew et al (2007), Mulholland et al (2008) and O' Donnell (2010). These factors cannot be classified in a particular way, as they are multiple factors and are difficult to classify.

2.5 STRESS AND ATTRITION

One of the most striking issues raised in the literature related to student attrition is stress, often combined with actual mental health issues, either as a precedent to stress or vice versa.

A study conducted by Kittu and Patil (2013) revealed that medical students experience stress caused by academic pressure, uncertainty about the future and family problems. These stressors lead to reduced self-esteem, quality of life and patient care. The results revealed that 71% of the students experienced depression, and the latter was associated with stress. Although the authors have indicated that medical education is inherently stressful, a study conducted by Welle and Graf (2011) also found that college students experience stress. Younger students may find it more difficult to cope with college work, due to a faster pace that is expected, with less supervision as compared to high school, academic pressure and increased workload and also lack of social network. The authors stated that problems arise when a long lasting stressor /s is present, and may compromise the immune system of the student. The students feel overwhelmed and may have anxiety and sleep problems. It was also reported that 48 % of females and 39% of males stated that they felt depressed. This finding concurs with Kittu and Patil (2013) that students do experience depression associated with stress. Welle and Graf (2011) stated that

suicide is the second leading cause of death amongst college students who have reported feeling depressed.

It would appear from a study done by Reeve (2012) that nursing students are at least as vulnerable as medical students and college students indicated above. This study examined the stress experience of nursing students, and the social support they used. Nursing students were perceived to be experiencing an extreme degree of stress, as compared to other students at colleges or university. This is as a result of study demands, clinical assignments and the responsibility of looking after the wellbeing of the patients. These responsibilities deprive them of the free time that other young people of their age have. This situation puts them under a lot of stress. The study found that the students reacted to stressful situations by experiencing mostly anxiety, worry and anger. They dealt with the stress by talking to friends, family and some dealt with it by ignoring the stress. Some students engaged in excessive use of alcohol, with new students drinking up to 6 or more drinks per week. The second year degree students drank moderately, taking 3 -5 drinks per week. Few students seemed to trust the faculty members to support and console them when they need help. The authors raise a concern about this as nursing faculty has the potential to impact the students' training either positively or negatively. This problem of stress in nursing training is not confined to individual countries. A study (Sharma and Kaur, 2011) conducted in Punjab revealed that 97% of the participants in the study had a moderate level of stress whereas 3% had severe stress. In a study done in Egypt (Amr et al, 2011) 27.9% of the nursing students were suffering from depression, and 97.3% of students reported being stressed. In contrast with Pulido-Martos (2011) who found academic stress to be the most significant stressor, clinical anxiety was an issue for 46.6% of the sample.

The study by Pulido-Martos et al (2011) was a systematic review related to the causes of stress amongst nursing students. They indicated that there are innumerable stressors for nursing students, but they could be broadly classified as academic stressors (the highest cause of stress according to their findings), clinical stressors and personal / social stressors. One of the interesting findings was that the level of study does not have a marked impact on the effect of any of these stressors. As discussed Reeve (2012) found that many nursing students do use alcohol excessively. Whether this is linked to stress specifically cannot be categorically stated, but even if there is a possibility that this is the case, it is an area for concern as Baker and Stockton (2012) support Reeve's findings and, even more alarmingly state that even though nursing students are generally knowledgeable about alcohol, many nevertheless abuse it. Binge drinking occurred in 30% of the participants in their study which clearly has an impact not only on their physical and mental health but also the likelihood or otherwise that they will complete their course. Prymachuk et al (2008) would seem to disagree about stress being the main problem suggesting that the main issue is how the student copes with the stress, indicating that it is

better to look for factors associated with non-completion rather than specific reasons for leaving.

2.6 ACADEMIC AND COGNITIVE FACTORS

Academic failure has been found by Richardson (1996) and Whitehead et al (1999) to be the reason for 20 -30% of students leaving. Although reasons for leaving are multi factorial and interlinked, it has been found that of those students who perform well academically who leave, most do so due to personal problems. Personal problems may mean relationship problems, ill health, child care problems and financial difficulties.

Early studies by Apple (2002) and Taylor et al (1966) indicated that the previous grade average is useful in predicting academic success in the theoretical aspects, but not in clinical aspects of nursing education. Houltram (1996) also concluded that pre-entry qualifications could predict academic performance in nursing students.

A study conducted by Lemos et al (2013) on past and future academic experiences related with present scholastic achievement were in agreement with earlier research by Harris (1940) and Cattell (1965) that, when intelligence is controlled there are three basic domains that are good predictors of academic success namely, cognitive ability, effort or drive and personal, economic and social circumstances. Cognitive ability has been found to be an established predictor of scholastic achievement, as indicated by several researchers including Freiburger et al S, (2012) and Kappe and van der Flier (2012). They do however; mention that non-cognitive factors do have a role to play in the past and future experiences. Academic aspiration and expectations can be relevant predictors of present and future academic achievement too. However, academic aspirations and expectations are not stable, as they may be influenced either negatively or positively by age, gender ethnicity, and socio-economic status. Bandura (1986, 1997) confirmed that previous academic failure and future academic aspirations are related to present academic achievement.

Jiang and Freeman (2011) indicate among other factors, that past academic performance and verbal scores are good predictors of academic success amongst engineering students in higher education. One of the challenges in South Africa is the inequitable basic education system which raises concern about using past academic performance as a selection criteria but their findings regarding verbal skills may be useful if a measurement tool could be agreed upon for a multi-lingual society such as ours. Ali (2007) findings that academic factors were a better predictor than non-academic factors but that students coming from private schools had a significantly better chance of succeeding than those from public schools in Pakistan would seem to support the idea that inequitable education is one of our problems in South African as it influences academic success rates. Although this study did not look into the individual participants' past performance in high school, the selection criteria in the Gauteng province allow students who may not have science subjects

to come to nursing, on condition that they meet the requirements of the matric score. Some of the participants had either failed the first or the second year of training. The assertion of Jiang and Freeman (2011) may be true to the study that some students may be struggling to succeed as a result of poor past academic performance. Also, the student study in a second or third language of instruction, which may be responsible for additional challenges.

2.7 PERSONAL AND INDIVIDUAL FACTORS

A study conducted by Pitt et al (2012) aimed at identifying the factors that influence preregistration nursing students' academic performance, clinical performance and attrition found that older students had better academic performance than the younger ones. They also found that males were more likely to leave than females. The latter finding was supported by Prymachuk et al (2009) and McLaughlin et al (2010) who stated that males were twice as likely to leave as females. Wray et al (2012) findings supported the idea that age and gender were predictors of success. They indicated that the reason for the higher level of attrition was the fact that they felt isolated and excluded.

Additionally, Ofori and Charlton (2002) examined the inter-relationship among entry characteristics, learning motives and academic achievements of students. The findings concluded that support seeking behaviour and increasing age were found to be better indicators of academic achievement. It is not clear whether the support seeking behaviours and age are related to one another, for example are older students more likely to seek support, and therefore are their pass rates higher as a result?

Beauvais et al (2014) add another dimension to the debate regarding age as a predictor of success in nursing students as they showed that the more resilient students had a better chance of succeeding and that this was strongly demonstrated amongst the older group in their study. If people become more resilient as they get older, which would make sense as they gain life experience, then it would make sense that the older students would fare better.

Family commitments also reduce the time available for students to study each day, Cuthbertson et al, (2004) which reduced the probability of graduating.

2.8 CLINICAL SUPPORT

Employment status is cited by Salamonson and Andrew (2006) as a possible factor influencing success of nursing students. They maintain that students who work more than 16 hours per week are unlikely to complete studies, as a result of exhaustion. Personal factors within the clinical area may also have an impact as students who are anxious are likely to make more errors, especially in clinical performance, and may not succeed in training. Working may also, according to these authors, result in

inadequate time to study which is compounded by students who work having to travel backwards and forwards to the clinical area and also due to tiredness after working in the clinical areas.

Mabuda et al (2008) demonstrated that many challenges exist for the nursing students in South Africa which must; inevitably impact on their ability to succeed, The factors included the presence of clinical support, opportunities, for learning, attitudes of the clinical staff and opportunities for integration of theory and practice. It is not only in South Africa nor just in nursing that the clinical environment is seen to be an important factor in influencing success. This has been suggested in nursing in Iran (Rezaee and Ebrahimi, 2013), England (Emanuel and Pryce-Miller, 2013), Australia (Smedley and Morey, 2010) and physiotherapy training in South Africa (Ernstzen and Bitzer, 2012)

2.9 EXPECTATIONS OF STUDENTS AND ATTRITION

O' Donnell (2010) found that students who experience "dissonance" between expectations and experience are more at risk of not completing the course in nursing education. She found that students often expected the nursing course to be more practical, or vocational, than it is and that they often have unrealistic expectations about nursing and therefore experience disappointment and leave. This may occur when students have cared for ill relatives and wish to train to be a nurse after this experience as the experience of nursing a relative at home and nursing sick and vulnerable people in hospitals and clinics vary enormously.

The problem of dissonance was identified closer to home by Breier et al (2008) who identified a different form of dissonance. They established that many students did not want to be nurses, but came because they receive salaries or bursaries whilst studying and found the reality of the job and studies different to what they hoped and expected.

Andrew et al (2007) found that the students who left training in the first semester left because either because they were unprepared for university, had other commitments or they never liked nursing, or wanted to be a nurse.

2.10 SELECTION OF STUDENT NURSES TO PREVENT ATTRITION

It would certainly makes sense that if we are able to identify the factors that increase the chance that a student will be successful and complete the course, we would save a great deal of money and heartache.

Lancia et al (2013) agree that it is important to select students with the highest probability of success. This opinion is also supported by Ali and Naylor (2009:157) in Pakistan. They assert that nursing schools should be able to produce competent nurses, “who will be able to make logical and rational and informed patient oriented decisions in any health care delivery system”.

Failure to complete successfully not only has a negative impact on the production of nurses for the country, but it also has huge financial implications for the country and the institution.

In a study conducted in Italy by Mastrillo (2012) reported that with the shortage of nurses came a need to drastically increase the intake and that they had 2.7 applicants for each available training slot which added pressure to the need to select appropriately.

There are many opinions of what criteria should be used to select student nurses and each article written on the subject differs slightly or largely from others. Stickney (2008) believes that failure is attributed to selection of students with limited study skills. As already alluded to, Jiang and Freeman (2011) believe that verbal skills are important. Por et al (2011) believe that emotional intelligence is a good predictor of success.

Schmidt and McWilliams (2011) describe the many selection criteria used by various nursing schools to select students. These include grades obtained in pre-nursing courses, standardized, pre-admission tests based on a variety of aspects, essays, personal interviews and a history of having volunteered and carried out community work.

2.11 THE IMPORTANCE OF THE ISSUE OF ATTRITION

According to Gray (2006) attrition needs to be tackled urgently and nationally as it is a waste financially that serves no one including the taxpayers who finance the system nor the students who are often devastated having had their hopes, and those of their families, dashed. It is, as Gray states “a tribute to their stamina and dedication that so many manage for so long before giving up- and even they look for ways to come back”.

Prymachuk et al (2008) state that attrition in nursing education is an international issue that is causing concern in many parts of the world, both developed and developing countries. O'Donnell (2010) refers to the importance of identifying risk factors for attrition in order to avoid “negative and financial effects” which may arise from large numbers of students terminating their programme.

In their South African study, Esterhuizen and Armstrong (2013) calculated the financial cost of student nurse attrition as well as examining the “human” cost. For a group of 100 students that start training, R8 922 513 is lost through attrition. In South

African terms this translates into a cost of building 127 RDP houses (reconstruction and development houses) for the poor. When viewed in these terms the importance of addressing attrition is evident.

2.12 CONCLUSION

Although there is not a single approach of defining or dealing with attrition in nursing students, there is a general consensus that the causes of attrition are multifactorial. There is also no agreed way of categorising the causes of attrition. Even though there is no agreed way of classifying the factors that lead to attrition, the different authors have identified similar and reasons have been identified.

Ali et al (2009) identified age, also supported by Houltram (1996) and Ofori and Charlton (2002), gender supported by Wray et al (2012), preadmission qualification. Urwin et al (2009) identified the individual factors including personal capability, personal preferences and individual circumstances of students. Institutional factors identified include selection process, placement factors and negativity and hostility of clinical staff. Wray et al (2012) agrees that personal and academic failure contributes to attrition.

The other factors include family problems, the role played by the support system, including lecturing, clinical staff and peers. The institution would refer to the application of rules and regulations, implementation of the curriculum and the clinical practice. High workload and shortage of nursing staff would also contribute to the attrition. Literature has confirmed that it is difficult to classify the multiple factors that contribute to attrition.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 INTRODUCTION

This chapter will outline the research methodology used. A qualitative, explorative and descriptive design was used. Naive sketches and a focus group interview were used to collect data. The research was conducted in one of the public nursing colleges in Gauteng. Second year students doing the four year Diploma in Nursing (General, Community and Psychiatry) and Midwifery at one of the nursing college in Gauteng participated in the study. The ethical principles used to guide this study will be outlined.

3.2 RESEARCH METHODOLOGY

De Vos, Strydom, Fouche and Delport (2009) refer to strategies, methods, traditions and approaches as related to the term design. De Vos et al (2009) define research design as a plan or blue print of how a researcher intends to conduct a research. Uys and Basson (2005) interpret research design as the total strategy of the study from identification of the problem to the final plans for collecting data.

A qualitative, explorative and descriptive design was used to explore and describe the personal and social factors that have an influence on student completion rates amongst second year college based students.

3.2.1 Qualitative design

Burns and Grove (2009) explain that qualitative research generates knowledge about meaning and discovery. The qualitative researcher is concerned about deriving meaning and understanding. The findings from the studies can be used to identify relationships amongst variables and may be used to develop theories. The findings from the qualitative study are unique to that study Burns and Grove (2009). The qualitative approach is flexible, and allows the researcher choices to create the design that is best suited for the research. De Vos (2009). The approach was used to determine and promote understanding of the personal and social factors that determine success or failure on the second year nursing students.

3.2.2 Exploratory design

The explorative design is used when a researcher needs to explore the topic before attempting to measure or test it quantitatively Maree (2012). Exploratory research was chosen for this study as little is known about the problem in the context of the public nursing colleges in Gauteng. The focus of an exploratory design is to gain insight and to understand the problem better with a view to conducting further

research at a later stage (Uys and Basson, 2005). The design was used to gain insight into why nursing students in Gauteng fail to complete their training.

3.2.4 Descriptive design

According to Polit and Beck (2008) descriptive designs are conducted to observe, describe and document phenomena as they occur naturally. Furthermore, a descriptive design describes what the people feel, think and how they perceive phenomena (Polit and Beck, 2008). Brink (2011) emphasises that descriptive designs are used where more information is required, to answer research questions and describe variables. The design was used in this study to describe the personal and social factors identified by nursing students in the second year of study.

3.3 RESEARCH SETTING

According to Burns and Grove (2009), a research setting is the location where the research is conducted. The author highlights a natural setting as one of the possible areas where research can be conducted. The authors further describe a natural setting or “field” setting is an uncontrolled, real life situation or environment.

The study was conducted in one of the Nursing Colleges in the Gauteng province. The College has a student enrolment of at least 1500 and an annual intake of 300 students. The setting was chosen because it is the largest nursing college and has experienced a high attrition rate of students in the past few years.

3.4 POPULATION, SAMPLING, RECRUITMENT AND SAMPLE SIZE

3.4.1 Population

De Vos et al (2009) define population as “the totality of persons, events, organization units, case records or sampling units with which the research problem is concerned”.

In this study, the population consisted of the second year students (N=240) following the four year diploma course leading to registration as a Nurse (General, Community and Psychiatric) and Midwife. The sample included both students who passed the first year of study, as well as the students repeating the second year of study.

3.4.2 Sampling

The sampling process refers to the process that was used to select the participants of the study Maree, (2012). The sampling process involves the selection of elements for participation in the study. In qualitative research, a purposive sample is commonly used. This is a method where the participants are selected because they fit the profile of participants needed in the study Maree (2012). The second year group of students (240 students) was selected as they had already been in the system for more than a year and had a good understanding of procedures and

processes. Those students who did not wish to participate in the study were excluded from the group for the purposes of data collection.

3.4.3 Recruitment

Sample recruitment in a study involves identifying eligible participants and persuading them to participate. Polit and Beck (2008). In this study, a second year lecturer was used to inform the students about the study, and it was endorsed by the academic head of department who was in charge of the second year group. This was done during the time when they were in the first block of the year. The researcher visited the students during the second block in July 2014, and had a face to face talk with the group. The prospective participants were invited to participate, and promised that the research findings will be shared with the institution.

3.4.4 Inclusion criteria

Also referred to as "eligibility criteria" or "inclusion criteria" by De Vos et al (2009: 124). In this study, only second year students on block in a public nursing college were included.

3.4.5 Sample size

Polit and Beck (2008) describe the sample size as the number of people who participate in a study. In this study, N=57 participated in the naive sketches, and N=7 participated in the focus group discussion.

3.5 DATA COLLECTION

(Polit and Beck 2008) define data as pieces of information obtained during the study. On the other hand, data collection is said to be the precise, systematic gathering of information relevant to the research purpose or the specific objectives, or question of the study. (Burns and Grove, 2009). According to Botma et al (2010), the principles of respect, anonymity and confidentiality must be maintained. In this study, data was collected from the participants' narratives or naive sketches, also known as vignettes and a focus group interview. The following questions were asked for both data collection methods:

- What personal factors have influenced your academic progress?
- What social factors have influenced your academic progress?

3.5.1 Naive sketches

Kelly and Lesh (2002) describe vignettes as "short stories or scenarios in written or pictorial forms, which participants can comment on." Gould (1995) describes vignettes as simulation of real events, and can be used to elicit subjects' knowledge, attitudes or beliefs. The advantages of using vignettes include the convenience of

collecting data from extensive samples, and also offer an alternative to observation. It is also possible to manipulate variables. Participants are able to describe or define events in their own terms, and may generate data that is untapped by other methods. The authors recommend that vignettes should not be used in isolation, and therefore must be used in conjunction with other data collection methods. The participants were asked to write as much as they wished in response to the above-mentioned questions.

The participants were seen in a classroom during their mid-year theory block from 15h00 – 16h00. The researcher was introduced by a lecturer to 240 second year students. The process was explained and it was clarified that it is not compulsory for them to participate, and that they are free to terminate their participation at any time. The participants were assured that confidentiality will be maintained, and only codes will be used and not their name. Consent forms were distributed and explained to them by the researcher. Sixty forms were signed. Those who did not want to participate were allowed to leave the room. Questionnaires with two questions and blank spaces were distributed to the participants. The participants had to answer the following questions, and were asked to write as much as possible:

- What personal factors have influenced your academic progress?
- What social factors have influenced your academic progress?

The participants were informed that the whole process will take not more than one hour. They were instructed to leave their papers on the table when finished writing. The researcher collected the papers and N=57 were counted. The participants were given some refreshment as they left the classroom.

3.5.2 Focus Group Interview

Focus group interview is an interview of a group. The aim of conducting a focus group interview is to get a better understanding of how the group feels or how they perceive the aspect that is being researched. De Vos et al (2009). The participants will usually have common characteristics. The intention is also to focus the discussion to a particular area of concern. Burns and Grove (2009) stress that the group dynamics enable individuals to express opinions that may not have been expressed in individual interviews, as they may feel safer in a group interaction.

IA group of 60 second years was approached in class in their final theory block in September 2014. A research assistant, who has no affiliation to the college, and who acted as a scribe for the purpose of taking field notes, and the researcher explained the purpose of the focus group. Information sheets were also distributed together with consent forms to enable those who wished to participate to consent to this effect. Concerns were expressed by some of the students that they would be victimized by the college staff if they were seen to be “speaking out”. The participants were repeatedly assured that confidentiality would be maintained. After

this process, seven students volunteered to be part of the group. The researcher and the participants were then moved to a smaller venue, to ensure privacy.. The researcher conducted the interview, and the assistant took field notes. The interview was digitally recorded. The researcher posed the questions, probed and summarised the discussion. The questions asked were:

- What personal factors have influenced your academic progress?
- What social factors have influenced your academic progress?

The interview continued until no new information was obtained, and saturation of information reached.

3.6 DATA ANALYSIS

Data were collected, firstly the naive sketches, and lastly the focus group interview. The naive sketches were transcribed by the researcher, and the focus group interviews by the research assistant. The research supervisor also assisted with the coding. Tesch's method of qualitative data analysis was utilised in the data analysis process as indicated in Tesch (1990).

The transcripts were randomly selected, and read to get a sense of what the participants had in mind.

The researcher continued to read the transcripts, asking questions "what is the participant saying?" "Why is he/she saying this?" The meaning derived from the transcripts was jotted on the margin.

After all the transcripts were read, the researcher looked for common messages, and wrote them under the same topic. The remaining messages were fitted into the relevant topic.

The topics were abbreviated, and the most suitable word used to describe the categories. Similar categories were put together, and our themes emerged.

The process was followed for both the naive sketches and the focus group transcripts.

The themes obtained from both the focus group interview and naive sketches were collapsed and final four themes emerged. Codes were used to identify the themes and subthemes.

3.7 TRUSTWORTHINESS

According to Polit and Beck (2008) every researcher wants to reflect the true experiences of the participants without any bias. The criteria used to ensure that the findings are genuinely the reflection of the target group is reliability and validity.

The researcher followed the guidelines given by Lincoln and Guba (1995) to establish trustworthiness. The authors emphasise that a qualitative researcher must have confidence that his/ her findings will be repeated and will be valuable to other researchers. The following four criteria were used.

3.7.1 Credibility

Lincoln and Guba (1985) refer to credibility instead of truth value and internal validity. Polit and Beck (2012) describes it as a criterion for evaluating quality and integrity in qualitative research.

Lincoln and Guba (1985) describe three activities that ensure that the findings and interpretation will be credible:

Prolonged engagement refers to investing sufficient time to learn, testing of misinformation and building trust. Polit and Beck (2008) refers to credibility as the confidence in the truth of the data and the interpretation. The qualitative researcher makes an attempt to establish the truth. The researcher has been in the nursing education field for a long time, but collected data from the students of another college.

Triangulation refers to verification by another source or method. In this research, data was collected firstly by naive sketches and focus group discussion. The data received from both sources was consistent and complementary. The data was also analysed by the researcher and the supervisor independently.

3.7.2 Transferability

Transferability is the extent to which the findings of a qualitative study can be generalized and applied to other settings or groups. In this study, transferability was not possible as this study was confined to only one group of students in one nursing college,

3.7.3 Dependability

Dependability is referred to as a criterion for evaluating integrity in the qualitative studies. Polit and Beck (2008). It is evidence that the information is stable and consistent. The stability and consistency of information was maintained by doing both the naive sketches and focus group interview.

3.7.4 Confirmability

Confirmability is the degree to which the results reflect the characteristics of the participant, not that from the bias of the researcher Polit and Beck (2012). This refers to the objectivity that the researcher must maintain throughout the study. Only the truth from the participants' perspective is reflected by the researcher. This study was also coded by the supervisor who did not participate in the data collection process.

3.8 ETHICAL CONSIDERATIONS

Polit and Beck (2012) and Brink, (2011) refer to the fundamental principles of ethical research. These principles are beneficence, respect for human dignity and justice. These principles are multidimensional as well. These principles were adhered to in this research, since human beings were involved.

3.8.1 Beneficence

Polit and Beck (2008) explains that the researcher must maximize benefits and minimize harm for the participant and society at large. Beneficence includes the right to freedom from harm and the right to protection from exploitation.

The participants who took part in this research were given full explanation of the purpose of the research. They were informed that they are free to participate or withdraw at any time. They were also informed that the information that will be obtained will be confidential; no names will be used except for codes and will never be used against them. The researcher explained that the findings of this research will benefit nursing education.

The researcher was supervised by a qualified experienced researcher who is knowledgeable in research. The anxiety displayed by the participants was handled by assuring them that the information that will be shared will not be used against them. In this research, the questions asked were non-invasive, and the participants were observed

3.8.2 Respect for human dignity

The right to self-determination is explained as the right that the participant has to decide whether they participate or not, disclose or not disclose information. In this research, this principle was adhered to. The subjects who did not want to participate were allowed their right. Those who decided to stop participating in the research were allowed to do so without being made to feel guilty or intimidated.

The researcher gave a full explanation of the study verbally and in writing. The subject who chose to participate in the study gave a written consent. The participants also consented to the use of the tape recorder in writing. Their questions of clarity were answered truthfully and honestly.

3.8.3 Justice

The principle of justice is referred to as “the right to fair selection and treatment” Brink (2011). Included in this principle is the right to fair treatment, right to privacy.

The right to fair selection and treatment was observed. As there was a high level of concern amongst the students about participating, the researcher was particularly

sensitive and ensured they understood they had a choice and were not obliged to participate which many students chose not to do.

The right to privacy defined as the extent to which the participants' information will be shared with other people not participating in the research. In this research, the participants were assured that the information will be utilized for the research purpose only, and the tape recorder and any documents dealing the research will be kept under lock and key to ensure privacy. No names would be used, and only codes will represent the participants to ensure that the participants remain anonymous. Lastly, the participants were assured that no unauthorised person except the researcher, the supervisor and the assistant will have access to the data. The professionals involved will not divulge the information to the college and any other party.

3.9 CONCLUSION

The research methodology that was used was outlined. Naive sketches were used to solicit individualized and personal responses to the two questions. Supplementary data was collected through conducting the focus group interview. The interview was recorded using a tape recorder and field notes were taken by an assistant. The trustworthiness was explained and ethical principles were explained and adhered to.

CHAPTER 4

DATA ANALYSIS AND DISCUSSION OF FINDINGS

4.1 INTRODUCTION

In this chapter the data analysis and the findings of the study are described. There were two parts to this study, namely the collection of naïve sketches from one group of students and a focus group interview where the same questions were asked from a second group of students in order to solicit more in-depth responses than were obtained in the naïve sketches. The focus group interview was digitally recorded.

Data collection and analysis occurred concurrently, and Tesch's (1990) method of qualitative data analysis was used to analyse both sets of data, viz. the naïve sketches and the focus group interview, as a guide for this study. The researcher coded the data and her supervisor acted as a co-coder.

Firstly, the naïve sketches were typed and the recording of the interview transcribed verbatim. The naïve sketches were analysed first, followed by the focus group transcripts. All transcripts of the naïve sketches were allocated a code and each participant in the focus group allocated and personalized, but confidential code. Transcripts were selected at random and read in order to get a sense of what the participant was saying. As ideas came to mind, they were jotted down on the margin. The researcher also listened to the recorded interviews and read the field notes. This gave the researcher the opportunity to get an overview of each participant, and the data as a whole. The researcher interrogated the transcripts to understand the underlying meaning and the intention of the participants. These ideas were also jotted down in the margin.

After several participants' transcripts were analysed, a list of random topics derived from the documents was compiled. Similar topics were clustered together and formed into themes and sub-themes.

Similar topics were put together and collapsed by using the most suitable words that described all. The process was continued until the themes and sub-themes were refined and saturated. The relationship between categories was also considered.

The process was repeated with the co-coder and a final set of themes and sub-themes agreed upon.

The themes were explored in the literature to derive their meaning.

The findings which resulted from the content analysis will be described first in this chapter, followed by an analysis of the distinguishing factors between successful and unsuccessful students. This will be followed by a discussion regarding the findings which will be supported by relevant literature source.

4.2 FINDINGS FROM THE NAÏVE SKETCHES AND FOCUS GROUPS

The questions that students were asked to respond to were:

- “What personal factors have influenced your academic progress”
- “What social factors have influenced your academic progress?”

4.2.1 BIOGRAPHIC INFORMATION OF PARTICIPANTS

4.2.1.1 Naive sketches (N=49).

Of the total of 49 participants, 28.5% were male, and 69.4% female. 30.6% of the group had never failed an academic year and 69.4% were repeating an academic year. The graphs below show the age range and the living arrangements respectively of this group. Their age distribution and living arrangements are shown in table 4.2.1. below.

Table 4.2.1.

Age distribution of the participants in the naive sketches

| Age category | Age distribution |
|--------------|------------------|
| 18-21 | 30.6% |
| 22-25 | 32.6% |
| 26-30 | 36.7% |
| 31-40 | 12.2% |
| >40 | 8.2% |

Table 4.2.2.

Living arrangements of the participants in the naive sketches

| Living status | Percentage |
|----------------------------------|------------|
| Living alone | 28.4 |
| Living with partner | 26.5 |
| Living with parents | 30.6 |
| Living with parents and children | 10.2 |
| Unspecified | 4 |

4.2.1.2 Focus Group Interview (N=7)

Of the total of 7 participants, 2 were male, and 5 were female. 3 of the group had never failed an academic year and 4 were repeating an academic year.

2 live alone, 2 with a partner, 1 with parents, 2 with parents and children. 1 participant was < 21 years, 2 between 22 and 25 years, 3 between 26 and 30 and 1 between 31 and 40 years of age.

4.3 THEMES AND SUB-THEMES

The 49 participants who contributed naïve sketches have been coded to preserve anonymity but make it possible for the researcher to identify their status in terms of Verbatim quotes in this section therefore indicate the student by a letter and a number e.g. A1. The seven focus group participants were coded according to the order in which they contributed in the discussion and are coded numerically as participant P1 or P2.

Table 4.3.1 Themes and Sub -themes

Four themes and twelve sub-themes were identified as shown in Table 4.2.3. Below:

| THEMES | SUB- THEMES |
|----------------------------------|---|
| Study and work demands | <ul style="list-style-type: none">- High workload- Conflict regarding student status |
| Educational programme challenges | <ul style="list-style-type: none">- Policies- Teaching and learning- Planning- Bad reputation of college |
| Individual student problems | <ul style="list-style-type: none">- Anxiety- Vulnerability and ill health- Social problems- Financial |

| | |
|----------------------------------|---|
| | Travelling and transport Family responsibility Loneliness Accommodation |
| Student/Staff Problems or issues | <ul style="list-style-type: none"> - Lack of guidance - Negative attitudes - Relationship problems |

4.3.1 STUDY AND WORK DEMANDS

The participants expressed concerns regarding the combined work load of academic and practical work. This situation is brought about through the dual status of the nurses which was experienced by the students as being stressful not only because of the perceived workload they were carrying but also the conflicts that dual status brings with it. Being both an employee and a student results in these problems and perceived demands in terms of, often conflicting, work and study.

4.3.1.1 High workload

There was agreement by both participants in the naïve sketches and the focus groups that the workload in the second year of study is high. Participant A4 stated that “my academic progress is hindered by not having enough time to fulfil or complete the work overload within a specific time frame”. Students stated that they have to work through their lunchtimes in order to meet academic requirements such as witnessing deliveries. Students clearly resent the fact that the other nurses working in the wards relax when students are present and, as stated by J4 “force us to work hard.” They also expressed the opinion that due to the fact they are required to work and deliver patients care, they are not able to meet their learning outcomes.

The students reported that they are overwhelmed and extremely tired after a day's work. For them to be expected to study in the evening after having worked a shift of eight hours is, they believe, unrealistic, especially as, due to the shortage of trained nurses, students are used or depended upon as workforce and the intensity of the work in the wards is therefore great. This is well illustrated by participant number 6 who said, “I was working in the ward, they delegated me two cubicles in the ward to pay attention to those two cubicles in the midwifery sector” Students also indicated that because of the high work load, they do not have a social life, as they have to spend most of their free time either studying or working. Participant D8 said “I have no social life”, and participant E6 said “I do not have a social life and have tried by all means to focus on my studies, but everything seems to be too much to handle”.

Over and above working forty hours a week, the participants complained about having to do assignments as well, and are unable to cope. This factor, according to participant P5 could be the reason why some of their colleagues have dropped out the course.

Participant D10 expressed resentment at having to do all this work for a diploma rather than getting a degree. He said, "The standards are too challenging to exhaust (exert) such energy doing the Diploma. It would be better if I had to exhaust (exert) such effort doing a degree". Participant 5 agrees that the course is often challenging, and often "the feet hurt and then what do you do, you would just need to go straight to bed."

Participant J4 stated that "I'm always tired when I come from clinical area. Even in the clinical area I do not have enough time to accomplish/achieve my learning outcomes because the nursing staff relax when there are students in the ward and force us to work hard".

4.3.1.2 Conflict regarding student status

The study revealed that participants believe that the hospital staffs expects them to provide a full clinical service despite the fact that they also have academic requirements to fulfil which can cause tension in the workplace. This was illustrated by participant number P 6 who stated, "The sisters tell us that you are getting paid, so you must do this, you must do this." Participant J4 stated that "I'm always tired when I come from the clinical area. I do not have enough time to accomplish /achieve my learning outcomes because the nursing staff relax when there are students in the ward and force us to work hard". Participant A2 confirmed that "I'm always stressed and sometimes cannot cope with my school work".

4.3.2 EDUCATIONAL PROGRAMME CHALLENGES

Students expressed concern about how the educational programme at the college is structured and implemented believing that it places unnecessary stress on students and could be altered to make it easier. While certain requirements are set out by the SA Nursing Council and the Gauteng Department of health, the colleges have a wide degree of latitude regarding the implementation of the curriculum

4.3.2.1 Course Requirements

The students seem to believe that it is impossible to meet the course requirements, as expressed by participant 1 who said, "The course is inhumane. If you are absent for a week, you get course extension." Participant D3 stated, "My only fear is that I am only left with this year because I have already failed my first year. I do not believe I will complete the course." Participant D8 said, "Personally, I feel it was unfair for me to repeat first year.....this has wasted my time.... me to repeat the biological and natural sciences only has discouraged me, and the supplement and special mark came back the same".

Participant D10 expressed concern about the rigidity of the requirement for all students to do midwifery. He said, "The nursing college does not provide option on

subjects as I am a male doing Midwifery is against my cultural belief, but I enjoy general side”.

4.3.2.2 Teaching and Learning

While some comments about teaching and learning expressed similar ideas to those expressed in the sub-theme “high workload” there were clearly other issues that related more to the way the subject matter was taught and the difficulties experienced in learning the material.

The content is, according to the participants, not well explained, especially as they have to do one subject per week. This result in poor understanding coupled with a lot of work being covered in a week which results in the students failing to cope.

This was confirmed by participantC3 who stated that “They teach us a lot of chapters in 3 days, and then you are expected to know them by Friday to write a test”.

One participant, M1 indicated that “It can only be a language barrier and being treated differently all the time is a major challenge”.

4.3.2.3 Planning

Most students complained about the poor planning of the academic programme, including the non-availability of a year plan, and the fact that students do not know when the tests will be written. There was also a concern raised about tests and presentations that are done on long weekends, as the students indicated that this interferes with their social life, as expressed by participantJ3 who said, “They need to attend to family funerals and gatherings over normal and long weekends.”

ParticipantD1 said “The new integrated system of general nursing science and biological and natural sciences is confusing, and it was forced on us even after we requested that it shouldn’t be used. The 2013 year programme is a mess and disorganized and continuously changing”

D9 said, “Not having right direction as to what to prepare for the coming week for the block because time table is unavailable and the learner guides are not user friendly”.

4.3.2.4 Bad Reputation of College

Participants shared many examples of disturbing practices that could, if true, reflect very badly on the reputation of the college and certainly are a risk factor.

Participant 2 stated that “We even got our midwifery script on Monday, but the majority didn’t perform well, so they are not worried, just life would go on but when the exam results come out, saying....(Name of college) students, a high failure rate, but they know it started from our first year”. Participant 7 stated that “I have not experienced this thing in my life, like all of us we are writing, how we can obtain 100% failure? You may ask, is that possible or what, 100% failure? I have not seen

such a thing in my life". Participant 7 further stated that "I think where you come from, your college Ma'am (researcher), I hear the students are passing very well and they are enjoying the course but if you compare like(Name of college) and other institutions, you will see this one, like it is isolated; you know it by higher failure rate, like it has been going on like years after years. No one is like, why? It is like no, it is normal that but other nursing colleges are passing and we are doing the same course, the same curriculum but why us".

4.3.3 INDIVIDUAL STUDENT PROBLEMS

While many of the problems experienced by student related to the way the college was run and the way their training was structured, as well as the nature of student nurse training which is demanding, many of the problems were intrinsic to the students themselves and it is clear that many in this group of student nurses are a very vulnerable and disadvantaged which impacts on their ability to succeed academically.

4.3.3.1 Anxiety

The participants expressed feelings of anxiety and hopelessness that amongst other things, they may not complete the training and achieve their goals. Participant B2 said "I came to this course being so positive and willing to work hard, but failing has made me to lose hope as I know I am a hard worker". Participant E6 confirms participant B2's feeling of hopelessness by stating that "at times I feel like I'm a failure because I repeated one subject during my first year of training. I do not have hope whatsoever in completing the course, because I have already repeated one year of training".

The students are continually on guard as they feel that they must not do something wrong as this may lead to their training (and therefore their salary) being terminated as expressed by participant J1. Participant 6 agrees with participant J1 that the circumstances at the college have led to her suffering from an anxiety disorder, and at one stage she was admitted for a week and treated for the condition. She failed the biological and natural sciences in 2013, and was never sure of what will happen to her. She received 3 different results in one day, and was told that her training had been terminated in the first instance, secondly that she may write a second supplementary examination and lastly, she was chased out of class. Finally, she states that "I was supposed to write the BNS, they told me a day before that, at about 10h00 that I'm going to write the special BNS.

4.3.3.2 Vulnerability and ill-health

Participant P1 stated that as students, they pick up disease in the wards, and when they miss classroom content; they pay heavily by not meeting entry requirements, and end up getting a course extension. They invariably avoid staying away even

when they are sick. They come to class, but do not concentrate and fail to do well in the examinations.

Participant P3 stated that “My concern is that, first of all I hear that when you work for the Health sector you have to get some immunization before you can go to the wards. I came here last year, I did not get those, none of those, and I have been exposed to different kinds of TB”. The college has failed to immunize the students against the communicable diseases as expected and therefore vulnerable to communicable diseases.

4.3.3.3 Social problems

4.3.3.3.1 Financial

Both male and female students confirmed that they came to nursing for money, due to unemployment and lack of funds to continue with university studies. Basically some of them did not like practicing nursing as a profession. Participant P6 (Male) stated that “I do not like what I’m doing, it was not in me. I came into this because I felt I needed money. I am telling you the honest, I lied to the panel that interviewed me, telling them that, yes nursing was in me, and nursing was that. Alright, I was studying Psychology Industrial at UNISA. I had problems with finance. Alright, I was told that there is nursing, there is money in there and also you get to learn the things that are being taught there”. He further on stated that “I also realized most of time when we go to the hospitals to go to work, going to practice what you have been taught; it is not for me, it is not for me because now and then you have to wrap a corpse”.

Participant B5 said “I am a breadwinner in my family. It is expected of me to provide for the family of 13 members with a salary of R5, 000.00, which I feel is not enough”. She further stated that “I have a daughter whom I must take care of, pay school fees, transport and other extra-mural activities that she is involved in, which causes frustration”.

4.3.3.3.2 Travelling and Transport

Having to live at home, far from the college affects many students as a result of lack of accommodation at the nurses’ residents. Also, having to do clinical practice in outlying hospitals adds to them having to travel long distances, leave home very early and arrive very late, sometimes after 8pm. This situation is worse in winter. Over and above that, they have to take care of their children, spouses and other family members. They end up stressed and unable study. B5 stated that “at times I do not have time to study for tests that are to follow”. D1 agrees that “travelling every morning and after class there is Not enough time to study”.

4.3.3.4 Family Responsibility

The study revealed that the participants have both family and college responsibilities that need their attention simultaneously. Participant C1 said, "Being far from my children does affect my studies". "Sometimes in the middle of the week you are needed" said participant G1. This means that students may be forced to visit home even during the week. Participant D8 said "There is nothing socially disturbing my family, but instead this training has disturbing my family, my marriage, my relationship with the child because I believed I was doing the right thing for me and my family."

4.3.3.5 Loneliness

The students who stay away from the family, either on their own or at the residence are very lonely, as they are busy with work and studies during the week, and can only visit their families over the weekend, and they believe that that is not enough.

A2 said, "I don't see my family most of the time. I feel like I'm not living my youth years as I'm supposed to. "

4.3.3.6 Accommodation

The participants seem to believe that family problems and an unconducive study environment have a negative impact on their success. The study revealed that the accommodation offered to students is of a poor standard and not conducive for learning, and also not available to all the students who need it.

Although some students do stay at the nurses' residences, participant J3 stated that "living arrangements are not conducive for studying. Sharing of rooms in particular, having an urge to study at a certain time and not finding time to do so, since someone you sharing with is busy with something which will disturb me from studying".

Participant A4 stated she was obliged to live away as circumstances in the residence were unacceptable. She said, "Social factors hindering my progress include having to stay far and travel on a daily basis due to lack of contract of the nursing home". Participant E8 stated that "I'm staying in Vanderbijlpark and was denied the opportunity to work in the nearby hospital, which is Sebokeng. So, it's a problem for me to be in time at work and I also get home very late and worse if it's winter".

4.3.3.7 Relationship problems

The study further revealed that some students are so busy with the studies to the extent that they do not have time for romantic relationships, whereas some spent most of their time on social relationships, to the detriment of their studies.

Participant D6 “Dating has affected my academics. Fact is, when you are in nursing, you shouldn’t date until you finish”, whereas participant D10 said “Failing to prioritise my time. I socialize a lot during the weekends and neglected my books, associating myself with people who do not have goals and ambitions in life”

4.3.4 STUDENT/STAFF PROBLEMS OR ISSUES

Many of the students were concerned by the poor inter-personal relationships between themselves and the hospital staff and themselves and the college staff. These problems have a “spin-off” which negatively affects their ability to cope academically.

4.3.4.1 Lack of guidance

J4 said, “The sisters in the hospital do not teach us. We work as messengers. We leave the wards with less knowledge.” Students also believe that they do not receive guidance and support in the college for academic issues such as on how to answer questions and before writing a test. D10 stated that “the guidance as into important outcomes is poor; hence I do not progress well. Participant 10 stated that “How come because I always spent two weeks on study, but I do not know what happened and then they will be blaming you, you were not supposed to answer like this, you were not supposed to do, after writing, instead of they should tell you before writing a test, you know this is how you must answer this and how you must struggle the question”.

4.3.4.1 Negative attitudes

The perception of the students is that there is a lot of intimidation by management and lecturers/ tutors. They are called names and victimised for their manner of dress. They believe that the latter has nothing to do with academic study, as it was indicated by E5, who said, “The course is depressing and treatment towards students by staff members in the wards is traumatic”. Participant 7 stated that “the HOD’s, what they normally do is come to classes whenever there is a problem. Without a problem, they are not there, to say, guys, you are doing well. Instead, they come and like telling like talking to us as if we are dull kids, you are failing, and you are failing”. He goes further to add that “before you start class you can pray or sing and just thank God for just honouring us to be on that day, but what happened likewe are singing and praying and then one of the HOD’s came in Ma’m, and

when she came it was like why are you singing, why are you praying, can God hear you?, and she was talking all sorts of things”.

The Lecturers seem to believe the negative reports that the sisters tell them about the students, “even if they are not telling them the truth” J5. Participant P6 supports what J5 says, that the Lecturers are not willing to listen to the students’ side of the story during a conflict situation. The Lecturer said “I do not care, I’m going to believe what the sister is saying in the ward, and then I was like left alone there, stranded, and she did not even support me”.

Participant D4 said, “Being in an environment that is not friendly, being threatened by Tutors that you will never make it, has brought me down emotionally, and many of my colleagues have resigned because there is no motivation in this field”.

Participant D8 said, “ So many of my colleagues are even afraid to participate in this campaign as they have fear of victimization , and some have given up, all they are waiting for is to be terminated . Please if this should go the MEC, hear our cry E6 said “being called by names gets me lost”.

4.4 COMPARISON BETWEEN SUCCESSFUL AND UNSUCCESSFUL STUDENTS

Both the successful students and the unsuccessful are faced with the same challenges of a high workload, curriculum, individual student problems and the staff problems. A2 has never failed but stated that “I don’t get to see my family most of the time. I feel like I’m not living my youth years as I’m supposed to. I’m always stressed and sometimes cannot cope with my work. I get sick sometimes and have to come to school because I’m afraid of getting course extension”. A6 is a single parent and states that “Integrated blocks are confusing me, for example, if we went to clinical for GNS coming back its Midwifery and unable to understand it”. Two participants who have not failed namely E10, E11 did not give any information on the social and personal factors that affect their learning.

The students who are doing well seem to be referring to intrinsic motivation as a reason why they are successful. B4 states that “my progress has been influenced by the natural ability to listen and understand first hand. On the other hand ...my love of my job as a nurse”. G1 states that “in this course you must use all your time studying or doing something that will make you pass” D5 stated that “ the desire not to fail myself in achieving my goal as a nurse... the love of my job as a nurse”.

The students who are failing did not indicate the measures that they are taking to improve their performance.

4.5 DISCUSSION AND FINDINGS

In this section I will highlight the key issues raised by the participants, in the light of evidence from the literature to support the discussion.

The study revealed in both the naive sketches and focus group interview educational programme challenges as the key factor that is hindering their academic progress.

4.5.1 Study and work demands.

In a study conducted by Christensen et al, (2012) it was found that on average, the students at Universities had a workload that is internationally acceptable for the university students. They spend 67% of their time on attending lectures and doing assignments at home and also spent an average of four hours per week studying, and spend very little time on practical work. They started work early at about 7am and worked till 11pm. Solomonson and Andrew (2006) stated “that working more than 16 hours a week is associated with academic failure”. In view of these findings, students at this college are actually doing more than double the maximum time believed to contribute to academic failure. There was evidence from the study that Solomonson and Andrew (2006) conducted that working ‘lack time to spend time on their studies due to work overload and travelling could result in a high failure rate and the dual student status at this College be due to the high workload as decied by the students?

Several studies show that most students find first year difficult and the highest attrition rate is therefore in the first year, including Andrew S. Et al (2007). Male nurses seem to be finding it difficult to practice midwifery. Also, there is a cultural aspect that seems to hinder them in working effectively with patients. A study conducted by Wray J. et al, (2012) concluded that male students tend to be isolated and finally exit the course. A finding by Wray J. et al (2012) indicated that male nurses are likely not to complete the training, as they feel excluded and fail to perform well. A study conducted by Dante et al, 2010 found that both the intrinsic and extrinsic factors are responsible for academic failure. The intrinsic factors are personal and social factors, and the extrinsic have to do with the curriculum, learning and teaching. This study is in agreement with what the researcher found from the participants. Both the personal factors e.g. finance, health status, accommodation needs external factors e.g. attitude of the lecturers, quality of teaching and other factors have accounted for a high failure rate. Additionally, the study looked at the percentage of students who complete the course. Dante et al, 2010 who reported on students who wanted to give up found that in first year 67.9%, second year 11.3% and third year and final year 18.9% considered giving up.

These results show that more students found first year more challenging than the second year.

A study by Andrew et al (2007) found that the first year nursing students leave in the first semester because they feel unprepared for the university and have other competing interest outside the university. The latter students subsequently lose interest and leave the course. However, it was found that the nursing students who leave during the second semester would prefer to stay, but their personal problems create crisis situations that make it difficult for them to cope with the demands of the course. In this current research, second year students were used, because they have sufficient experience of the environment to express an opinion than first year students. The researcher found that except for one male student, who stated that he does not like nursing, the rest wanted to complete the course, and were anxious as a result of possible failure and exclusion from the course.

The participants stated that they are afraid of the management, and that the managers humiliate both students and tutors/lecturers publicly. Also, the fact that the tutors/lecturers had stated that they want to help the students but are afraid to do so is great cause for concern. Is there a possibility that intimidation, harassment and/or bullying is present at the college? A study conducted by Mintz- Binder and Calkins (2012) found that bullied nurses have anxiety, depression lack self-confidence and may have physical problems including sleep problems, high blood pressure and gastrointestinal concerns. Kristensen et al (2010) defines bullying as when “a person is repeatedly exposed to unpleasant or degrading treatment, and that person finds it difficult to defend himself or herself against it”. The students may have perceived that being “talked down” or patronized by the HOD’s and clinical staff as bullying. The absenteeism and missing of lectures could be as a result of the physical problems discussed above. Hinchberger (2009) warned that if nursing students are exposed to bullying, they may become bullies themselves. Bullying might become an inherent practice in nursing if not dealt with.

The participants indicated that the workload in second year is very high and unmanageable. As a result of that, they are unable complete assignments, study and pass the tests due to the limited time and exhaustion. The failure to meet the academic requirements and lack of social life is believed to be the reason why some students fail, and their training. The participants highlighted an inability to balance work and study demands, especially because the students have to work in clinical areas where there is a high staff shortage, and as a result they are used as a workforce and fail to focus on their learning outcomes. They have to work 8 hours a day and 40 hours per week. The long working hours lead to exhaustion and inability to cope with the academic work. The exhausted students may make clinical errors, which may, in turn, have a negative impact on the quality of patient care. A study by Reeve

(2012) confirmed that nursing students are perceived to be experiencing extreme degree of stress, as compared to other students at colleges and university. This study suggests that students who are under extreme stress tend to consume a lot of alcohol.

The high work load deprives the student of recreational time and leads to their missing out on family celebrations and activities. This finding is supported by the findings of Solomonson and Andrew (2006) who maintain that students who work more than 16 hours a week are unlikely to complete. A study conducted by Esterhuizen and Armstrong (2013) confirmed that the attrition rate in South Africa is 45%. Therefore these results confirm that the shortage of professional nursing staff cited by the participants may be resolved by ensuring that nursing students are not employees, so that they can focus on their studies, improve their academic performance and successfully complete their studies.

The students who train as nurse in the public nursing colleges have a dual status, both as an employee and a student. They have to work the stipulated hours as public servants, because they are paid a monthly salary by Government. They are often not coping with the clinical and college work. The unit managers often remind them that they are employees; therefore their priority is patient care not students. This gives rise to conflicts with the unit managers and clinical lecturers.

4.5.2 Educational programme challenges

The participants denounced the extent to which the implementation of the academic programme has become one of the main challenges. The college uses a block system, and a subject / course is taught per week. The students are dissatisfied with this system because it has more disadvantages than advantages to their progress in training.

The College allows a student to repeat once only as a result of academic failure as stipulated in the Memorandum of Agreement signed between the student and the Gauteng Department of Health (2011). If a student is absent due to ill health, it is very common for them not to have met due performance requirements, whereas their counterparts in other nursing college use integrated block system. With the latter, a weeks' absence has less impact and may not lead to termination of training, as the time lost is shared by different disciplines. They also were concerned about frequent changes in the programme perceived as disorganized planning. The policy approves the carrying of failed fundamental subjects like BNS (Biological and natural Sciences) – this was highlighted as a factor that leads to termination of training in most students.

Teaching of too much content in a short time, coupled with failure to explain and guide students effectively was highlighted as a problem. Lack of adequate facilitation skills and knowledge by the Lecturers invariably leads to poor understanding and failure of students to pass.

The participants stated that there is poor planning of the academic programme. Time tables are not available on time; as a result, students don't know what to prepare for the next lecture. Tests and projects that are planned around weekends and long public holidays deprive them of spending time with their families.

The findings of this research confirm that academic failure is significant in contributing to attrition in nursing students on training, and also confirm the findings of Glossop (2001) and Richardson (1996) who stated that academic failure is the main reason for students who leave training and account for 20% and 30% respectively. Last and Fullbrook (2003) believe that personal factors account for most students, and that academic factors are the second highest reason why nursing students fail to complete their training.

The participants in the research stated that their nursing college has the highest failure rate in the province. They have also stated the fact they do not receive adequate support and guidance from their lecturers. Some of the participants had repeated a year before or were currently repeating the year. Studies by Jiang and Freeman (2011) and Apple (2002) and Taylor et al (1966) all agree that previous academic performance and cognitive abilities do have a bearing on academic success. It is possible therefore that some of the students are unsuccessful, because they have always obtained low grades. It would be important for nursing colleges to select students with a high potential to succeed.

The participants perceived their college to be known for a high failure rate. They believe that the management and the academic staff do not care what happens to them and their future. They compare their college with other nursing colleges in the province that have a higher pass rate. They even cited that they are hopeless, and that they may not complete the course like many others. A study by Reeve (2012) found that students did not use the faculty members for support, instead used friends and excessive alcohol to deal with the stress. The current study confirms that if students are not supported, they do not cope well.

A study conducted by Urwin et al (2009) found that the students on training may be unsuitable for training due to low educational standards required for entrance; unsuitability for nursing or those they do not like nursing and have limited study skills. He suggests that institutions of higher learning should recruit students with a potential to succeed. The nursing college that the

researcher focused on falls under the Gauteng Health Department that has had a centralised selection process since 1997 as outlined in Circular 22 of 2000 as amended. The selection process is in three phases, namely, a paper selection according to the grade 12 achievement, secondly an entrance test that looks at numeracy skills, English proficiency and problem solving skills, and finally a group interview with a maximum of six students at a time. This model is in line with accepted processes of selecting students with a greater potential of success. Dante A. et al (2011) reported that in a study conducted by Cuthbertson et al (2004 and Steel et al (2005) family commitments were found to reduce the time available for students to study. The participants in this research indicated that they have to look after their husbands, children and sick family members. Some had to stay at home rather than at the nurses' residence so that they are available to look after family members who need them. This research has confirmed the assertion by the above-mentioned researchers.

The working status of students seems to account for their inability to study and succeed. Dante et al, 2010 reports on a study conducted by Solomon and Andrew (2006) and state that working more than 16 hours a week is associated with academic failure.

4.5.3 Individual student problems

The research findings confirmed what other researchers have found, that attrition is multifactorial. Several individual problems were mentioned as contributing factors to failure to complete the training. Amongst others, anxiety was highlighted as one of the problems caused by fear of failure and termination of training. Intimidation by the lecturers and managers has been a course for concern as stated by the participants. Some participants stated that as a result of constant anxiety, they now have to take anti-anxiety medication in order to cope with the course. This finding confirms the research conducted by Welle and Graf (2011), who confirmed that college students experience stress and anxiety.

The students believe that they are exposed to illnesses in the wards; hence there is a high rate of illness and absenteeism. As a result of absenteeism, they miss class and don't meet the training requirements and then they either receive course extension or their training is terminated

Various social problems were cited as hindering their academic progress. Some indicated that they came to nursing in order to earn a salary, due to a high unemployment rate. Some indicated that they are the bread winners of their families which often led them to being over indebted and having financial problems. Other problems cited by the participants were family responsibilities, travelling long distances, relationship problems and loneliness

as some were now staying far from their families. As indicated earlier that attrition has multifactorial causes, even in this study it was confirmed.

The lack of accommodation at the nurses' residences and utilization of costly public transport, long travelling distances to and from work lead to further problems and failure to cope with the demands of the course.

4.5.4 Student/staff problems or issues

There seems to be a barrier between the students and professional staff, both at the college and the clinical areas. The students stated that they are afraid of the staff.

It was reported that both clinical and college staff are not providing adequate support for the students. The lecturers fail to give guidance on how to answer questions in a test. As a result of intimidation, they rather stay with their ignorance and fail. The clinical staff is also failing to guide them, and often take the side of the lecturer when there is a conflict between the students and the unit managers. The students seem to have nobody to support them.

The perception amongst students is that the management and lecturers are hostile towards them, and are often intimidated and verbally abused. Experiences of religious intolerance are common. It was also reported that there are tensions and fights between some Managers and Lectures in the presence of the students. The participants also believe that the lecturers are also scared of the HOD's, and therefore cannot help the students even if they want to. They view the experience as traumatic and depressing. Negative attitudes are also experienced from the clinical staffs, which refuses to teach them and support them. The research highlights that there is a degree of bullying and abuse of human rights by the academic staff. As a result, students are unable to consult and communicate effectively with their Lecturers to achieve their best as a result of constant fear.

The study confirmed that students fail to complete the course as a result of multiple factors. Some researchers including Dante A. et al, (2010), Wray J. et al (2012) and Lancia L. et al (2013) found the following as the common themes that are responsible for student nurses leaving: Intrinsic factors, extrinsic factors, travelling, family commitments and financial difficulties. There is also agreement amongst researchers that not only one factor is responsible for the attrition or non-completion of degree or diploma. Multifactorial factors come into play, as documented by Prymachuk et al (2009). A study conducted by O'Donnell (2010) found that students do not succeed in completing the course because they have unrealistic expectations. The students, who experience dissonance in the expectations and the experiences, are viewed as high risk, in terms of completing the course. In this study, it was found that students believed that the course was going to be

more vocational than academic. They had the belief that the training would be common sense, rather than academic. Also, it was believed that they did not receive adequate vocational guidance, and were therefore unable to cope with the demands of the course. The current study found that the students expected to be given guidelines in terms of what area to study for the tests and examinations. They also expected that the Lecturers would support them unconditionally, instead of siding with the clinical staff when there was a problem. There was also an expectation that there will always be somebody to guide them, especially in the Midwifery section. It is clear that there was dissonance between what the students expected and their experience. The findings of O' Donnell H (2010) have been confirmed.

The study revealed that students perceive that they are vulnerable to diseases and infections .A study conducted by Wan-Xia Yao et al (2012) found that the student nurses are vulnerable and susceptible occupational risk, due to insufficient training and lack of experience. The study found that the rate of needle prick injuries in student nurses was higher before training on prevention. After training, the rate dropped, but was still there. The notion that nurses do get infected whilst carrying on with their duties is also supported by Landelle C. et al (2013). In their study where they compared hand contamination amongst HealthCare Workers, they found that hand contamination amongst nursing assistants was 42%, among nurses it was 23% and 19% amongst physicians. This study revealed that the nursing groups are more vulnerable than the other health care workers. In the current study, the students raised fears that they do not get the necessary immunization and could be assuming that they become ill as a result of being vulnerable. In view of the findings discussed above, it is possible that the students are justified in their anxiety about not being protected, as a result of failure to receive immunization but that some of their vulnerability is due not only to lack of training but to individual motivation to comply to hand contamination policies. In December 2014, the Gauteng Health Department tabled a draft medical Surveillance Policy. According to the draft policy, it will be compulsory for all Gauteng Nursing Colleges to immunize the registered students against Hepatitis B and other infectious diseases. Currently, it is not compulsory to immunize students but the policy may be implemented in 2015.

4.6 CONCLUSION

The findings of this research seem to confirm or agree with previous research done on attrition that social and personal factors play a very important role in determining whether the students complete their training or not, but, in addition the problems seem to be exacerbated by an institutional environment which is not supportive. What seem to stand out with these findings is that students who are employees find it difficult to cope with the course. The salary

paid to the student nurses during the training, seems to attract students who are not interested in nursing. They come to nursing for the sake of money. The attitudes of staff do affect the quality of training to a great extent and is a cause for concern, as is the bullying by the HOD.

CHAPTER 5

CONCLUSIONS, SUMMARY, LIMITATIONS, RECOMMENDATIONS

5.1 INTRODUCTION

This chapter will give an outline of the research project, the summary the main findings, the limitations and conclusion. The researcher will indicate whether the findings of the current research support previous research done on similar topics. Human rights abuse and bullying was found to be unique as a contributory factor in this research.

5.2 SUMMARY

The researcher conducted the study on “The exploration of the factors that have an influence on student completion rates amongst the second year college based students”. The study was done at one of the public nursing colleges in the Gauteng Province. The research methodology used was a qualitative, explorative and descriptive design. The participants were second year students who are registered for the four year Diploma in Nursing.

5.2.1 Objectives of the study were to identify:

- The personal and social factors of students who have passed the year of study.
- The personal and social factors of those students who failed the year of study.
- The personal and social factors that distinguish success and unsuccessful students.

Data were collected using the purposive sampling method. The participants were asked to answer two questions, firstly by writing naive sketches, and secondly by participating in a focus group interview.

The permission to conduct research was obtained from the University of Witwatersrand Ethics Committee, and the Gauteng Department of Health. The research was conducted at one of the public nursing colleges. Second year students were selected, using the purposive sampling method. The participants were informed in writing and gave permission to participate in the research. Trustworthiness was ensured by following guidelines stipulated by Lincoln and Guba (1995), namely beneficence, respect for human dignity and justice.

The data obtained from the focus group interview was captured digitally and transcribed. Both sets of transcripts were analysed using the steps cited by Tesch, R

(1990). The transcripts were read and information jotted down as and when it makes sense to the researcher. The researcher reduced the content to topics or main themes and sub-themes, and was confirmed by the supervisor. Four main themes were identified namely: study and work demands, educational programme challenges, individual student problems and student/staff problems or issues.

5.2.2 LIMITATIONS

The limitation of the study was that the research was done in one nursing college only in Gauteng. The other three nursing colleges were excluded. The sample was obtained from only one level of study, namely the second year students.

At the time the data was collected, the college had experienced unprecedented student unrest and had been in this situation for some time. The failure rate was very high and students said that the negative reputation of the college influenced the way they felt about studying there and they were most concerned that they too would fail. This in turn influenced their ability to succeed academically because of the fear.

The researcher was a student counsellor at the college before the study was conducted and also being a member of the management team from another college in Gauteng could have influenced the study.

5.3 RECOMMENDATIONS

5.3.1 GENERAL

Appropriate channels of communication to be established and /or reinforced e.g. regular meetings must be held with students and class leaders to handle challenges before they become serious problems.

A call centre to be established for students and staff, where anonymous complaints and concerns could be communicated to the Principal for early intervention.

Prioritization of student accommodation. Additional residences to be available for nursing students.

5.3.2 NURSING EDUCATION

Student counselling and Academic support programmes to be prioritised, both at the college and clinical setting.

Nursing students should not have a dual status. They should have a status as students only, so as to be able to focus on their studies, and improve their academic performance

An integrated staff development plan should be designed and implemented for all managers and lecturers. Training in emotional intelligence would assist both staff and students to cope.

5.3.3 NURSING RESEARCH

This research should be replicated in all nursing colleges in Gauteng and nationally to be able to verify if the problems exist across other nursing colleges.

Further research is required to verify and record attrition rates provincially and nationally.

5.3.4 NURSING PRACTICE

Priority should be given to establishing or strengthening clinical teaching departments in the hospitals.

Revitalization and/or the launch of the teaching role of the professional nurse in the clinical area should be given priority.

The staff establishment in the clinical areas needs to be improved, to allow students an opportunity to learn under reasonable supervision. The introduction of preceptors may further assist

5.4 CONCLUSION

A high failure rate amongst nursing students is a serious cause for concern, because it has a direct impact on the outputs of nursing colleges and the failure of governments to provide adequate number of competent professional nurses. The research was conducted to get a deeper understanding of the personal and social factors that may have an impact on the progress of the second year students. The researcher also wished to identify the factors that distinguish students who were successful and those who were not successful. The findings confirmed that multiple factors are responsible for attrition of student nurses. However, the successful students went further to indicate that intrinsic factors and motivation was

responsible for their success. They also indicated the role they play in order to be successful. On the other hand, the unsuccessful students only spoke about the factors that hinder their progress, but did not indicate what role or what measures do they take to ensure that they are successful. This outcome suggests that the successful students will do well, irrespective of the psychological and social challenges that they have, because they have intrinsic motivation, whereas the unsuccessful students will not do well, because they do not have intrinsic motivation, and probably discouraged. It was also confirmed from the literature that there is no standardized way of classifying these factors.

A failure to address these issues will have an on-going and profound impact on the quality of nursing in the Gauteng province.

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7. ANNEXURES

ANNEXURE A1

AN EXPLORATION OF THE PERSONAL AND SOCIAL FACTORS THAT HAVE AN INFLUENCE ON STUDENT COMPLETION RATES AMONGST SECOND YEAR COLLEGE BASED NURSING STUDENTS

INFORMATION SHEET FOR PROSPECTIVE PARTICIPANTS

Good Day, my name is Rose Ramahlafi. I am studying at the University of the Witwatersrand for a Master's Degree in Nursing.

I intend to explore how personal and social factors may influence whether student nurses complete their training or not. I would like to invite you to consider participating in the research study entitled "An exploration of the personal and social factors that have an influence on student completion rates amongst second year College based nursing students."

The results of the research will be confidential. No names will be used. Your participation will not be of any direct benefit to you personally but may benefit students who enter training in future. By the time you are asked to participate in this study I will have obtained permission from the Gauteng Department of Health and the Nursing College to conduct this research.

Before agreeing to participate it is important that you read and understand the purpose of the study and the study procedures, as well as understanding your right to withdraw from the study at any time. This information sheet is to help you decide if you would like to participate. You need to understand what is involved before you proceed. If you have any questions, do not hesitate to ask me. If you decide to take part in this study you will be asked to sign the attached consent form to confirm that you understand the study. Should you have any questions about your rights as a study participant, or questions or concerns about any aspect of this study, please call Wits Ethics on 011 717 1234 or my study supervisor Dr Sue Armstrong on 011 488 3094.

The study aims at exploring the personal and social factors that have an impact on the completion rate of students registered at a Provincial Nursing College in Gauteng. You will be asked to answer three questions in writing. There are no right or wrong answers. I just need to understand the social and personal issues that may influence a student's chances of succeeding in the course so that we can cater better for students' needs in future.

Some students in the group will also be asked to participate in a focus group at a later stage in the study where I will explore issues that arise in the answers participants give to the

three questions further. This will involve being part of a group discussion with between five and six other students led by myself. If you are selected to participate in the focus group, you will receive another information letter, and will be requested to sign another consent form. The participation in the focus group will be optional, and you may terminate participation at any time.

You will be asked for permission to record the interviews on an audio tape, and a separate consent form will be given to you for signature. Quotations from the interview will be used in the research report, and your permission will be requested in writing.

I cannot guarantee that the participants in the focus group will maintain confidentiality, but I will request all participants to respect other peoples' privacy. The sessions will take up to an hour.

Thank you,

Mrs Rose Malentsoe Ramahlafi

Tel 011 644 8915

ANNEXURE A2

AN EXPLORATION OF THE PERSONAL AND SOCIAL FACTORS THAT HAVE AN INFLUENCE ON STUDENT COMPLETION RATES AMONGST SECOND YEAR COLLEGE BASED NURSING STUDENTS

INFORMATION SHEET FOR PROSPECTIVE PARTICIPANTS – FOCUS GROUPS

Good Day, my name is Rose Ramahlafi. I am studying at the University of the Witwatersrand for a Master's Degree in Nursing.

I intend to explore how personal and social factors may influence student nurses complete their training or not. I would like to invite you to participate in the research study entitled "An exploration of the personal and social factors that have an influence on student completion rates amongst second year College based nursing students."

The results of the research will be confidential. No names will be used. Your participation will not be of any direct benefit to you personally but may benefit students who enter training in future. By the time you are asked to participate in this study I will have obtained permission from the Gauteng Department of Health and the Nursing College to conduct this research.

Before agreeing to participate it is important that you read and understand the purpose of the study and the study procedures, as well as understanding your right to withdraw from the study at any time. This information sheet is to help you decide if you would like to participate. You need to understand what is involved before you proceed. If you have any questions, do not hesitate to ask me. If you decide to take part in this study you will be asked to sign a consent form to confirm that you understand the study. Should you have any questions about your rights as a study participant, or questions or concerns about any aspect of this study, please call Wits Ethics on 011 717 1234 or my study supervisor Dr Sue Armstrong on 011 488 3094.

You are invited to participate in a focus group where I will explore issues that arose from the previous phase of my research. There are no right or wrong answers. I just need to understand the social and personal issues that may influence a student's chances of succeeding in the course so that we can cater better for students' needs in future.

This will involve being part of a group discussion with between five and six other students led by myself. Even if you agree to participate in the focus group you may terminate participation at any time.

I would like to tape record the interviews to make data capturing easier. You may refuse permission for me to do this but if you agree, you will be asked to complete a second

consent form. All discussions will be kept confidential and your name will not be used in the research report. I cannot guarantee that the participants in the focus group will maintain confidentiality, but I will request all participants to respect one another's privacy. The sessions will take up to an hour. If I use any quotations from the discussions in the research report, they will be completely anonymous but you will be asked to give consent for this on the consent form.

Thank you,

Mrs Rose Malentsoe Ramahlafi

Tel 011 644 8915

ANNEXURE B

AN EXPLORATION OF THE PERSONAL AND SOCIAL FACTORS THAT HAVE AN INFLUENCE ON STUDENT COMPLETION RATES AMONGST SECOND YEAR COLLEGE BASED NURSING STUDENTS

INFORMED CONSENT FOR PARTICIPANTS

I hereby confirm that I have been informed by the researcher, Mrs Rose Ramahlafi, about the nature of her study entitled “An exploration of the personal and social factors that have an influence on student completion rates amongst second year college based nursing students.”

I have received, read and understood the written information sheet regarding the study.

I am aware that the results of the study, including personal details about my age, gender, date of birth, living arrangements and financial situation will be anonymously processed into a study report and all information will remain confidential.

I may, at any stage, without prejudice, withdraw consent and participation in the study.

I have had sufficient opportunity to ask questions and, of my own free will, declare myself prepared to participate in the study.

Participant:

.....

Printed Name

.....

Signature

.....

Date and Time

ANNEXURE B1

AN EXPLORATION OF THE PERSONAL AND SOCIAL FACTORS THAT HAVE AN INFLUENCE ON STUDENT COMPLETION RATES AMONGST SECOND YEAR COLLEGE BASED NURSING STUDENTS

INFORMED CONSENT FOR PARTICIPANTS – NAIVE SKETCHES

I hereby confirm that I have been informed by the researcher, Mrs Rose Ramahlafi, about the nature of her study entitled “An exploration of the social and psychological factors that have an influence on student completion rates amongst second year college based nursing students.”

I have received, read and understood the written information sheet regarding the study.

I am aware that the results of the study, including personal details about my age, gender, date of birth, living arrangements and financial situation will be anonymously processed into a study report and all information will remain confidential. If any quotation from the naive sketches are used in the research report I understand they will be completely anonymous and agree to their use under these conditions.

I may, at any stage, without prejudice, withdraw consent and participation in the study.

I have had sufficient opportunity to ask questions and, of my own free will, declare myself prepared to participate in the study.

Participant:

.....

Printed Name

Signature

Date and Time

ANNEXURE B2

AN EXPLORATION OF THE PERSONAL AND SOCIAL FACTORS THAT HAVE AN INFLUENCE ON STUDENT COMPLETION RATES AMONGST SECOND YEAR COLLEGE BASED NURSING STUDENTS

INFORMED CONSENT FOR PARTICIPANTS – FOCUS GROUPS

I hereby confirm that I have been informed by the researcher, Mrs Rose Ramahlafi, about the nature of her study entitled “An exploration of the social and psychological factors that have an influence on student completion rates amongst second year college based nursing students.”

I have received, read and understood the written information sheet regarding the study.

I am aware that the results of the study, including personal details about my age, gender, date of birth, living arrangements and financial situation will be anonymously processed into a study report and all information will remain confidential. If any quotations from focus group discussions are used in the research report I understand they will be completely anonymous and agree to their use under these conditions.

I may, at any stage, without prejudice, withdraw consent and participation in the study.

I have had sufficient opportunity to ask questions and, of my own free will, declare myself prepared to participate in the study.

Participant:

.....

Printed Name

Signature

Date and Time

PERMISSION LETTER

Dr. B. Ikalafeng

Office 2105

Research Department

Bank of Lisbon Building

Gauteng Department of Health

2013/05/31

REQUEST FOR PERMISSION TO CONDUCT RESEARCH

I am student studying at the University of Witwatersrand for a Masters degree. I am required to do a research study in order to fulfil the requirements of the course.

I would like to request permission to conduct research at one of the Nursing Colleges in the Gauteng Province. The topic of my study is: **An Exploration of the personal and social factors that have an impact on student completion rates amongst second year college based nursing students**. The participants will be the current four year diploma second year students at the Chris Hani Baragwanath Nursing College.

I have attached a copy of my proposal together with the certificate from the Ethics Committee granting permission to conduct this study.

My contact details are included below, should there be a need for more information.

Thanking you in anticipation.

Rose Malentsoe Ramahlafi

Telephone: 011 644 8915 (w); 011 982 2970 (h)

Cell phone: 079 030 2509

Email: Rose.Ramahlafi@gauteng.gov.za

PERMISSION LETTER

Ms. P. Nel

The Deputy Director Nursing Education and Training

Gauteng Department of Health

2013/05/31

REQUEST FOR PERMISSION TO CONDUCT RESEARCH

I am student studying at the University of Witwatersrand for a Masters degree. I am required to do a research study in order to fulfil the requirements of the course.

I would like to request permission to conduct research at one of the Nursing Colleges in the Gauteng Province. The topic of my study is: **An Exploration of the personal and social factors that have an impact on student completion rates amongst second year college based nursing students**. The participants will be the current second year diploma students at the Chris Hani Baragwanath Nursing College.

I am also requesting permission to use a group of 30 students in the second year class. They will be requested to write naive sketches based on three open ended questions. The process of answering questions will take an hour. Smaller groups will be asked to participate in focus groups which will be used later to explore issues raised in the naive sketches.

My contact details are included below, should there be a need for more information.

Thanking you in anticipation.

Rose Malentsoe Ramahlafi

Telephone: 011 644 8915 (w); 011 982 2970 (h)

Cell phone: 079 030 2509

Email: Rose. Ramahlafi@gauteng.gov.za

Data Collection Instrument

SECTION A

Instructions: Please complete the following questionnaire. Please tick the most appropriate answer where applicable.

1. Date of commencement of training

When did you commence training for the Four year Diploma Course? _____

2. Home Language

What is your home language?

3. Age

Tick one box only

| 18 -21 | 22-25 | 26 -30 | 31 -40 | 41 -50 | 50 > |
|--------|-------|--------|--------|--------|------|
| | | | | | |

4. Living Arrangements

Tick more than one box if applicable

| Living alone | Living with partner | Living with parents | Living with children |
|--------------|---------------------|---------------------|----------------------|
| | | | |

5. Gender

| Male | Female |
|------|--------|
| | |

6. Financial situation

6.1 Do you manage financially on your salary alone? If not , what other source of income do you rely on?-

6.2 Do you have a personal loan, credit cards or debt? If so, explain _____

SECTION B

Please answer the following questions. Give as much detail as possible. You may write on the back of this sheet if you need more space.

1. What personal factors have influenced your academic progress?

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2. What social factors have influenced your academic progress?

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3. What should be done to reduce the number of students who do not complete the training?

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4. Have you ever repeated a year during your training as a nurse?

Yes / No (circle whatever applicable)

5. If so when did you repeat and what year of study?

.....

ANNEXURE F



GAUTENG PROVINCE

HEALTH
REPUBLIC OF SOUTH AFRICA

OUTCOME OF PROVINCIAL PROTOCOL REVIEW COMMITTEE (PPRC)

| | |
|--|--|
| Researcher's Name (Principal Investigator) | Rose Ramahlal |
| Organization / Institution | University of the Witwatersrand Department: Nursing Education, Faculty of Health Sciences |
| Research Title | An exploration of the factors that have an influence on student completion rates amongst college based nursing students amongst second year college based nursing students |
| Protocol number | P030723 |
| Date submitted | 02/07/2013 |
| Date reviewed | 17/07/2013 |
| Outcome | Approved |
| Date resubmitted | N/A |
| Date of second review | N/A |
| Final outcome | N/A |
| Date of final outcome | N/A |

Provincial Protocol Review Committee (PPRC) comments:

- The study seeks to explore important public health questions about training and retention of health professionals in the health system, with specific focus on nursing students.

Approves / not approved

Bridget Ikela

Dr Bridget Ikela, PPRC: Chairperson

Date 25/07/2013

ANNEXURE G



M130431

R14/49 Ms Rose Ramahlafi

HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL)

CLEARANCE CERTIFICATE NO. M130431

NAME: Ms Rose Ramahlafi
(Principal Investigator)

DEPARTMENT: Department of Nursing Education
CM Johannesburg Academic Hospital

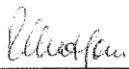
PROJECT TITLE: An Exploration of the Factors that Have an
Influence on Student Completion Rates
amongst Second Year College Based Students

DATE CONSIDERED: 26/04/2013

DECISION: Approved unconditionally

CONDITIONS:

SUPERVISOR: Dr Sue Armstrong

APPROVED BY: 
Professor PE Cleaton-Jones, Chairperson, HREC (Medical)

DATE OF APPROVAL: 05/06/2013

This clearance certificate is valid for 5 years from date of approval. Extension may be applied for.

DECLARATION OF INVESTIGATORS

To be completed in duplicate and **ONE COPY** returned to the Secretary in Room 10004, 10th floor, Senate House, University.

I/we fully understand the conditions under which I am/we are authorized to carry out the above-mentioned research and I/we undertake to ensure compliance with these conditions. Should any departure be contemplated, from the research protocol as approved, I/we undertake to resubmit the application to the Committee. **I agree to submit a yearly progress report.**

Rose Ramahlafi
Principal Investigator Signature

26.04.2013.
Date

PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES