

# **Experiences of student nurses regarding the bursary system in KwaZulu Natal**

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## DECLARATION

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I, Eve Precious Jacobs, student number 20800878, declare that:

The dissertation with the title: **Experiences of student nurses regarding the bursary system in KwaZulu Natal** is my own work and that all the sources quoted have been indicated in the text and acknowledged by means of complete references. The study has been approved by the Ethics Committee of the North-West University (Potchefstroom Campus) in Potchefstroom, Department of Health and KwaZulu Natal College of Nursing. The ethical standards of the North-West University (Potchefstroom Campus) have been considered while conducting the study.

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EP Jacobs

November 2014

## ACKNOWLEDGEMENTS

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**“And I am certain that God, who began the good work within you, will continue his work until it is finally finished on the day when Christ Jesus returns” – Philippians 1:6.**

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## **ABSTRACT**

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This is a qualitative study, the aim of which is to explore the experiences of student nurses regarding the bursary system in KwaZulu Natal. During 2010 nursing education was confronted with restructuring of student nurses from having a supernumerary status to being bursary holders (DOH, 2010:68). This study describes the experiences of changes that have emanated from introduction of the new bursary system.

The experiences of students in this new system were explored. These include the legacy of institutional factors and benefits that have now been removed from the students which could hamper students' sense of belonging. The research was conducted in an attempt to make a significant contribution to the bursary subsidisers specifically in awareness of what student experiences have been in relation to introduction of the bursary system in KwaZulu Natal (KZN); and also to provide recommendations on how the bursary requirements could possibly be improved to enhance the student academic, clinical and socio-economic needs.

A qualitative study design was used and data was collected using focus group interviews. Purposive sampling was used to select participants who represent the target population. The sample used for the study included first-, second- and third- year male and female nursing students who are studying towards the Diploma in Nursing (General, Psychiatric, Community) and Midwifery. A total of seven focus group interviews were conducted until data saturation was achieved. To ensure trustworthiness the principles of credibility, transferability, dependability and confirmability were maintained. A digital voice recorder was utilised to capture all data and data was transcribed verbatim.

Data was analysed by the researcher and an independent co-coder. Two (2) main themes and eight (8) sub-themes were identified. The findings indicated that most of the experiences of being in the bursary system as opposed to having supernumerary status has had many effects and has negatively impacted on students', socio-economic, psychological, clinical, academic and family demands.

A very small amount of students responded positively. Many concerns related to staffing attitudes, shortages and staff demands on the students during clinical practice were highlighted.

Conclusions drawn from the study are that the bursary system is not viewed as being of benefit to students as students feel they are not receiving the full complement of benefits from being bursary holders. Furthermore, there is no consideration made to them for support in clinical and academic areas considering the employee hours they have to work. The recommendations indicate that there is a great need to have the bursary system reviewed.

The study is concluded with the final recommendations for policy-making, nursing practice, nursing research and nursing education. From this it is hoped that the students' needs are identified, resulting in enhancement of their training.

**(Key words:** Nursing, student nurse, bursary system, experiences)

## OPSOMMING

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Die doel van hierdie kwalitatiewe ondersoek is om die ervaringe van student-verpleegkundiges te verken ten opsigte van die beursstelsel in KwaZulu Natal. Gedurende 2010 is verpleegopleiding gekonfronteer met die herstrukturering van student-verpleegkundiges vanaf 'n supernumeriese status tot dié van beurshouers (DOH, 2010:68). Hierdie studie beskryf die ervaringe van die veranderinge wat gevolg het met die daarstelling van die nuwe beursstelsel.

Die ervaringe van studente in hierdie nuwe stelsel is verken. Dit het ingesluit die erfenis van institusionele faktore en voordele wat nou verwyder is van die studente en wat die student se gevoel van samehorigheid kan verhinder. Die navorsing was uitgevoer sodat 'n bydrae gelewer kan word deurdat die beursgewers bewus kan raak van die studente se ervarings met die bekendstelling van die beursstelsel in KwaZulu Natal (KZN), en ook om voorstelle te maak oor hoe die beursvoordele verbeter kan word om die studente se akademiese-, kliniese- en sosio-ekonomiese behoeftes te vervul.

'n Kwalitatiewe navorsingsmetode is gebruik en data is ingesamel deur middel van fokusgroep-onderhoude. Doelgerigte steekproefneming is uitgevoer om deelnemers te kies wat die teikenpopulasie verteenwoordig. Die steekproef het eerste-, tweede- en derdejaar manlike en vroulike verpleegstudente ingesluit wat die Diploma in Verpleging (Algemene-, Psigiatriese-, Gemeenskapsverpleging) en Verloskunde bestudeer. Altesame sewe fokusgroep-onderhoude is uitgevoer tot data-versadiging bereik is. Om betroubaarheid te verseker is die beginsels van geloofwaardigheid, oordraagbaarheid, afhanklikheid en bevestigbaarheid gehandhaaf. 'n Digitale bandopnamemasjien is gebruik om al die data op te neem en hierdie data was woordeliks getranskribeer.

Data is ontleed deur die navorser en 'n onafhanklike ko-kodeerder. Twee (2) hoof temas en agt (8) sub-temas is geïdentifiseer. Die bevindinge was dat die meeste studente wat deel is van die beursstelsel 'n negatiewe invloed daarvan op sosio-ekonomiese-, psigologiese-, kliniese-, akademiese gebiede en familie eise ervaar

het. 'n Klein groepie studente het positief gereageer. Baie bekommernisse ten opsigte van personeel-houdings, 'n tekort aan personeel en personeel eise tydens kliniese praktyk is beklemtoon.

Gevolgtrekkings van die studie was dat die studente nie die beursstelsel 'n voordeel beskou nie. Die studente is ook van mening dat hulle nie die volle voordele van beurshouers ontvang nie. Verder was daar geen ondersteuning op kliniese en akademiese gebied, veral ten opsigte van werkure wat studente moet werk, nie. Daar is 'n groot behoefte dat die beursstelsel hersien moet word soos vervat in die voorstelle.

Die studie sluit af met die finale voorstelle vir beleidmaking, verpleegpraktyk, verpleegnavorsing en verpleegonderwys. Daar word gehoop dat hierdie studie die studente se behoeftes geïdentifiseer het en dat die gehalte van hul opleiding verbeter sal word.

**(Sleutelwoorde:** Verpleging, verpleegstudent, beursstelsel, ervarings)



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## **ABBREVIATIONS**

### **A**

AIDS                      Acquired Immune Deficiency Syndrome

ANA                      American Nursing Association

### **D**

DENOSA                Democratic Nurses Organisation of South Africa

DLM                      Denosa Learning Movement

DOH                      Department of Health

### **H**

HIV                      Human Immunodeficiency virus

HREC                    Human Resource Ethics Committee

### **K**

KZN                      KwaZulu Natal

KZN CN                KwaZulu Natal College of Nursing

### **I**

ICN                      International Council of Nurses

### **M**

MEC                      Member of the Executive Council

### **N**

NWU                      North-West University

### **S**

SANC                    South African Nursing Council

SARS                    South African Revenue Service

**T**

TB                    Tuberculosis

**W**

WHO                World Health Organisation



# **CHAPTER 1**

## **INTRODUCTION AND OVERVIEW OF THE STUDY**

### **1.1 INTRODUCTION**

This study is located in the field of student nurses in training and nursing education with particular focus on the experiences of student nurses regarding the bursary system in KwaZulu Natal (KZN).

Chapter One provides an overview of the study. This includes the background and rationale to the study, followed by the statement of the problem addressed in the study, which explains the need and importance of the study.

The chapter further presents the aims, objectives and methodology of the study. Included is the study design, a qualitative study. It describes the study population and the sample procedure employed in the study as well as the data collection methods, the data analysis process and ethical considerations. A research report lay out concludes Chapter One.

### **1.2 BACKGROUND AND RATIONALE**

In the numerical decline of the nursing workforce, nurse educators are challenged to prepare and equip nursing students for swift entry into a professional workforce. Jeffreys (2007:406) raised a concern about the overwhelming incidences that will resultantly cause more complications in course retention of students. Implementation of course attraction was highlighted as a priority goal in nursing. In view of the above literature new developments in the Department of Health (DOH) KwaZulu Natal (KZN) Nursing education and training, students' funding may be seen to be contradictory to the above suggestions made.

Nursing students now have to rely on bursary payments for financial support and as a result have been forced to take on extra jobs in order to support themselves. This has been the consequence of the salaried status of students having been removed.

Furthermore, students could find themselves having to pay off huge debts for years if they are unsuccessful in training (McCarey *et al.*, 2007:358). Rochford *et al.* (2009:601) indicated that in the traditional model of nursing education, nursing students were paid employees of the training hospital to which they were attached. Furthermore, the majority of the nursing students did not have to take part-time employment during their studies. Seemingly now nursing students in nursing education programmes are taking part-time employment to support their studies financially. An increase in bursary funding according to Montgomery *et al.* (2009:35) could alleviate financial problems and decrease additional pressure of students in training.

Nursing students, on commencement of training, have been remunerated during their years of study and given employee status, which meant that they were employees and qualified for a salary with benefits like any other employee (Breier *et al.*, 2009:85). The Department of Health (DOH) used to treat nursing students as employees, paying them a monthly allowance with all inclusive packages (Torera, 2012:23). Student nurses on commencement of training were recruited on fixed-term employment, thus qualifying for employee benefits. Student nurses were salaried on salary level 03 per annum and this included an all-inclusive salary package. Students were issued a 100% service bonus of their gross monthly salary in the month of their birthday and were compensated two-thirds by the DOH for medical aid that they voluntarily became members of (DOH, 2009b:3-4). According to the Department of Health (2007:37) nurses residing in the “nurses’ home or doctors quarters” were issued a housing allowance which meant that they were subsidised for accommodation provided they had proof of the rental agreement. Other student benefits as stated by the DOH for fixed-term appointment of trainee nurses include:

- vacation leave which was accrued at 22 days per annum;
- sick leave 12 days per annum;
- family responsibility leave – three working days if spouse gives birth;
- five working days leave in the event of death of a life partner, child or parent; and
- four months maternity leave (DOH, 2009a:4).

Certain key concerning factors accompanying the newly introduced bursary system are stated as a means of highlighting some of the key potential concerns that may arise from nursing students in training.

The Department of Health (2010:68) indicates the new bursary system changes for students who commenced training in KZN in July 2010 and stipulates the new bursary guidelines:

- The total amount for the bursary would be R30 000.00 per year for a two (2) year enrolled nursing course and R36 000.00 per year for a four (4) year diploma programme.
- Students won't have employee status and will be appointed on a non-public service fixed-term contract.
- They will be responsible for purchasing their own textbooks and uniform. Maternity leave will be considered to be a break in training and the student will not receive the monthly payment during this period and training will be extended accordingly.
- In the event where a student is demoted for academic reasons, the monthly payment of the bursary will be frozen for approximately three to six months.
- Accommodation may or may not be provided by the training institution, however where accommodation is provided, a monthly deduction will occur (DOH, 2010:68).

Nurses are a key workforce much needed by the DOH as they are the cornerstone of health and health care systems in the world. They have the responsibility and role to implement healthcare programmes. The success of these programmes forms the framework of their key performance areas and has an imperative role to fulfil in the state of the care of the sick. Therefore there is a great need for more nurses to be trained (Kruse, 2011:5).

Palese *et al.* (2012:e60) stipulated that a lack of student nurses is emerging and may be related to the financial crises related to bursaries. They added that as a result, families now need to bear the burden of nursing students training as the bursary cannot meet all their educational needs.

Concerns about the student nurse bursary system were also raised by Cuthbertson *et al.* (2004:380) and they further questioned the role the bursary system plays in attracting students into the profession. Consequently their research findings indicated that the student experiences increased insecurity. Furthermore they concurred that

these experiences may lead to slackened results in issues in sustainability causing further weakening of an already weakened system.

Several individuals commence nurse training in their late twenties, by which time they have families and there are accompanying demands on finances and time. Financial challenges could have a negative impact on family responsibilities as the students don't have enough money to pay the bills. Additional hours have to be worked to ensure that the mortgage is paid and to support a family (Duffin & Waters, 2005:15).

Steele *et al.* (2005:576) agree that for student nurses in training, problems included are financial difficulties, household responsibilities, childcare and being mature students, a problem of balancing work-, family- and academic life. Subsequent findings also showed concerns regarding obstacles that the students faced and further suggested financial difficulties to be the most prominent concern (Steele *et al.*, 2005:576).

Malone *et al.* (2006:27) suggested that bursary nursing students be trained in a well-supported and respected framework. They should not live from hand to mouth and therefore are deserving of an increase. As a result, they further commented that student bursaries should be able to support the nurse as well as provide adequate support for childcare facilities. Wright and Maree (2007:607) stated that there are still a number of hospitals that rely on the body of students as a workforce. As the attrition rate still continues to rise according to Bowden (2008:45), concerns are raised on the impact of the bursary system and effects this has on student experiences in KZN. The restructuring of the student nursing training programme can negatively impact on shortage of nursing staff, thus affecting accessibility and sustainability of health services.

In a study done by Hamshire *et al.* (2012(a):2), they explored experiences of nursing students and interrelationships of predisposing factors that made student nurses leave training. Concerns and challenges regarding students' personal circumstances and difficulties were raised. Student nurses most frequently commented on the one most common single factor being financial concerns. Research findings therefore indicated financial implications as having a high percentage of 33% as reasons that contributed to students leaving, compared to academic dissatisfaction in training (26%) and clinical

placement (14%). According to Hamshire *et al.* (2012(a):3), finances still have a major effect on the student nurse's academic and clinical training and achievement.

Clearly, as indicated above, there is a financial burden to studying on a healthcare course which in turn, as commented on by students during interview sessions, illustrates how finances do have a subsidiary impact upon students' academic studies and work performance (Hamshire *et al.* 2012(a):3). Students have to manage with minimal bursary funds and they also mentioned the difficulty for students to engage in extra work due to working long hours as a result of having responsibilities in the family and probably the need to travel long distances to and from work as a result of a lack of affordability in accommodation (Hamshire *et al.* 2012(a):4). Some of the participants shared experiences of the effects the bursary system have on them, e.g.

*I have considered leaving the course for financial reasons as full-time work and study is hard and you need to have another part-time job to make ends meet which hinders your job performance.*

This also results in family problems due to financial commitments which cannot be met. Some students felt that the family becomes neglected as a result of having to work on weekends at a shop in order to earn more money. Identification of these difficulties resulted in many students questioning the worthiness of continuing their studies (Hamshire *et al.*, 2012(a):6).

The discussion above confirms that introduction of the new bursary system could warrant similar problems for student nurses in training in KwaZulu Natal. In addition to the information and literature reviewed internationally it is clear that finances have had a major influence not only on the students' financial status but also on their academic and work performance. The gap that therefore arises is that the Department of Health has seen the bursary system as a possible cost constraining strategy without considering the experiences this could have on the student nurse in training. The research study therefore seeks to discover whether there are any similarities in international literature with regards to problems student nurses experience as a result of no longer being supernumerary.

### 1.3 STATEMENT OF PROBLEM INVESTIGATED IN THE STUDY

Having students on employee status and remunerated accordingly in 2007 proved too expensive for the DOH (Breier *et al.*, 2009:85). The bursary system seemed to be the only cost containing strategy to be implemented as the DOH could no longer pay students while they were still in training. The DOH was of the view that the bursary system would be a powerful tool to draw students who cannot afford college payments. However the DOH did not consider the impact that it would have on the student in training. In view of the above the bursary system has resulted in students' dissatisfaction as the bursary barely covers their basic expenses (Breier *et al.*, 2009:85).

The year 2010 saw major restructuring of nurses' education in KwaZulu Natal (KZN) with the KwaZulu Natal College of Nursing (KZN CN) moving from students having supernumerary status to being bursary holders. This raises much concern, especially in the field of nursing, as students still largely form the workforce. Students are highly depended on in the clinical environment. They serve a crucial role in service delivery, thus further ensuring that health care services are equitable and accessible as envisaged in the Comprehensive Service Plan for Health Care (DOH, 2009b:13).

Given that student nurses serve such an integral part of the ward environment and patient care it is therefore crucial to examine the influence the bursary system has on them during training. In a media statement recently issued by the Democratic Nurses Organisation of South Africa Learning Movement (DLM) on the issue of persal versus bursaries, students demanded the persal system over the bursary system or else they were to mobilise students across the country to march against the bursary system. DLM stated that students are still being used as part of the workforce which highly compromises their studies yet are being deprived of compensation. Furthermore, the bursary is not enough to cater for needs as required to complete nursing studies. The DLM raised a major concern on clinical placement, asking whether the nursing student will be able to deliver quality healthcare (Democratic Nurses Organisation of South Africa [DENOSA], 2012:1).

In a recent media statement, DENOSA members protested against the introduction of the new bursary system for student nurses in training. Concerns were raised over how

the benefits of the new system were less than the previous salary-based system (DENOSA, 2012:1). DENOSA's provincial secretary stated that the new system could not financially support students and that this would act as a constraint in the creation of future employment and development. She added that students were going to find it difficult to buy food, uniforms and textbooks needed during training and as a result demanded that the salary-based system of R162 000.00 a year for education and salary costs to be re-instated (Kimberley, 2012:2). DENOSA stated that by implementing the bursary system, the DOH was now ignoring the poorest of the poor and further influencing the rate of attrition (Kimberley, 2012:2).

#### **1.4 AIM AND OBJECTIVES**

In order to address the above identified problem, the researcher asked the following question:

- What are the experiences of student nurses who make use of the bursary system in KwaZulu Natal?

Based on the above question, this study aim was addressed by the following objectives:

- To provide a descriptive inquiry on experiences of students as a result of being in the bursary system in KZN; and
- To provide recommendations to bursary providers, educational institutions and practical settings based upon experiences of students on the bursary system.

#### **1.5 RESEARCHER'S ASSUMPTIONS**

The researcher always has assumptions and a philosophy about the world that is reflected in her paradigm. The manner in which the researcher views the world influences how the research is conducted (Botma *et al.*, 2010:186).

The paradigmatic perspective consists of meta-theoretical, theoretical and methodological assumptions.

### **1.5.1 Meta-theoretical assumptions**

Botma *et al.* (2010:187) stated that meta-theoretical assumptions cannot be tested as they are philosophical in nature. The researcher typically states the philosophical foundation of a study and gives an overview of assumptions on the person, environment and discipline that they utilise. The researcher will discuss her assumptions on person, nursing, environment and health.

#### **1.5.1.1 Person**

The researcher believes a person is a human being regarded as an individual, a unique, psychological, spiritual and social being. The person displays uniqueness in how he/she would respond to the internal and external environment, based on experiences. In this research, persons refer to student nurses on the bursary system who are presently studying a diploma course in nursing. The person can either be male or female. The researcher distinctly and holistically views the student nurse making use of the bursary system studying the diploma course. The move from supernumerary status to student status without benefits could impact on the student nurses' psychological, social, physical and emotional well-being.

#### **1.5.1.2 Environment**

An environment is viewed as being a place in which a person lives and interacts with people within one's surroundings. An environment in this instance should be suitable in providing and meeting individual basic needs. The student learning and clinical environment should assist in the transition into a new environment and social integration within the educational institution. The student's external environment could be aligned with the social environment and living conditions and these were identified by McLachan (2010:76) as having an influence on the student's learning performance. She further states that if a student has poor living conditions this could affect their learning environment.



### **1.5.1.3 Health**

This is defined by the World Health Organisation (WHO) (1946:2) as a state of complete physical, mental and social well-being and not merely the absence of disease and infirmity. The definition simply implies that physical, mental and social well-being are not separable (WHO, 1946:2). Health is referred to as a level of economically productive life that will permit people to lead a social and productive life. In this study the health of the student nurse in training is very important as they share experiences of being in the bursary system and are required to meet certain demands and expectations in the ward, college and family environment. The experiences shared are expected to provide recommendations to improve the quality of student nurse training.

### **1.5.1.4 Nursing**

According to the American Nursing Association (2003) as stated by Burns and Grove (2009:2), nursing is the promotion, protection and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through diagnosis and treatment of human beings and advocacy of the care of individuals, families, communities and populations. In this study, nursing refers to the student nurse's academic and clinical learning environment which needs to enhance positive attitudes in both fields in order to fulfil the roles of optimal health promotion of all human beings.

## **1.5.2 Theoretical assumptions**

These reflect the researcher's knowledge of existing theoretical and conceptual frameworks and research begins by providing the central theoretical argument and conceptualising key concepts of the research (Botma *et al.*, 2010:188).

The assumptions that will guide this study will include the bursary system which represents a potential crisis to the basic needs of student nurses in training. Although influenced by a variety of factors, the needs of the students are based on unique individual perceptions and experiences. Maslow's theory as stated by Kosco and Warren (2000:61), mentions that all people desire to be the very best they can possibly be and as a result believe that having unmet basic needs interferes with holistic growth, whereas needs perceived to be met and satisfied promote growth. Maslow's theory

evolves into development of five basic needs which are assumed to work in a particular order from lowest level to highest level. These include physiological, safety, belonging or social, esteem and self-actualisation needs. Behaviour is controlled on each level until satisfied and this energises the next level and directs behaviours. Maslow's hierarchy of needs may assist in identification and understanding needs that may be encountered. It is recognised that human beings have intrinsic needs that influence their work behaviour and human needs act as motivators (Jooste & Kilpert, 2002:20).



**Figure 1.1: Maslow's diagram depicting the hierarchy of needs (College of the Redwoods (CR), 2010:1)**

In addition research findings by Jooste and Kilpert (2002:20) also indicated that in lower level theories good working conditions were still valued as being much needed by nurses. They also emphasised that factors which motivated employees were now more extrinsic than they used to be. The study further highlighted that employees overpoweringly selected good salaries as being top motivators in ensuring employees' emotional and familial well-being. Poor working conditions and salaries were verbalised to be the main reason influencing nursing attrition rates in South Africa. They

suggested further studies to be done on means or ways that can improve finances in order to have an adequate workforce (Jooste & Kilpert, 2002:16).

#### **1.5.2.1 Central theoretical statement**

Describing and exploring student nurses' experiences regarding the bursary system during training, will lead to a better understanding of how students have to deal with learning, clinical and personal demands. This will indicate the impact this has on their ability to continue studies and also still meet learning, clinical and personal working environment expectations. Once clarity is obtained about experiences and effects on students, guiding principles will be proposed to encourage students to cope.

#### **1.5.2.2 Conceptual definitions**

The following definitions represent the core concepts that are applicable to this study:

- *Bursary*

This is the total amount awarded to the nursing student on commencement of training. According to the DOH (2010:68) it is divided into twelve monthly payments and paid directly into the student's bank account. The total amount subsidised per year of study is R30 000.00 for the enrolled programme and R36 000.00 per year for the four-year diploma course. This indicates that the student nurses in the enrolled programme receive a stipend of R2500 monthly and the four-year diploma student nurses an amount of R3000 per month with no additional benefits. The student is also required to purchase textbooks, uniforms, meals and pay for their accommodation from this amount. On commencement of training, students will enter into the bursary contract with the KZN DOH. The student must abide by the rules of KZN CN and those of the nurse training institution for example on discipline and working hours. Hours of duty are in accordance with that of the training hospital, as well as the guidelines set out by the South African Nursing Council (SANC). Bursary students are responsible for paying their own union organisation fees.

- *Experiences*

What we experience represents a recognizable and purposeful source of an individual's knowledge and each person perceives and experiences events differently and this is highlighted by their philosophy (Brink *et al.*, 2012:6). Student nurses have certain experiences that may have an impact on them in the clinical and learning situation. They may also have certain thoughts and feelings based on their experiences. In a recent news article, a student was quoted as saying: "We are against bursary system because in our experiences it inconveniences students; they cannot enjoy benefits and are affected because already they cannot even get proper food" (Torera, 2012:23). Experiences will allow students to learn more on how to relate to patients and themselves as well to construct professional identities. Carelessly managing students de-motivates students and affects productivity and patient care (Cuthbertson *et al.*, 2004:380).

- *Student nurse*

This refers to an individual undergoing training in basic nursing (DOH, 2008:5) whilst Breier *et al.* (2009:13) define a student nurse as those studying the four-year nursing programmes either at universities or colleges and pupil nurses as being students who are studying to be enrolled nurses. In this proposed study student nurses will be those who are studying the four-year diploma in nursing (general, community, psychiatric) and midwifery at two nursing colleges in KZN.

### **1.5.3 Methodological assumptions**

Methodological assumptions of this research are based on the research model of Botes (1995:4-6). The use of Botes' model may advance the value of this research since it is distinctively meant for nursing (Botes, 1995:5). The model provides a broad approach to the research process and also offers prospects to nursing science researchers to be innovative within a noticeably distinct framework (Botes, 1995:6). The model of Botes (1995:5-8), presents nursing activities on three levels:

- The first level is the nursing practice which attempts to derive problems from nursing practice. Intended for this research, nursing practice is associated with

experiences of the student nurse on the bursary system during both the clinical and learning environment.

- The second level entails the nursing research and enhancement of the scientific body of knowledge. This research describes and explores the experiences of student nurses of the bursary system during exposure to both clinical and learning environment. Student nurses shared experiences will facilitate proposal of guidelines that could assist the students to best manage and deal with the bursary system more effectively.
- The third level involves, as stated by Botes (1995:5-8), the paradigmatic perspective of the researcher. The researcher employs meta-theoretical, theoretical and methodological assumptions. Methodological assumptions are based on the research model by Botes and theoretical assumptions are derived from different subject theories and/or levels. Assumptions act as guidelines for research decisions and this has already been discussed in the sections on meta-theoretical, theoretical and methodological assumptions, thus 1.5.1, 1.5.2 and 1.5.3 above.
- Brink *et al.* (2012:122) assert that researchers are committed to finding out what really is going on as opposed to illusions. Guidelines need to be proposed to facilitate the formulation of development of support mechanisms through which our government and structures can possibly assist by improving the conditions related to the experiences and effects of the student nurse on the bursary system. The ontological dimension of this relates to what the nature of reality is (Brink *et al.*, 2012:24). Student nurses need a sense of identity as they function as part of the health care service and form part of the hospital structure.

## **1.6 RESEARCH DESIGN**

The study was conducted as a descriptive qualitative (eclectic) and contextual research design. The qualitative design has its derivation in figurative connections, phenomenology and concentrates on aspects such as experience, meaning and understanding (Brink *et al.*, 2012:12). The aim of the research was to understand the experiences of student nurses regarding the bursary system in KZN. The students who were asked to participate in the study have been on the bursary system meaning, they

have been receiving a stipend and are not on employee status. They were asked to participate in semi-structured focus group interviews (Brink *et al.*, 2012:158).

## **1.7 RESEARCH METHOD**

The research method entails an overview of the population, sampling frame, approach and technique, sample size, data collection method, data analysis and processing applied in this research. The significance and aims are to ensure that the methodological integrity and rigour of the research study are enhanced (Brink *et al.*, 2012:200). A detailed description of the method follows in Chapter Two.

The data was collected within a certain environment or setting and therefore this study is contextual in nature. In this study the experiences of student nurses regarding the bursary system are described within a specified setting which are the two nursing campuses in KZN. The results of this study will therefore be valid only for the situation under which the study was conducted and cannot be generalised (see Chapter Two for detailed description).

### **1.7.1 Population**

The restructuring in KwaZulu Natal, the study setting, came into effect in July 2010 with the introduction of the bursary system and the move of students from being supernumerary (DOH, 2010:68). Over the past years students have always had both student and employee status which has already been mentioned in paragraph three of 1.2 in explaining the background to this problem statement.

The population in this study will be student nurses in training under the bursary system who are in first, second and third year of training. The fourth year students were excluded from this study as they were in their psychiatric hospital rotation and therefore were working away from the hospital. The population targeted will be student nurses within two KZN Nursing Campuses.

### **1.7.2 Sampling**

According to Burns and Grove (2009:42), a sample is a subset of the population that is chosen by the researcher for a particular study. Sampling defines the process for selecting participants, events, behaviours and/or other elements with which to conduct a study.

A non-probability, purposive sampling method was used. In purposive sampling, the researcher consciously seeks critical cases that make a point clear in understanding the purpose of the study. The researcher selects information-rich cases, which can teach them a great deal about the central focus of the study (Burns & Grove, 2009:355).

The inclusion criteria was male and female student nurses in the bursary system who were in the first, second and third year of the four-year nursing programme or training. Nursing students were asked by representing group or block lecturers for their permission to participate in the study. Those who agreed to participate were then seen by the research nurse who in turn explained the nature of the study. Willing participants were students who had an understanding of the bursary system and had the ability to reflect on their experiences. They also had the time to be interviewed and gave permission to be part of the study.

Exclusion criteria were students who are in training but still had a supernumerary status, and were therefore still regarded as both employees with benefits as well as students. In this study, purposive sampling was used as this allowed participants to be selected by the researcher who accessed rich information (Burns & Grove, 2009:355). This enabled more in-depth understanding of the purpose of the proposed study. Data collection was carried out until saturation occurs, in other words, until participants no longer provide new information (Burns & Grove, 2009:361).

### **1.7.3 Sample size**

The size of the sample depended on data saturation. Saturation of data occurs when there is only redundancy of previously collected information, therefore when additional sampling provides no new information. Interviews were conducted until no new findings were identified during the interviews (Burns & Grove, 2009:361).

#### 1.7.4 Data collection

Burns and Grove (2009:43) define data collection as the precise, systematic gathering of information relevant to the research purpose of the study. The actual steps of collecting data are specific to each study and are dependent on the research design (Burns & Grove, 2009:508).

For the purpose of this qualitative research, the focus is on appropriately describing the experiences of student nurses regarding the bursary system in KZN. In this study the researcher chose the face-to-face encounter focus group interviews as an appropriate method of data collection because the participants were able to express their experiences in depth and also to ensure observation of gestures made which will be of significance in best describing their feelings (Brink *et al.*, 2012:158).

Field notes were written after the process of each interview had been completed. Field notes entailed the time and the interview procedure. Observational notes, for example the facial expression, gestures and reactions, behaviour of the participants' responses and the interpretations or thoughts of the researchers are included (Botma *et al.*, 2010:218). Semi-structured (focus group) interviews were used in this study to gain a detailed picture of participants' views on the topic and also for the researcher to follow up interesting avenues emerging in the interview (Botma *et al.*, 2010:208).

Permission was obtained from both the Department of Health and the campuses for data collection. This study utilised semi-structured interviews as described by Greeff, as cited in De Vos *et al.* (2005:287). The model of semi-structured interviewing places emphasis on understanding the world from the point of view of participants' experiences. Interviews were done at a setting where the participants were comfortable, and their voices were audio-taped; voices of all participants needed to be heard. The use of semi-structured interviews focuses on gaining insight into the experiences of people and the meaning they make of those experiences. The purpose and role of the research and researcher were stated and confidentiality was emphasised. Open-ended questions were also used to hear what the various students' thoughts were. The participants were asked to give chronological verbal descriptions of their experiences as bursary holder students. Sufficient time was given to students to provide a complete description, but this was done carefully to ensure accuracy in data



collection. A single broad question was used to gain information and understanding of experiences of the student nurses in the bursary system. The question asked was: "Tell me about your experiences of being a bursary student?" A trial run of the question was done to ensure the appropriateness and applicability of the wording. This is a form of piloting as stated by Greeff *in De Vos et al.* (2005:293).

Focus group discussions were used to collect data collection. The focus groups were used to share experiences, explore perceptions and promote self-disclosure among participants to achieve large amounts of strong data of numerous viewpoints. The use of focus groups helped to uncover factors that may influence opinion and certain behaviours and attitudes that may exist amongst the students under study (Greeff *in De Vos*, 2005:300).

All the interviews were audio-taped after permission was obtained from participants and recordings were transcribed verbatim and text results were analysed (Botma *et al.*, 2010:214). Comprehensive field notes were documented for the duration of this period. Field notes assisted in data analysis. The researcher typed field notes and these were attached to each transcription ready for analysis. Field notes consisted of everything that would have been observed and heard. Creswell (2009:181-182) suggested the use of descriptive notes, reflective notes and demographic notes as they assist the researcher to record multiple forms of observed data.

#### **1.7.5 The role of the researcher**

Permission to conduct the research was obtained from: the ethics committee of the North-West University, Potchefstroom Campus (see Addendum A); the KwaZulu Natal Health Department (see Addendum B); KwaZulu Natal College of Nursing (see Addendum C) and the nursing campuses (see Addendums D and E). The researcher, with the assistance of the campus principals of the nursing campuses, identified the classrooms as the appropriate setting for interviews to be conducted. The rooms were comfortable and private. Permission from all the participants was obtained. The researcher explained the research and obtained the informed consent (see Addendum F) from the participants before the commencement of the individual interviews. The researcher sought permission from the participants regarding the recording of everything mentioned during the interview and the whole interview was electronically

voice-recorded (Brink *et al.*, 2012:158; Botma *et al.*, 2010:209). All the ethical procedures were explained to the participants for better understanding and assurance of confidentiality. Field notes were made to remind the researcher of events that occurred during the interview.

#### **1.7.6 Data analysis**

Data analysis in qualitative research is a labour intensive activity, with the purpose to organise, provide structure to, and elicit meaning from data (Polit & Beck, 2012:556). The records of data collection (verbatim transcriptions of the interviews) were analysed and encoded using a content analysis technique. A consensus discussion was held by the researcher and an independent co-coder and a decision was reached on the main themes and the sub-themes that emerged from the written text, in order to ensure reliability of coding (Brink *et al.*, 2012:194).

According to Morse (1985), as cited by Burns and Grove (2009:520), tape recorded interviews need to be transcribed word for word. To ensure effective transcription in data analysis pauses should be indicated by dashes; gaps and prolonged pauses should be indicated by dots and all other expressions such as laughter should be included. Pages are to be sequentially numbered and correct coding, with interviewer and participant number should be included. A new paragraph should be commenced at the beginning of each new topic. A generous margin on both sides will allow for the researcher's critique and coding. This is to ensure that the notes be read and re-read in order to recall observations and experiences (Polit & Beck, 2012:557). Cases were compared to uncover similarities and differences that are verbalised by students. The goal is to integrate themes and concepts that will offer an accurate interpretation of the study.

Data were analysed using descriptive and interpretive codes (Burns & Grove, 2009:522). Data analysis was started soon after the first interview. It was anticipated that from data gathered, codes and themes emerge in order to classify elements, findings or terms that may have been more commonly used by participants during their interview. Themes gathered were then used to obtain meanings for statements that have been made. Themes may require subdivision into sub-themes; the terms serve as a connection to the emerging themes. This approach would prove to be effective as a

means of condensing each focus group interview into a file to ensure easy access in retrieving the material for subsequent analysis.

To ensure reliability of coding, Wigston (1995:165) as cited by Rossouw (2003:166) recommended that the content analyser must have a good understanding of categories. Rules must be formulated in accordance with procedures for coding and must utilise standard coding forms. Transcripts and field notes were sent to an independent and experienced qualitative research co-coder. The co-coder and the researcher analysed data independently thereafter, followed by a discussion meeting in order to reach consensus on themes that emerged from the data. They both brought their tables of themes, which they independently reached. These were compared in order to find similarities and differences of themes and sub-themes, thereafter tables of themes and sub-themes were finalised.

## **1.8 RIGOUR**

The researcher used the framework of Lincoln and Guba (1985:290-311), which is supported by Field and Morse (2002:1-19) and Botes (1995:143-147), to describe strategies to improve the rigour in this study. Utilizing Lincoln and Guba's framework (1985:290-311), the researcher questioned herself about the following basic principles and measures that are outlined in each chapter:

- Is the research well-defined to ensure accuracy or theoretical validity?
- Can the research findings be trusted?
- Was credibility assured when the population was chosen, the data collected and analysed?
- What is the authority of the researcher?
- Can the research findings be applied elsewhere?
- Are the findings credible to the people being studied?
- How consistent are the research findings? Can the researcher depend on the data being similar if repeated in other nursing students presently on the bursary system?
- Are the research findings neutral? Was the research done without chauvinism and can it therefore be said that it has effective validity?

The measures used for trustworthiness will be discussed in greater detail in Chapter Two.

## **1.9 ETHICAL CONSIDERATIONS**

Researchers involved in research with human participants should have special concerns related to the protection of human beings' rights, as ethical issues can manifest in any study (Brink *et al.*, 2012:33). Ethical issues that could occur during interaction with student nurses were taken into consideration. Commonly accepted international ethical principles in health research were applied, as outlined in the Helsinki Declaration as described by Burns and Grove (2009:184-185) and Brink *et al.* (2012:33-34).

### **1.9.1 Code of ethics**

A deliberate decision was made by the researcher to adhere to local, national and international ethical standards. Attentiveness to ethical considerations was maintained throughout the research process.

### **1.9.2 International ethical governance**

International ethical guidelines of the International Council of Nurses (ICN) (2012:6), the Helsinki Ethical Declaration and the Nuremburg Code, North-West University, [NWU], 2010:55-56) that specify the handling of human subjects in medical research were followed by the researcher.

### **1.9.3 National ethical governance**

At national level, the researcher adhered to the code of ethics as stipulated by the ethics committee, North-West University, North-West University, [NWU], 2010:49-50 and the Department of Health, 2004:10)).

#### **1.9.4 The University's code of ethics**

As a registered M.Cur student of the North-West University (Potchefstroom Campus) the researcher adhered to the ethical code of the university as stipulated in the Manual for Post-graduate Studies, North-West University (NWU, 2010). A research proposal was submitted to the School of Nursing Science research committee, after which it was sent to the North-West University Human Resource Ethics committee (HREC), Potchefstroom campus. The University issued an ethics number **NWU-00144-13-A1** (see Addendum A).

#### **1.9.5 KwaZulu Natal Department of Health**

Written permission was obtained from the KwaZulu Natal Department of Health, and one week after the researcher had requested ethical approval from the KwaZulu Natal Department of Health, it was granted (see Addendum B).

#### **1.9.6 KwaZulu Natal College of Nursing and selected nursing campuses**

Having obtained ethical approval from the KwaZulu Natal Department of Health, the researcher sought permission from the KwaZulu Natal College of Nursing (Addendum C) to conduct the study. Once permission was obtained the two nursing campuses were approached for permission to conduct the research in the institution. Both institutions granted permission for the research to be done (see Addendums D and E).

#### **1.9.7 The responsibility of the researcher to protect the rights of the participants**

The researcher adhered to the principles as stated below.

**Informed consent:** Prior to commencement of any data collection being done, the participants were given information and consent forms requesting their consent to voluntarily participate in the study. Participants received appropriate and adequate information both verbally and in writing (Addendum F). Data collection was only commenced once written consent had been obtained (Burns & Grove, 2009:204). Participants were assured that they could withdraw at any time if they wished, without any threats to their well-being (Brink *et al.*, 2012:39).

**Anonymity and confidentiality:** All research participants have a right to remain anonymous and information obtained from them to be kept confidential. The researcher assured participants that there would be no clues regarding their identification and therefore, code names and numbers were allocated and the data were kept confidential (Brink *et al.*, 2012:37-38; Burns & Grove, 2009:196). There is no link between the interview and the participants' information as code names and numbers were used. The researcher explained that the digital voice recording and scripts would be kept safe until data collection had been completed and would be destroyed after being kept for the period determined by the NWU (Potchefstroom Campus) after completion of the research.

**Privacy:** The rights of privacy of participants would be maintained by ensuring that the private information would not be shared (Burns & Grove, 2009:194; Brink *et al.*, 2012:37).

**Benefits:** Benefits of the study were communicated to the participants and Department of Health as the research will generate new knowledge (Botma *et al.*, 2010:21) which will be based on shared experiences of being in the bursary system. This will also create awareness in the bursary policy makers in identifying the gaps that are raised.

**Protection from discomfort and harm:** In adhering to this principle, the right to be protected from discomfort and harm is based on the ethical principle of beneficence. This states that one should do good and not do harm (Burns & Grove 2009:198; Brink *et al.*, 2012:35). The researcher attempted to conduct the study without causing any harm or discomfort. No known risks were foreseen during the study. Participants could withdraw at any time during the study.

**Right to fair treatment:**

The ethical principle of justice refers to the participant's right to fair treatment. In this research there was a fair selection of the population and specifically of the participants. As the participants were directly related to the research problem they were chosen to participate in the research (Brink *et al.*, 2012:36). These principles also underline that each participant should be treated fairly and receive what he or she is owed (Burns & Grove, 2009:198).

The researcher did not choose the participants because they would specifically benefit from the research (Brink *et al.*, 2012:36). However, benefits derived from participating in the study will be communicated to the participants and the authorities of the KwaZulu Natal Department of Health.

#### **1.9.8 The researcher's responsibility to do research of a high quality**

##### **High standards with regard to planning, implementing and reporting of research**

Preparation, planning, implementing and reporting on research were carefully conducted. The School of Nursing Science and research committee approved the proposal to conduct the research. The work was supervised by experienced researchers.

##### **Displaying integrity by stating supporting and opposing views**

Information found in the literature and during data collection has been acknowledged and expressed.

##### **Acting honestly regarding results**

Results have not been masqueraded, made-up or falsified, and all the participants and co-workers have been acknowledged. Policies regarding plagiarism and copyright as described in the Manual for Postgraduate Studies (NWU, 2010:44-45) were acknowledged.

#### **1.9.9 The researcher's responsibility to share the results**

##### **Giving feedback on the research**

Subsequent to giving informed consent, all participants had the option to choose whether they wanted to be informed independently on the results by the researcher. The results of the research would thus be shared in the form of a presentation with all the participants who submitted their contact details as well as with the KZN Department

of Health. The research results will be distributed to other nursing campuses through providing a presentation on the study.

## **1.10 OUTLINE OF CHAPTERS**

The division of chapters is the common structure used for the dissertation that entails empirical research (Burns & Grove, 2009:111). In this study the chapters are divided as:

**CHAPTER 1:** Introduction and overview of the study

**CHAPTER 2:** Research methodology and design

**CHAPTER 3:** Research findings and literature integration

**CHAPTER 4:** Evaluations, conclusions, limitations and recommendations of the study

## **1.11 SUMMARY**

In Chapter One the researcher gave an introduction and overview of the research, discussed the background and rationale of the study, followed by the statement of the problem investigated in the study. The research question and the study aim and objectives enabled the researcher to affirm the meta-theoretical, theoretical and methodological assumptions. The research design and research methods, as well as the rigour and ethical considerations applicable to the research were outlined. A detailed description of the research design and methods applied to this study are provided in Chapter Two. This chapter was concluded by describing the responsibilities of the researcher and the outline of all the chapters.



## **CHAPTER 2**

### **RESEARCH METHODOLOGY AND DESIGN**

#### **2.1 INTRODUCTION**

In Chapter One an overview of the research was provided. The research problem was formulated, followed by the statement of the problem, aims and objectives, the researcher's assumptions including a brief orientation of the research methodology utilised within this study were discussed.

In this chapter the methodology of the study is described in detail. Specific emphasis is given to the research design, method, the context, a description of the study population, the sample size, the sampling procedure, the data collection strategy and the data analysis process, ethical considerations applicable to this study as well as measures of ensuring trustworthiness.

#### **2.2 RESEARCH DESIGN**

According to Burns and Grove (2009:51) qualitative research is a systematic, interactive subjective approach used to describe life experiences and give them meaning. For the purpose of this study a qualitative research design (eclectic approach) has been chosen because it has its roots in symbolic interaction and concentrates on aspects such as meaning, experience and understanding (Brink *et al.*, 2012:10). This study is explorative, descriptive and contextual in nature.

Brink *et al.* (2012:10) further mention the following principles which are characteristic and contribute to the use of qualitative research:

- Believing in multiple realities;
- Being committed to identifying an approach in understanding that supports the phenomenon (experiences of student nurses regarding the bursary system) studied;
- Being committed to the participants' viewpoint;

- Conducting the enquiry in a way that limits disruption of the natural context of the phenomenon of interest;
- Acknowledging the participants in the research process;
- Data was reported in a literary style containing rich and dense commentaries of student participants (Brink *et al.*, 2012:10). A qualitative approach was selected as it was appropriate for this study in order to gain insight into the students' experiences of being on the bursary system during their training in KZN as well as describe the experiences that were shared.

By exploring the phenomenon in this study with the students concerned, it is hoped to arrive at knowledge and understanding of the meanings which people attach to their experiences. This understanding was enhanced by conducting the research in a naturalistic setting where students are studying and residing. This is critical in a study of this nature. Exploratory studies are intended to increase the knowledge of the field of study (Burns & Grove, 2009:359). The central question was asked and explored further according to the responses of participants.

The descriptive approach was also used to generate new knowledge of the experiences within its practical context as it unfolded in real life (Burns & Grove, 2009:45). A description of findings explored through qualitative data collection ensured that information sharing and communication took place between the researcher and the participants. The researcher was able to reflect on and understand experiences shared by the students in training presently on the bursary system.

Description and exploration of students regarding the bursary system were conducted in the context of two main nursing campuses within KZN. KZN has a total of 25 campuses, of which eleven are main campuses and fourteen are sub-campuses. The elected campuses used were two of the eleven main campuses. They were selected because they are representative of both the rural and urban domain for their clinical allocation which for the researcher is substantial enough in obtaining a balance in experiences that will be shared by participants. However, the nursing campuses utilised for the process of data collection are both situated within an urban area.

The research was conducted in Pietermaritzburg (KZN) which is situated in uMgungundlovu which falls under District 22. The two main campuses are situated in

this district and serve as the training institutions for students who apply for the four-year nursing diploma qualification.

## **2.3 RESEARCH METHOD**

Research methodology is the description of how the investigation was carried out and includes what the researcher did in order to solve or answer the research problem (Brink *et al.*, 2012:199). Polit and Beck (2006:765) describe the research method as the scientific method, procedures and techniques that are followed when a phenomenon is investigated. Detailed information on the research method is provided below with the emphasis on the population, sampling frame, sample size, data collection method, data processing and data analysis as well as strategies to enhance rigour and methodological integrity.

### **2.3.1 Population**

Burns and Grove (2009:42) describe a population as “The individuals, substances or objects that meet certain criteria for inclusion in which the researcher is interested in studying.” In this research the population comprised student nurses from first year to third year who have been receiving the stipend or the bursary. Students are not supernumerary therefore regarded as having no employee status. They showed eagerness in participating in the study at hand.

### **2.3.2 Sampling**

A sample is defined by Burns and Grove (2009:42) as a subset of the population that is selected for a particular study whilst Brink *et al.* (2012:132) define a sample as being a part or a fraction of the whole or subset of a larger set, selected by the researcher to participate in the research study. The researcher selected the sample from a population of student nurses from first, second and the third year of their four-year nursing diploma training to obtain information on a phenomenon (bursary system) that represents the population of interest (Brink *et al.*, 2012:131).

Purposive sampling was used in this research, using the research question as a guide. Students’ experiences regarding the bursary system needed to be explored, therefore

the participants were selected from among the students who are bursary holders. The use of purposive sampling ensured that the researcher selected participants who were representatives of the study. The researcher could gain a great deal of knowledge about the fundamental purpose of the study (Burns & Grove, 2009:355). The inclusion criteria entailed that a prospective participant:

- ✚ Had to be a student who commenced training as a bursary holder,
- ✚ should be in either their first, second and third year of nurse training; and
- ✚ must have willingly and voluntarily consented to being part of the study.

The qualitative research sample size is determined by the depth of information that is needed to gain insight into experiences of student nurses regarding the bursary system, which is the study phenomenon (Burns & Grove, 2009:361). In this study the sample size was determined by the purposive sampling. Student nurses selected were able to provide information needed to gain more insight into their experiences regarding the bursary system. Data saturation occurred when no new information was provided and by patterns of repetition of previously collected data (Burns & Grove, 2009:361).

### **2.3.3 Data collection**

Data collection is the precise, systematic gathering of information relevant to the purpose of the study (Burns & Grove, 2009:43). A total of seven focus group interviews were conducted for data collection. The data collection took place during the months of January, February and March 2014.

The researcher's role in data collection entailed:

The researcher requested permission from different role players in order to conduct this research (see Addendums A, B, C, D and E). After the potential participants had been informed about this study and a positive response to the invitation was gained, the researcher explained the method of data collection and addressed any reservations and concerns raised by the prospective participants. The participants were then requested to give written consent (see Addendum F). The physical setting for data collection was identified beforehand.

The research setting, according to Burns and Grove (2009:362), is the location where a study is conducted. Polit and Beck (2006:16) stated that a physical setting is an environment within which human behaviour unfolds and therefore should not be inhibited. This environment should be set to cultivate psychological autonomy and enhance participation. Therefore the physical setting was a classroom in the nursing campuses, a “do not disturb: interviews in progress” sign was placed on the door to facilitate the process. Scheduled interviews were conducted in a relaxing and well-ventilated room. Seating of the participants was arranged in order to encourage participation and contribution. The researcher ensured participant privacy, and also ensured that the environment was therapeutic.

#### **2.3.4 Pilot study**

According to Botma *et al.* (2010:275) a pilot study is a small scale version of a study conducted prior to developing or refining the methodology, such as sampling, data-collection processes and analysis (Burns & Grove, 2009:44). A pilot interview was conducted and forwarded to the experienced researcher in order to identify how the researcher and the participants experienced the interview. Interviewing is a skill that is required of the researcher before initiating the interviewing in a study (Burns & Grove, 2009:510). The following main research question was posed to the participant to elicit the desired details of the study phenomena (bursary system):

*“What are your experiences as student nurses regarding the bursary system?”*

The interview was recorded for critiquing by the study supervisor as an expert in the field (De Vos *et al.*, 2005:208). For this study the experienced supervisor and researcher recommended continuation of data collection as the interviews indicated no pitfalls.

#### **2.3.5 Data-collection method**

Before data collection, the purpose of the research was explained to the participants, including the data collection, recording of data using a voice recorder and the duration of the focus group interviews. Interviews involved verbal communication between the

researcher and the participant, during which information was provided to the researcher (Burns & Grove, 2009:403).

The research was conducted by using semi-structured focus group interviews and participants were audio taped after giving informed consent. Face to face data collection took place between February and March of 2014 at the two KZN nursing campuses. A single broad question was asked to all participants "Tell me what are your experiences as student nurses regarding the bursary system in KZN." Seven groups of participating students were interviewed. The duration of each of the seven interviews was between 25 minutes and half an hour.

Focus groups were chosen because of the advantages enabling the researcher to capture group interaction and participation, a process which provides richness in sharing of experiences and enhances sincerity (Brink *et al.*, 2012:210).

The use of the semi-structured focus group interview was an appropriate method of data collection because insight into experiences of student nurses regarding the bursary system could be made more authentic or significant.

### **Preparation for the interviews**

Preparation for the study was facilitated by the fact that the researcher is a lecturer at one of the KZN nursing campuses. The lecturer was given an opportunity by the class lecturers to approach each class individually in order to explain the research and to distribute consent forms. Participants were prepared for the interviews, and interviews were conducted at a time convenient for both the researcher and participants as suggested by (Brink *et al.*, 2006:153). The researcher arranged the time and place ahead of time. The researcher used her lunch times to collect data and students were very willing and co-operated well.

Due to the nature of study there was an influx of students who were willing to participate in the study. The researcher ensured that the environment in which the interviews were conducted was therapeutic and that there would be no interruptions, privacy was ensured as much as possible (Burns & Grove, 2009:405).

Due to the large number of students who showed interest the researcher had to go back and inform the students that she would interview students and stop once data saturation was achieved in correlation with (Brink *et al.*, 2012:144). Interestingly there were very few students who hesitated to be part of the study as the feeling was that each student should communicate what they were going through.

Preparation of the interviews also required that the researcher checked the working order of the electronic equipment (voice recorder) and the researcher had an additional voice recorder and extra batteries as a backup system.

The interviews were audio-taped as suggested by (Brink *et al.*, 2012:149). The voice recorder was placed discreetly, and a sensitive microphone was used to prevent faint or distorted voices being recorded which would lead to difficulty in transcription as recommended by (Burns & Grove, 2009:435).

The use of the voice recorder allowed the researcher to listen to it as often as is necessary to ensure a good understanding of the meanings.

Once the process of data collection and the procedure had been explained to the participants who had agreed voluntarily to participate in the study, the participants were asked to sign the informed consent form (see Addendum F) before the actual interview started.

The following aspects were highlighted:

- Purpose of the research

Participants were informed that they had a right to decide whether or not to participate in the study, or to withdraw from the study at any time, therefore the researcher must respect the participants' rights by avoiding the use of any form of coercion (Brink *et al.*, 2012:37).

The participants were assured that anonymity would be maintained by using code names and numbers instead of their names (Brink *et al.*, 2012:37). Confidentiality was assured by explaining to participants that the data gathered during the study would not

be made available to any other person and would be kept in a safe place (Burns & Grove, 2009:197).

Participants were informed that the proceedings would be digitally voice-recorded to enhance the process of analysis.

## **Procedure**

The researcher welcomed each participant and ushered them into the identified room, where they were made comfortable. The researcher welcomed all participants present and encouraged all participants to exchange introductory greetings. The researcher was polite and made sure that participants felt they were an integral part of the research (Burns & Grove, 2009:512). Participants were then issued a typed name code and number (student 1-participant 1). This merely ensured that anonymity was upheld. The researcher initiated the interview by asking a broad question:

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What are your experiences regarding the bursary system in KwaZulu Natal?

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- During this process the researcher used several communication techniques (Botma *et al.*, 2010:60) to enhance the process of effective interviewing. All participants were welcomed.
- The researcher ensured that good rapport was established with participants (Botma *et al.*, 2010:60) participants were informed to feel free to communicate.
- Probing was used by the researcher in order to gain more understanding and information from the participants (Burns & Grove, 2009:405). Questions asked included “please can you explain what you meant with “very much difficult financially?”
- Non-verbal methods of communication such as nodding of one’s head or making sounds that indicated interest were encouraged. The researcher repeated participants’ words in a different form as a paraphrase, thus confirming meaning and information shared.
- Clarification was used to achieve clarity on information that was unclear, for example “Please can you clarify what you meant by ‘hunger makes me angry’?”



- The researcher displayed good listening skills and was very attentive during the interviews.
- Reflection was used as an indication to participants that their concerns and perceptions were well understood; researcher requested participants to expand on their feelings or ideas.
- The researcher thanked all the participants for their participation at the end of each of the interviews conducted (Burns & Grove, 2009:512).

### **2.3.6 Field notes**

Field notes are a written account of the things that the researcher hears, sees, feels, experiences and thinks about in the course of an interview or focus group (Botma *et al.*, 2010:217), and they help the researcher in empirical observations and personal interpretations, used as a part of verification of data explored during the process of the interview.

Field notes which depict observed data were documented through the duration of the interviews. According to Creswell (2009:181-182) field notes are useful in assisting the researcher to record multiple forms of observed data. Suggested notes were utilised to attain:

- *Descriptive notes:* These included a finalised and subjective description of sequence of events and activities that occurred during the interview, participants' portraits and reconstruction of dialogue (Botma *et al.*, 2010:218).
- *Reflective notes:* The researcher's notes included her own personal feelings, thoughts, and speculations in attempting to make sense of participant-shared impressions, ideas and problems that arose during the interview (Botma *et al.*, 2010:218).
- *Demographic notes:* The researcher included the demographic information regarding the time, place, and date of field setting and noted the descriptions of the participants (Botma *et al.*, 2010:218).

Field notes were typed and attached to each transcription ready for data analysis and consisted of everything that was observed and heard.

### 2.3.7 Data analysis

Data analysis involves categorising, ordering, manipulating and summarising data in order to describe it in meaningful terms (Brink *et al.*, 2012:177). The data analysis in qualitative research involves examination of text rather than numbers. This means that data analysed are non-numerical, and usually in the form of written words (Brink *et al.*, 2012:193). Data were analysed by coding, which is used to organise data collected in interviews (Brink *et al.*, 2012:194). Coding and analysis were initiated as soon as data collection began (Brink *et al.*, 2012:194). In the analysis commonalities were sought in meanings, concerns, effects and experiences of the student nurses (Burns & Grove, 2009:529).

Audio recorded data and additional notes which were made by both the note-taker and researcher were compared at the end of each focus group. The researcher immersed herself in the data of the focus group discussions and interviews, reading and re-reading the transcripts as well as the notes made in order to become completely familiar with the data (Polit & Beck, 2012:557). Some of the transcribed interviews were given to the participants to verify whether they had been correctly transcribed. The taped interviews were transcribed word for word and typed field notes were attached to transcriptions to assist in data analysis (Burns & Grove, 2009:520). Data was analysed using the descriptive and interpretive codes and commenced straight after the first interview was conducted. Themes and sub-themes that emerged were used to classify findings (Burns & Grove, 2009:522). The researcher made use of an experienced and on record qualitative data analyser to act as a co-coder. Tesch's Method of data analysis in Creswell (2009:186) was utilised in analysing data. The method includes eight steps:

- The researcher began by reading transcripts carefully and ideas were jotted down in one column. The researcher divided the transcripts into three columns. The column on the left side was utilised for concepts, with data in the middle and the column in the right side being for personal experiences;
- The transcripts were read to get an overall idea of the emerging themes;
- The shortest most interesting theme was chosen and re-read again;

- Words and sentences as units of analysis, the transcript was re-read and spoken words and sentences were underlined. A list was made of all topics that came into mind and these were formed into columns;
- The underlined spoken words were then transferred to the left column as themes, while perceptions that came to mind were written into the right column;
- The transferred themes on the right-hand side were read in order to identify the main and sub-themes, as well as redundant themes;
- The underlined spoken words were transferred into a table indicating the main themes and sub-themes; and
- These themes were subsequently finalised by going through the table again, and the spoken words were translated into scientific language; the possibility that categorisation can be further refined was kept in mind.

### **2.3.8 Literature integration**

Subsequent to data analysis, the research findings or results were discussed and the literature integrated. Literature integration was carried out in order to compare the research findings with the existing literature, highlighting the findings that were confirmed by research and identifying unique findings. (Burns & Grove, 2009:564). Literature was also reviewed to ensure that emerging themes from the interviews provides a scientific basis for the research and highlights new insights gained from it. The literature integration required a wide literature search. A computer search was conducted using databases such as Ebsco Host, Premier Google Scholar, Science Direct, CINAHL, PubMed, Medline, and SA Publications. Textbooks, reports and other appropriate sources of literature were also accessed in addition to the search engines indicated above.

### **2.3.9 Rigour**

Rigour in qualitative research refers to the principle of truth value of the research findings (Brink *et al.*, 2012:97). According to Burns and Grove (2009:54) rigour is associated with relevance, openness as well as clarity of the research question and its importance to nursing. Trustworthiness in qualitative research was proposed by Lincoln and Guba (1985:218) as a substitute for reliability and validity. The four criteria of

trustworthiness are: Truth value (credibility), transferability (applicability), consistency (dependability) and neutrality, also known as conformability (Figure 2.1).



**Figure 2.1: Criteria/standards to ensure trustworthiness (Lincoln and Guba, 1985:290)**

The four criteria with a view to ensure trustworthiness were:

#### **2.3.9.1 Credibility**

Credibility refers to assurance in the truth of the data and interpretations thereof. The researcher, in using a qualitative approach, endeavoured to establish confidence in the truth of the findings by fastidiously choosing the study participants and context in the research (Polit & Beck 2012:585).

The emotive responses of the participants lead the researcher to believe that the data was truthful.

The following measures were incorporated to ensure compliance with the first criterion:

- **Prolonged engagement**

This was achieved through months of preparation and thereafter data collection, which was enhanced by the researcher staying in the field until data saturation was reached (Brink *et al.*, 2012:127).

- **Selection of participants**

Student nurses male and female who had been on the bursary system from the year 2010 were invited to participate in the study.

- **Interview technique**

Extensive literature integration and control confirms findings of the research.

- **Peer group discussion**

The researcher and co-coder, who was also the supervisor and also highly skilled in data analysis, held discussions after interviews when coding was taking place.

#### ***2.3.9.2 Transferability***

The above criterion refers to stability and reliability of data over time and conditions. This means that the data needs to be consistent in findings if the inquiry were to be replicated with similar participants in the same context (Polit & Beck, 2012:586).

- **Purposive sampling**

Purposive sampling was used because the range of information gathered on (experiences regarding the bursary system) would be maximised (Brink *et al.*, 2012:173).

- **Thick/ Dense description**

- A thorough explanation of the context, setting and methods of data collection in this study was presented.
- Data collection was carried out till data saturation was reached.
- Thorough literature control and integration was conducted.
- Relevant data collection tools and analysis for audit purposes were kept.

### **2.3.9.3 Confirmability**

Polit and Beck (2012:586) refer to confirmability as objectivity that is congruent between two or more independent people about accuracy of data, meaning and relevance. Polit *et al.* (2006:313) view confirmability as a criterion to ensure neutrality and a measure related to data interpretation. The study should be free from bias.

- **Confirmability audit**

There was agreement between the researcher and co-coder related to findings and actual evidence (Brink *et al.*, 2012:127).

- **Safekeeping of data**

All raw data collected was on the computer, USB, CD back-ups and field notes. Transcribed text is kept safely locked away as per requirements of NWU guidelines for post-graduate studies (NWU, 2010:41).

- **Methods of triangulation**

Field notes were all kept during the research study. This was used to triangulate with the semi-structured focus group interview transcriptions. Analysis of content was carried out using descriptive, categorical interpretive content analysis.

- Researcher and co-coder were included in the triangulation process.

### **2.3.9.4 Dependability**

The fourth criterion refers to whether processes and procedures used by the researcher are acceptable (Brink *et al.*, 2012:127). To avoid bias, the researcher ensured that she did not work alone on the research. The researcher ensured that the following duplication of research will guarantee similar results if the same participants were used.

- An intense portrayal and explanation of the research settings and processes involving data collection and analysis were done.
- A thick description of the research methodology and stepwise replication given.
- An inquiry audit including searches done on all supporting literature.

- Field notes and literature were used.
- Meetings between co-coder and researcher improved consistency.

## 2.4 ETHICAL CONSIDERATIONS

- Ethical permission was granted by the School of Nursing Science (Potchefstroom Campus) and the Human Research and Ethics Committee (HREC) at the University of North-West (Potchefstroom), ethics no: NWU-00144-13-A1 (refer to Addendum A), following submission of the research proposal.
- A letter requesting permission to undertake the research project was submitted to the KwaZulu Natal Department of Health and KwaZulu Natal College of Nursing together with the research proposal (refer to Addendums B and C).
- Permission was also requested from the two nursing campuses situated in the UMgungundlovu health district, where participants would be invited to participate in the research project (refer to Addendums D and E).
- Informed consent was obtained voluntarily from the participants before data collection commenced (Addendum F).

### 2.4.1 The responsibility of the researcher to protect the rights of the participants

**Informed consent:** Prior to any data collection done, the participants were provided with information and consent forms requesting their permission to willingly participate in the study. Participants received appropriate and adequate information both verbally and in writing (Annexure F). Data collection commenced only once written consent had been obtained (Burns & Grove 2009:204). Participants were assured that they could withdraw at any stage if they wished, without any prejudice (Brink *et al.*, 2012:39).

**Anonymity and confidentiality:** Participants were assured that there would be no evidence indicating their names, thus participants were given code names and numbers (Burns & Grove, 2009:196). Therefore there is no link between the interview and the participants' information. Scripts and audio tapes were kept safely until data collection and analysis had been completed and thereafter they were destroyed.

**Privacy:** Each participant had the right to decide the conditions under which private information would be divulged including the extent to which this information would be shared.

**Benefits:** The benefits of participating in the study was communicated to the participants and management of KZNCN and KZN Department of Health.

**Protection from discomfort and harm:** The participants' right to protection from discomfort and harm is based on the ethical principle of beneficence, which dictates that one do good and most importantly, do no harm (Burns & Grove, 2009:198). The researcher attempted to structure the study without causing any harm or discomfort. There were no known risks foreseen during the study as the information was not sensitive by nature and participants were aware that they could withdraw at any time during the research study.

**Right to fair treatment:**

The ethical principle of justice forms the basis for the right to fair treatment. This principle underlines that each person or participant has the right to fair selection and treatment (Brink *et al.*, 2012:36). The population and participants in this research were fairly selected. As a result of participants being directly related to the research problem they were selected to participate in the research (Brink *et al.*, 2012:36). Participants were not selected by the researcher because they would specifically benefit from the research (Brink *et al.*, 2012:36); however, benefits stemming from participating in the study would be communicated to management of KZNCN and Department of KZN health as well as participants.

#### **2.4.2 The researcher's responsibility to conduct quality research**

The researcher maintained high standards with regard to planning, implementing and reporting of research.

The processes of planning, implementing and final reporting on the research were carefully conducted. The proposal for the research was approved by the research



committee of the School of Nursing Science and the work was supervised by experienced researchers.

The researcher displayed integrity by stating supporting and opposing views:

A variety of points of view found in the literature and during data collection are indicated, assessed and integrated.

The researcher ensured that results were not fabricated and honesty was maintained regarding results. None of the results have been camouflaged, fabricated or falsified, and all participants and co-workers have been acknowledged. Policies on plagiarism and copyright as described in the Manual for Postgraduate Studies (NWU, 2010:45-46) are acknowledged.

#### **2.4.3 The researcher's responsibility to share the results**

Giving feedback on the research:

After giving informed consent, each participant had the choice of whether they wanted to be informed individually on the results by the researcher. The results of the research would thus be shared in the form of a report with all the participants who had submitted their contact details as well as with the management of the KZN Department of Health and KZN CN.

These research results will be distributed to other nursing campuses through providing a presentation on the study.

## **2.5 SUMMARY**

This chapter provided a detailed discussion on the research methodology applied in this study. The findings and discussion based on the objective to describe experiences of students regarding the bursary system in KZN will be discussed in Chapter Three.

## CHAPTER 3

### RESEARCH FINDINGS AND LITERATURE INTEGRATION

#### 3.1 INTRODUCTION

The focus in this chapter is on the research findings and discussions of the results that arose from data collected. The study findings and discussions are therefore aligned with direct quotation from the participants. The verbatim quotes are presented as used by the participants and also include idiomatic language and grammar as a means of ensuring trustworthiness and intensity of the shared feelings and experiences.

Focus group interviews were conducted in the two nursing campuses in KZN in order to explore and describe the experiences of student nurses regarding the bursary system in KZN.

#### 3.2 DEMOGRAPHIC PROFILE

For the purpose of this study the researcher conducted a survey on the participants relating to their age and gender. This is so that the study indicates the representation of male and female participants that formed part of the process of experiences shared. The demographic data for the participants included in the focus groups is illustrated in the table below.

**Table 3.1: Demographic data of participants**

Age groups	Number (N=)	Gender
20-29	35	M: 11 F:24
30-39	17	M: 3 F:14
40-41	2	M: 1 F:1

The demographic data depicted above indicates how many mature students there are. Whilst the focus is not merely on the mature students, the demographic data reflect

experiences that encompass mature and younger students whilst on the bursary system. This therefore serves to strengthen the results that emanated from the study and the effects thereof.

### **3.3 REALISATION OF DATA COLLECTION AND DATA ANALYSIS**

The use of interviews during data collection is considered to be reasonable and superior as they have the advantage of having the capacity to depict a higher response rate (Polit & Beck, 2012:305) and moreover enable the researcher to make observation of participants and probe for additional data. Interviews, because they can include researcher bias, can result in apprehension.

Data collection was done between January and March 2014. The researcher made appointments with the campus principals of the participating institutions and a thorough explanation of the focus group interviews and duration was given. The researcher's aim was also to ensure scheduling and confirmation of appointment times. Once clarity was obtained of how focus groups would be conducted, focus group interviews were carried out at both institutions at the agreed appointment times, which depended on the availability of the students. Ethical principles were adhered to so that no injury and harm was done to participants. Confidentiality was maintained throughout. Participation was voluntary and consent was issued prior to commencement for group interviews. Each participant used the allocated code name when they shared information during the interview to protect their identity. Because the study was qualitative, data saturation was reached (Polit & Beck, 2012:521). This meant that other students within other groups who had hoped to be included in the study were omitted as no new information emanated from the interviews.

#### **3.3.1 Realisation of data collection**

The data collection process entailed the use of focus group interviews. A total number of 54 participants were interviewed. They comprised seven focus groups. Each group was coded according to the present year of study of student and participating numbers were issued respectively. The researcher made use of a digital audio tape recorder during this process of data collection.

### **3.3.2 Realisation of data analysis**

Data analysis was started immediately after the first interview. A total of seven voice recorded interviews were transcribed verbatim (Burns & Grove, 2009:520). All transcriptions were listened to repeatedly. Comments were then typed word by word without changing the words spoken or sentence structure. Field notes were taken by the researcher during the focus group interview as a substantiation of taped comments. The researcher ensured that the principles of qualitative data analysis used were highlighted:

- The transcriptions were read carefully to allow the researcher to get a sense of the whole.
- The researcher read the interviews to obtain an overall idea of emerging themes.
- Analogous topics were grouped together, after reading all interviews and a list of topics was compiled.
- Categories were assigned and codes emerged after subsequent finalisation of going through the list of topics.
- Commonalities were sought in meanings, concerns, affects and experiences of the student nurses, thus allowing for data belonging to each category being kept together and a preliminary analysis being done (Burns & Grove, 2009:529).

The researcher sent all transcripts and field notes to an experienced and qualified co-coder to ensure that consensus was reached and that similarities and differences were compared. The tables of categories and sub-categories were finalised.

### **3.4 RESEARCH RESULTS AND LITERATURE INTEGRATION**

From the data analysis process results obtained were integrated with findings from other international studies and literature to formulate a statement regarding the objective of this study:

- To explore and describe the experiences of student nurses regarding the bursary system in KZN.

The findings therefore signify the student nurses' descriptions of experiences regarding the bursary system and how they affect them. A brief summary of findings is listed below which also suggests the themes and the sub-themes.

**Table 3.2: Themes and the sub-themes as identified**

THEME 1: EXPERIENCES	THEME 2: RECOMMENDATIONS
<p><b>Sub-theme 1.1: Socio-economic</b></p> <ul style="list-style-type: none"> <li>• Living costs/expenses – food, transport, rent, books, clothes, uniforms</li> <li>• Child care – school fees, clothes, transport, living expenses, single parents, nanny, daycare</li> <li>• Medical – maternity leave, injuries, communicable diseases</li> <li>• Overtime not paid</li> <li>• Register for SARS</li> </ul>	<p><b>Sub-theme 2.1: Bursary provider</b></p> <ul style="list-style-type: none"> <li>• Increase incentives, money for books, uniforms, transport, stipend for living expenses</li> <li>• Give benefits, e.g. maternity leave, medical aid, pension, transport, accommodation, meals, books, uniforms, stationery</li> <li>• Openness/transparency about what bursary includes/does not include</li> <li>• Need persal system</li> </ul>
<p><b>Sub-theme 1.2: Psychological</b></p> <ul style="list-style-type: none"> <li>• Sad</li> <li>• Frustrated</li> <li>• Angry</li> <li>• Psychologically draining</li> <li>• Tired/exhausted</li> <li>• Feels inferior</li> <li>• Punishment</li> <li>• Overworked</li> <li>• Intimidated</li> <li>• Embarrassed</li> <li>• Discouraged</li> <li>• Feel exploited, being used</li> </ul>	<p><b>Sub-theme 2.2: Educational institution</b></p> <ul style="list-style-type: none"> <li>• Transport to and from work</li> <li>• Limit costs of prescribed books</li> <li>• Meals and accommodation – nursing home dirty</li> <li>• Enough equipment for teaching and learning</li> <li>• Recreational area</li> <li>• Support – emotional and physical</li> <li>• Extend library hours so it can be used after work</li> </ul>

THEME 1: EXPERIENCES	THEME 2: RECOMMENDATIONS
<ul style="list-style-type: none"> <li>• Stressed</li> <li>• Have no voice</li> <li>• Scared to be expelled</li> <li>• Guilt when falling pregnant</li> <li>• Feel threatened</li> </ul>	
<p><b>Sub-theme 1.3: Expectations</b></p> <ul style="list-style-type: none"> <li>• From educational institution – academic achievements, working hours during weekends, night duty and holidays</li> <li>• From family – support financially, childcare, single parents, relationships with spouse</li> <li>• From practical settings – to help with workload, part of work force, work like permanent staff, clinical demands, work out of scope of practice, shortage of staff, patients' needs</li> </ul>	<p><b>Sub-theme 2.3: Practical setting</b></p> <ul style="list-style-type: none"> <li>• Give medical treatment where working</li> <li>• Treat as students, not as permanent staff – workload</li> </ul>
<p><b>Sub-theme 1.4: Effects</b></p> <ul style="list-style-type: none"> <li>• Drop-outs</li> <li>• Abortions</li> <li>• Stealing/theft</li> <li>• Injuries/risks/illnesses</li> <li>• Dating sugar daddies</li> <li>• Leave other jobs to come and study nursing because of passion/love for nursing</li> <li>• Not enough time for academic work/studying</li> <li>• Not best choice of academic institution, because receive bursary not at all institutions, therefore not always best place to study</li> </ul>	

THEME 1: EXPERIENCES	THEME 2: RECOMMENDATIONS
<ul style="list-style-type: none"> <li>• Relationships with family – spouse’s expectations as well as have to get money from family for financial support</li> <li>• Have debt</li> <li>• Have to change lifestyle</li> <li>• Extended studies, e.g. when falling pregnant</li> <li>• Risk of being sued, no legal covering</li> </ul>	
<p><b>Sub-theme 1.5: Positive</b></p> <ul style="list-style-type: none"> <li>• Have a job when finished</li> <li>• Sometimes rent lower because receive bursary, e.g. pay only half of rent</li> <li>• Educational expenses not so expensive compared to other study fields and institutions</li> <li>• Grateful to become a nurse</li> <li>• Motivation to work hard so not to lose bursary</li> </ul>	



Each theme with sub-themes identified will now be discussed.

### **3.4.1 Theme 1: Experiences**

As human beings we have a longing to feeling a “wow” experience that actually inspires human beings (Jooste & Kilpert, 2002:14). Healthcare settings and hospitals ought to make available environments for health care workers to be stimulating with regards to growth, development and motivation in their profession. Challenges emanating from experiences during the focus group interviews will be discussed under each sub-theme.

#### ***3.4.1.1 Socio- Economic (Sub-theme 1.1)***

Socio-economic experiences of nursing students were reported widely throughout the duration of the study. The trend seen in describing the experiences in the above was negative, as the descriptive comments indicated the burden and potential risks that were negatively impacting students whilst in training. Many students attributed and described how living costs, childcare and medical costs and expenses cause such financial strain and difficulties on them on a daily basis.

Students raised so much despair and dissatisfaction about the financial hardship in relation to meeting basic needs. Concerns were raised over the issues of survival based on the amount they were receiving from the bursary as well as the need for them to meet academic requirements. Factors that were raised included daily living expenses (food), accommodation costs, transport costs, costs of uniforms and the need for study material and textbooks. The following quotes therefore indicate the shared experiences that students have to deal with whilst on the bursary system.

- Living costs and expenses:

- *I have encountered a lot of difficulties with the fact that this bursary that they have given us. Ok, firstly with financial implications. [P11]*

- *...constant rise in the cost of living and with this bursary system, or this bursary that we are receiving, it is not sufficient enough to cater for all the needs, especially for a student. [P11]*
- *...financially, I can't afford, because I am renting here. I cannot afford to buy something to eat for me and I have to buy something to eat in my house. [P8]*
- *We work with hungry stomachs in the ward. [P1]*
- *... transport needs. For me it takes me two taxis, I take two taxis to get to my institution and two taxis to get back home. And with cost and the increase in the cost of transport fees, it is very difficult for me to manage in transport fees. [P11]*
- *... the cost of uniforms, the cost of accommodation, it's all forever increasing. [P11]*
- *People don't have textbooks and every time you in class they need textbooks, you go home you can't study. I have to seek help by borrowing the money or loaning me the money so that I can buy my textbooks and I can fulfill my educational needs. [P3]*

Hanson (2014:1) explained that in order to facilitate students to progress in the educational training that the physiological needs according to Maslow theory should be met. He attributed these to food, shelter, clothing and sleep. He placed emphasis on institutions even in the event of their having adult students to ensure that students have clothing, shelter and food. Furthermore he suggested that where difficulties arose and students were unable to attain physiological needs then those programmes are put in place in institutions which can ensure provision for the basic needs such as lunch or breakfast. Freitas and Leonard (2011:12) agreed that the faculties have a responsibility to assist students to meet their needs and further suggested that faculties should refer students according to their needs whether academic or physiological. It is almost impracticable to achieve the next need whilst unclothed, sleeping on the street and hungry (Hanson, 2014:1). Students in training according to Cuthbertson *et al.* (2004:380) can have many negative experiences while studying which can impact on their education and training. Failure to meet needs can negatively impact on the student and manifest through incapability of the student to cope with their education and training (Freitas & Leonard, 2011:12). As a result students who

cannot afford to buy textbooks have no chance to pass a subject (Wright & Maree, 2007:607). Resources should be adequate and available in order to encourage improving the status of nursing education and training, there should be better organisation and norms (SA, 2008:17).

From the discussion above the conclusion could be drawn that numerous students experience harsh financial difficulties accompanied by the responsibilities of living out of their home environment and yet still have the overwhelming obligation to meet basic needs, transport costs, accommodation, textbooks and purchasing of uniforms. The increasing financial demands have a negative impact on the student's ability to meet academic needs.

- Child care needs

The concept of childcare needs were raised by students who verbalized that students in training firstly were not very young and therefore had families and as a result the responsibility of caring for their children using this stipend.

Cuthbertson *et al.* (2004:374) found that mature young students also experience financial and childcare problems which could lead to further attrition as the students are unable to meet the needs of the family and the child. Their earlier studies conducted also indicated that there is an extreme burden on finance which further relates to students' difficulty in caring for their children. The study findings showed that childcare was rated the second highest by students in training as they were unable to meet childcare needs and household costs. To conclude the findings it is recommended that children needed to be with their parents as far as possible, this was seen to be a great advantage in also reducing stress levels that could be experienced by mothers due to being away from their children. The stressors of financial strain of housing and family commitments have a negative impact on the student (Cuthbertson *et al.*, 2004:380). Andrew *et al.* (2008:869) also claimed that mature students experienced difficulties due to the overwhelming responsibility they have in managing family and health finances. This was also a contributing factor to leaving the course.

Mature students in support of the above literature share the responsibilities, concerns and hardships that are aligned to when it comes to childcare needs and how this affects them and the need to make painful living adjustments in order to improve and/or meet the needs of their children's education, travelling costs, food and medical bills.

- *I am a single mom, my son has is going to be 5. I am actually considering sending my child away because I cannot afford to look after my child. I am actually thinking of sending my son to his grandparent's so that they can send him to school because I can't afford it. School fees are very expensive, he needs lunch things, he needs transport and I want to give him the kind of education that I feel he deserves. I cannot do that on the salary that I'm earning right now. It is a sad reality. People are looking down upon me and saying that I am being a bad mom and that I am abandoning my child but nobody knows what I am going through. [P8]*
- *When you have a small child, there are more expenses towards that. So if you don't get paid for six months, how are you going to survive? How are you going to like, cater for the child because it's a young baby. It's disposable nappies, they need milk, they need medical attention. [P12]*

The following conclusion can be made from the above: students feel undermined as they are unable to meet the needs of their children. Students have and bear an enormous amount of responsibilities which therefore demand improved financial benefits to be able to enhance the childcare needs.

- Medical

Regarding medical benefits, with so many epidemics facing our country such as Human Immune Deficiency Virus (HIV) and Tuberculosis (TB), students in training are faced with lack of medical cover and considerations towards being compensated in the event of sustaining injuries. Students are exposed to many illnesses, which means that they are at risk at all times of getting ill. To best understand the concept of medical benefits it is vital to take cognizance of the

recognition and status that accompanies the description, role and core function of a nurse.

The International Council of Nurses ([ICN], 2012:1) stated that four of the elementary responsibilities of nurses are to ensure promotion of health, prevention of illness, restoration of health and alleviating suffering. The healthcare system of South Africa is primarily nurse-based and requires nurses to have the competence and expertise to manage the country's burden of disease and to meet South Africa's healthcare needs which are exacerbated by South Africa's quadruple burden of disease (SA, 2012b:4). The above-mentioned is an indication that much recognition is given to what nurses are having to deal with on a day-to-day basis, yet they have to work without benefits. The Department of Health furthermore acknowledged that diseases such as Human Immune Deficiency Virus and Acquired Immune Deficiency Syndrome (HIV/AIDS), violent injuries, communicable and non-communicable diseases are commonly what the nurses are confronted with (SA, 2012b:4).

Direct health risks faced by health care workers include HIV/AIDS, hepatitis, communicable diseases such as tuberculosis and pneumonia (McCaughey, 2013:139). In the South African nursing strategy (SA, 2008:12) issues on the deteriorating quality of the work life of nurses and factors such as protection against injuries and diseases related to the work place environment were emphasized.

In the more recent national strategic plan for nurse education training and practice, the cabinet identified seven major challenges (see Table 3.3 below) that are greatly affecting the nursing profession. The table indicates that authorities are substantially aware of the presiding effects of lack of benefits. The concepts of compensation, benefits and conditions of employment were raised yet again and accompanied by recommendations that could see nurses benefiting more. Clearly stipulated is that nurses are entitled to appropriate compensation benefits (SA, 2012b:28) as the result of injuries sustained in the work place or suffering as result of illness acquired in the work place also contributes to poor perceptions of the work environment (McCaughey, 2013:138).

Nursing students do not all receive benefits and compensation such as medical cover as they are funded differently, with some being bursary students and they therefore do not have supernumerary status (DOH, 2012b:22). However, they are still fully relied on in their employment institutions (SA, 2012b:22) to fulfil the demands of a better life for all (SA, 2012b:4). The concerns facing nurse education training are highlighted in the following table from the National Strategic Plan for Nurse Education, Training and Practice. The table acknowledges that compensation benefits are a major challenge facing the healthcare sector.

**Table 3.3: The challenges facing the nursing profession**

	<b>Challenges facing the nursing profession</b>
I.	Nursing education and training;
II.	Resources in nursing;
III.	Professional ethos and ethics;
IV.	Governance, leadership, legislation and policy;
V.	Positive practice environments;
VI.	Compensation, benefits and conditions of employment; and
VII.	Nursing human resources for health.

Literature findings deduced from the above suggest that students are faced with many health risks and that this places a major burden on students who are thus unable to meet the demands of paying medical bills and also paying for private medical expenses as a result of sustaining injuries at work. The students quote the following challenges which support the literature that has been discussed above.

- *We are exposed to so much in the wards, and we are not covered for anything. We are just working and working and some of us end up dropping out of the course because we are just so sick, that we just cannot carry on with the course.*  
[P2]
- *... we are going to end up contracting diseases especially in the infectious diseases. We are working in those wards and we are not even eating properly.*

[P2]

- *... it very difficult in the ward when it's come to, when you get injured, you have to go and, you need to go to the outside hospital whereas the .... is the hospital because we are bursary students. Also we are not even covered on the medical aids, so we are really disadvantaged. [P1]*

It is therefore safe to conclude that students have exactly the same exposure in the clinical field which could affect their health status and result in subsequent work-related illnesses. The risk to the students therefore warrants consideration of the lack of medical benefits. Lastly the perception of the work environment is highly influenced by the support that students receive during injuries on duty (McCaughey, 2013:138).

- Maternity issues

Unfair treatment pertaining to maternity leave from the stipulated bursary guidelines was highlighted. The effect of having to miss six months due to falling pregnant was a major blow as this doesn't only leave the student without money but also with the burden of having to raise a newborn child without proper food. Seemingly students still have difficulty grasping why the previous system could accommodate maternity benefits whilst the new system takes away their stipend for a full six months. Maternity leave as stated in the R425 rule book KZNCN (2005:10) is considered an interruption of training and is exclusive of all benefits. Student nurses in the bursary system are not eligible for bursary stipends whilst on maternity leave according to the Human Resource Circular, (DOH, 2010:68) whereas within the system there remain students who have supernumerary status who have full maternity benefits of four months including full pay (DOH, 2011:55). Students disgruntledly stated:

- *...in the contract that we have signed, that if we fall pregnant, you have to drop out of six months of the course... in those six months you do not get paid. [P11]*
- *It is so unfair to be given unpaid maternity leave. [P14]*

- ... *It is very hard for you if you have a mouth to feed and not get paid. Because with the previous groups, before the bursary system was implemented, I think they were allowed to take maternity leave and get paid. And if you take maternity leave to be with your child, then you get nothing. And you can't feed the child.* [P6]

- Payment of overtime

The demands on and expectations of students are overwhelming as they are relied upon in the wards especially in fulfilling ward needs and coverage. Presently with the new bursary status students are not compensated for any form of overtime. However, they raised concerns that they received no form of compensation for overtime, yet are expected to work night duty, weekends and public holidays. They are in turn acknowledged by working overtime through having the worked hours paid back to them at the discretion of the ward sister. SA (2008:2) defines overtime as an amount of hours that have been worked in excess of the standard of the 40 hour work week. In addition to compensation benefits, Sundays and public holidays should be compensated at two times the employee's hourly salary (SA, 2008:3).

- *I only know that bursary students must work Monday to Friday and they must work certain hours like seven to four because we don't have overtime. We are not getting paid for overtime.* [P9]

- Register for South African Revenue Services (SARS)

Paying taxes is the duty of all citizens (Kirchler *et al.* 2008:210). Tax is defined as an obligatory payment to state profits levied by the government on workers' earnings (Oxford dictionary, 2014:1). According to Kirchler *et al.* (2008:210) citizens are obligated to do this duty and be submissive to tax rules regardless of motives. Moreover, Kircher *et al.* (2008:211) contend that it is the strict obligatory measures of states that ensure that citizens comply with taxes. The feeling about tax registration was unanimously voiced as stated below.



- *And then again, why were we forced to register for SARS if there is nothing that is happening behind? As a bursary student we were told we need to register for SARS. What is happening with SARS? What does SARS have to do with the bursary system? [P16].*

In conclusion it is clear that students lack understanding of the reasons involving their registration with SARS. It is therefore mandatory that guidelines are specified in order to prevent any misconceptions that could accompany the purpose of tax registration by bursary holders. Kircher *et al.* (2008:211) suggested that those establishments or authorities involved in tax measures aspire for precision procedures which will promote sympathetic management of tax payers. Overall, students have to cope with so much hardship of not having maternity benefits, medical aids, compensation for injuries and these are deemed very difficult for students to understand. The service delivery from the students is no different from those who are employed as permanent staff, yet they lack benefits. Students are therefore faced with the mandatory high costs of living.

#### **3.4.1.2 *Psychological (Sub-theme 1.2)***

Various concepts will be included and literature integrated to support the feelings and views shared during the discussion of the sub-theme above. This is to enable a richer and more comprehensive discussion of the psychological effects.

Students in training should feel that they are part of the working team as any form of discrimination will result in regret of having selected nursing as a career (Waters, 2005:21). Similarly Hamshire *et al.* (2012(b):185) agreed that negative experience during clinical placements could influence students to reflect on their career choice which could lead to discontinuation of their training programme. Students raised concerns over the issue of not feeling part of the team, they mentioned how they feel belittled and undermined during their allocated times in the ward. The resentment that they experience and have to withstand provokes a feeling of wanting to leave the course.

- *I mean you get this hatefulness from the trained sisters or the other staff nurses which I do not know where it comes from and then ... I mean ... I just don't know but then from my personal point, I've come to a point where I said, I want to resign. [P1]*

Furthermore the students raised concerns which arise from permanent staff attitudes: Attitudes of nursing staff have a major impact and influence on what students experience during clinical placement. Staff attitudes should be more accepting towards students (Brodie *et al.*, 2004:729). The manner in which students are treated can increase their confidence, which can turn things around for everyone. With the amount that is being spent to train nurses surely the aim should be to keep them (Waters, 2005:17). Levett-Jones *et al.* (2009:319) had students who said that unfriendliness, resentment and hostility of nursing staff resulted in uncomfortable feelings and made them feel uneasy.

- *... trained staff that will call you an idiot in front of other staff, other staff members. How does that work? What happened to the word call professionalism? Where did it disappear to? People who are, who are trained, they don't even want to share anything with you. [P8]*
- *Some of the trained staff actually makes us look like we are dumb [P8]*
- *And it's really heart sore because some of them tend to forget that they were also at that level, and it's like some of them thrive on making our lives difficult and enjoy making students look stupid...[P1]*

The encounters that students have to deal with in training are not only aligned to the attitudes from staff that leave them with feelings of stupidity and dumbness but also contributes to stress-related issues. The level of stress is accompanied by an inability to meet the pass mark that is specified. The students then have to drop out of a group for another six months which imposes on their financial situation. Rochford *et al.* (2009:602) define stress as a product of pressures that are experienced financially by students. Stress can have an impact on not just the nurse but on the entire workforce (Watson *et al.*, 2008:1535). There are

different sources of stress according to Ali and Naylor (2010:157). These can have a negative effect on the ability of students to maintain academic work. Nursing students often experience high levels of stress during training that may result in psychological or emotional impairment during their professional life, ultimately affecting the quality of patient care they provide (Shaban *et al.*, 2012:204). Being in the clinical area you need to be able to condition yourself in order to be able to survive the challenges (Crombie *et al.*, 2013:1284).

- *The stress, it's just, it's even messing up with my studies because you are so stressed out not having the money, not having the food, the right food to eat to be able to grasp all the things that I have learned in college. It is so difficult. [P4]*
- *...stressing and it really shifting our focus on our studies. It's really, hmmm... I don't know how to put this, but ja, it's distracting us in a way. We end up dropping out and if you drop out in six months you end up not getting paid, when you drop six months. No it's really..... It's really stressing and to work with people. [P3]*
- *I even failed A&P1 my exam. I was so stressful, I could not even concentrate and even right now, we are going to be writing exams, we are supposed to pass those exams, we write tests every Friday which are only for the DPs to enter into the exam. [P1]*

According to the student's experiences emotional and social well-being difficulties have an impact on their participation during training (Steele *et al.*, 2005:576). Horwitz and Pundit (2008:24) stated that job dissatisfaction among nurses contributes in two distinct ways to a reduction in the quality of patient care. Firstly, dissatisfied nurses with lower morale are more likely to leave, which leads to nurse shortages and increased nurse turnover. Moreover, the performance of nurses may be adversely affected in the presence of less motivation and job satisfaction.

- *It's really, uh, depressing I'd say, and its, it makes you lose focus because now you end up focusing on money and how much you're getting than really focusing on what*

*you came here to do. [P3]*

- *You find that there are so many patients that are complaining about the nurses' behaviour. They say that the nurses they treat them badly. How can you go to the ward without satisfaction.... You take your anger and the only person that you see is the patient. It puts the patients' lives at risk. [P16]*

Feelings of frustration, disappointment, and the feeling of being taken for granted was a common code across the data collection as many of the participants explained how they felt that they were let down completely by the stakeholders. Students appeared very distressed whenever they raised their feelings of frustration. The academic requirements considering the students workload inherently was perceived to be very threatening and this further caused anxiety.

Factors such as anxiety, health status, psychological stress and economic stability according to Freitas and Leonard (2011:9) have an impact on clinical and classroom performance. Hutchinson and Janiszewski (2012:19) also allude to this being a possible cause of diminished learning and thinking capacity among students. Warbah *et al.* (2007:600) stated that psychological distress, poor adjustment and coping skills could result in poor academic performance among students, which can further add to attrition. In support of the literature findings above, the students verbalised the following:

- *.... Very, very disappointed and frustrated when it comes to the bursary system. It makes us feel as if we are being taken for granted. [P10]*
- *I feel like I'm being exploited. Especially since what other people were getting before. Why can't I get, I am doing exactly the same as everyone but I'm not getting anything at all. [P4]*
- *.... we were being used just because we were, sort of a disadvantaged because we could not go to those tertiary institutions where you could afford to pay... Because each and every thing that you are trying to voice out, you feel as if you were going to be kicked out of this nursing profession. If you are trying to speak out in the wards, my colleagues have said, you are just not being listened. [P5]*

- *You are always threatened because of all the rules that are coming up the workload for us is too much. [P4]*

In drawing a conclusion it is evident that through shared experiences the demands from nursing students in training are high and could lead to numerous psychological effects on students during their studies which could subsequently lead to stress. Not being appreciated and the feelings of frustration, a threatening work environment, exploitation and being disappointed can be summed up as the psychological draining factors that impede students. Staffing attitudes also contribute to the student's psychological trauma. Lastly the conclusion drawn is that students suffer greatly completely and are adversely intimidated during their time of training as there are so many aspects that create barriers for them whilst they are in the bursary system.

#### **3.4.1.3 *Expectations (Sub-theme 1.3)***

Many students entering nursing have misconceptions regarding nursing as a profession as well as the depth of academic knowledge required and the responsibility of a nurse (Wright & Maree, 2007:597). Nursing students according to Hamshire *et al.* (2013:173) have expectations of their academic experiences which are based on the information they receive about the training programme or chosen profession. The expectations of students in this instance will be discussed from three different points of shared experiences.

##### **(a) Expectations from the educational institution**

Identification of factors that place student nurses at risk of academic failure is an important issue for nurse education to concentrate on. Ability to predict educational success will diminish the need to stem nursing shortages by recruiting and retaining greater numbers of students (Wharrad *et al.*, 2003:246). This indicates that the students feel overloaded and that placement does have an effect on their ability to complete assignments timeously. Cook (2009:66) in her

study to investigate sources of help that can be made available for nursing students commencing training, also finds that clinical placements are exhausting, especially when there is a demand for academic assignments to be completed at the same time. Therefore she suggests that there should be resources available to assist the students in training. Hamshire *et al.* (2012(a):2) agreed that students come into the profession with their own expectations to find that there are very high academic course expectations which result in astonishment, which in turn affects them during training.

Several students shared what they perceived to be the reasons why they fail to meet educational expectations:

- *...our campus where we study, the problem is that, we are also called bursaries, but we go to the wards from 7 to 7 some of the days, and then we are also supposed to study for college works, which makes me feel we are over loaded because we sometimes, not even sometimes, most of the times you cannot study if you go to the ward, you work hard, you stand from the morning until noon and then you are supposed to go back and study and that is the cause of failure to the bursary students. [P17]*

Another student nurse referred to the demands that came from the lecturers and the workload that they were expected to carry during clinical placement:

- *Tutors in the college, they also want their assignments, they want us to pass the test which mean they also give us loads of work. We study from the morning until four o'clock and then also it is also overloaded the students. You are given some assignments and you are given some tasks to perform in the wards like the assessments, so, we don't have time now, we tend to have no time to do the assessments and the assignments so that you can submit them in the due date. [P8]*

Apart from the pressure and exhaustion that students encountered, another demand stemmed from the study materials, which in this case were the prescribed books that were needed for each module respectively. The KZN CN rule book of R425 stipulates that in order for a student to be successful they need to achieve the 50% pass mark for both clinical and theoretical exams and assessments. The students have to work a certain number of clinical and theoretical hours to enable them to qualify as registered nurses (KZN CN, 2005:14). Students highlighted the needs that they have to be able to function in their theoretical capacity and challenges aligned to pressure of obtaining study materials. This is also congruent to other international research done by Ali and Naylor (2010:157) where students are required to meet the 50% pass mark or they have to repeat the exams six months later.

A learner expressed support of the above literature regarding what the pass mark in relation to the theoretical component is. Students expressed anger at the cost of obtaining the study materials such as textbooks. Lecturers are perceived to demand that students should also have textbooks. To indicate and also provide support for the above mentioned literature on how educational expectations further impact on the students, three students' views are quoted below.

- *When I am in college I am expected to like, pass the 50% mark with a lot of work, with assignments that we are having to do. [P5]*
- *...we've got to make sure that we've got all the books... I'm complaining about books too! And the tutors will make sure that we've got the latest edition. Tutors come in, they check the desk if you have the right book. [P5]*
- *...the pressure of having a latest edition is very hard. Borrowing from another group mate is very hard, but now you're tutor has to have the latest edition. [P5]*
- *...we don't get any textbook allowance, but at the same time, from second year, you are expected to have your Brunner with you. Brunner on its own, is R1000. So where are we supposed to get that money from to get Brunner... [P6]*

(b) Expectations from family

Brodie *et al.* (2004:728) mentioned that students needed to be given a balance between work demands and family life as student experiences have a major effect and impact on health delivery and thus the profession. Moreover, they emphasized that the age of student nurses that go into training is higher than that of other students. With so many raised concerns, Duffin and Waters (2005:15) added that students have family needs that must be met in order to succeed in training and be more effective at work.

Nursing students, specifically mature ones, have numerous roles to fill (Steele *et al.*, 2005:574) and therefore may have financial obligations that may not be experienced by ordinary university students (McCarey *et al.*, 2007:358). It is due to financial pressures and family responsibilities that they actually end up failing the course which can contribute to their leaving the course (Hamshire *et al.*, 2012(a):2).

- *I have to support my family, I have to buy groceries so it's really, really not enough. It makes me feel emotional. She is old and sick and she is dependent on me. And I can't do all that by myself. It is very difficult. [P11]*
- *In my family it is just me and my mom and we have to take care of about seven people. So with the little that have, with the little that I get from this bursary system, I can't afford to do that. [P12]*
- *Our families don't understand that we are students. Sometimes when we call them, or they call us we tell them that we are at work, which is true we are at work. So they expect us to look after them because no one can be at work for that long and not get paid. [P2]*
- *I am also a mother with two kids who are going to school. Because they know that, when they see me in that uniform, they think that I am a working person. So they expect me to do everything for them and I also have to buy groceries in the house. I also have to buy textbooks, uniform and everything. And I also have to take a taxi to come here. [P12]*
- *Students are married and their husbands expect them to fulfil and to expand on their families and with the fact that these students are not being paid, is totally unfair because the cost of living is very high. Students are unable to cater for the needs of being pregnant. [P11]*



Students bear the responsibilities of their families, including their own immediate and also extended families. It is evident that families' perceptions of the students is that that they have employee status, which means students have to meet the family demands. The R3000 that they receive as a monthly stipend is what they are expected to use in order to meet all the family needs. This is really quite difficult considering the burdens of the increasing cost of living.

(c) Expectations from practical settings

Brodie *et al.* (2004:729) raised concerns about students who cannot afford to continue working and were falling behind in their courses due to being overworked. Duffin and Waters (2005:14), stated that several might argue that studying nursing does not warrant any favours that are not extended to others studying at a university. However, the nature of the nurses' training is different to that of many other courses as they have to work extended hours, weekends and during holidays.

- *We are used as workforce in the wards but we are getting a fraction of what the other staff members are getting. [P10]*
- *We are forced to work, we are working full shifts, seven to seven like other workers. [P13]*
- *But... it makes me very angry at the same time because they are actually using us to basically do what they are employed to do, whereas we are still students but we are not treated as students, they treat us as employees but they don't give us the same money that the employees actually get. [P6]*

Some of the students were completely unimpressed with having to be called in to work on weekends in order to ensure ward coverage. A study conducted by Scholfield *et al.* (2009:136) found that nursing students were inevitably cited to be working the longest hours by far and yet are significantly more financially

disadvantaged than both medical and allied health students. Nurses work unsociable hours as that forms part of being in nursing practice and therefore need to receive benefits due to the workload they put in (Waters, 2005:14). Lewis (2009:1) finds that currently nurses are forced to work extended working hours totalling up to fourteen hours with shortened tea and lunch breaks as patients await medical consultation and assistance.

- *We are made to work night duties. In those night duties, we are not compensated, it is not counted for the hours that I needed and we are not paid for them. [P10]*
- *When they are maybe short staffed over the weekend, they will ask the student to come on the weekend and work on a Sunday. It is very unfair because at the end of the day we cannot even go and see our families most of the time. Because, personally, I have been working three weekends in a row where I'm working now and I haven't even gone home and I mean, home is not even that far. [P6]*

Apart from having to handle the long hours of duty and being used as ward coverage the following gaps in relation to the bursary system suggested that students are expected to adhere to what they perceive as unfair delegation from registered nurses for fear of being reported to management. Feelings of insecurity and pain are the outcome of what the nurse has to deal with. Students raised concerns about not receiving any form of compensation in the event of being injured whilst escorting a patient and also the lack of support in the event of a patient dying whilst under their care as they escort the patients. They also indicated that if they were left disabled that would mean the end of their career and still no compensation will be given to their families.

- *We are students and the sisters and the wards expect us to escort patients to other hospitals. [P6]*
- *... it's very bad because they insist you escort the patient or else phone the matrons and say that you are refusing to do your duties. And that's very bad and you feel insecure as a bursary holder and it's so painful. [P9]*

This therefore leads to confusion regarding the function and responsibility of who the personnel are that are running wards. There seemed to be a disturbing concern about whether students were there to run the wards or fulfil the status of students. Interestingly as well students questioned reasons regarding why more staff was not employed. Shortages that are experienced in the workplace can negatively influence the excellence of care that is required (SA, 2008:10). Nursing shortages, unsafe working conditions, unrealistic workloads and perceived unfair remuneration are some of the factors that affect performances of nurses and work life in South Africa. This negatively impacts on the quality of practical training and exposure of nurses and other health care professionals (SA, 2012b:24). Nurses in training frequently work with nursing auxiliaries or health care workers instead of professional nurses in order to develop competence in nursing (Chambers *et al.*, 2010:2). Below are quotes strongly supporting the expectations the practical settings have of students.

- *If you escort a patient and you get injured on the way, you get nothing. Your family gets nothing. Your career end if you can't work anymore, when you get disabled, who's going to, where, how are you going to get the qualification? Who's going to support your family? [P6]*
- *We are not covered for injuries on duty and unfortunately in our ward we had experience a student nurse who was strangled by a patient who had a head injury to such an extent that she couldn't turn her head. So they, after that she only got an injection and was told to go home and sleep it off. [P10]*
- *Is it us, who are running the hospital or is it the permanent staff? Why can't they employ more permanent staff if it is such an issue? [P6]*
- *As bursary students, we are treated as permanent staff members or employees of the hospitals where we are expected to perform duties and tasks that are like the employed staff would have. [P16]*

#### **3.4.1.4 Effects (Sub-theme 1.4)**

The above sub-theme revealed the effects on students' lifestyles as a result of a desire to live a better and more manageable life that is in line with all other members of staff. It therefore indicates the extent to which students are prepared to go to ensure that basic and academic needs are met. This discussion of findings contains new information based on students' shared experiences. In 2012, the Member of the Executive Council (MEC) for Health, Dr Sibongiseni Dlomo, launched the Sugar Daddy Campaign because of cross generational sex. The purpose of the campaign was focused on challenging consequences that could be the result of cross generational issues. The campaign was aimed at protecting loved ones from sugar daddies. Introduction of this campaign was envisioned to address young females targeted by sugar daddies (SA 2012a:1).

It is interesting to note the above considerations and developments. However, the effects of the bursary system could warrant a negative impact as students mentioned what the effects of the low bursary are. In support of the above literature the following effects of the low income are:

- *...a sugar daddy comes up, you will jump for it and some of us have actually jumped for sugar daddies. [P2]*
- *...find myself having Mr. Transport. Mr. Minister of health to make sure that I have money for medical aid to make sure that I can get to the doctor. Mr. of economics to be able to maintain every single thing that I need. That is what the latest cell phones, so minister of education too, to buy my textbooks. Is that fair? That the system is forcing us to do the wrong things? You find girls in parking lots dating sugar daddies because they have to support themselves. [P5]*
- *I have also been tempted to get myself a sugar daddy because you've got someone who is willing to provide. You are so broke, you will actually settle for anything. [P4]*

The above is the reality of the lifestyle that students have had to adapt themselves to in order to meet the cost of living and ensure that they are able to meet the

academic and clinical demands assigned to them during their period of training. The pressure of not having basic needs such as clothes and food was claimed to be why students found themselves doing unpleasant things. The findings indicate from the analysis that students were also exposed to the sugar daddies. Referring to the demographic data and specifically the age of the group that participated in the study, students are exposed to sugar daddies because they have difficulty to maintain their needs. The students therefore express how they have had to endure colossal amounts of pressure as there is an ominous need to meet the needs of daily living. They deduce that emanating from the pressure is the drive to partake in unacceptable activities. Cullinan (2012:1) in an article fighting “Sugar daddies” or “Raising sugar girls” shared the following story told by a Grade 11 pupil: The pupil was involved with a man 20 years older than she is, and because he provided the poverty stricken family with groceries and money she in turn felt the need to return the favour through sexual engagement. The student fell pregnant and will also bear the incurable Human Deficiency Virus (HIV) for the rest of her life. Cullinan (2012:1) suggested that the strategies from government should be based more on addressing or eradicating the poverty faced daily by the girls in order to prevent them exchanging their bodies for bread. In support of the literature the students stated:

- *And the pressures of clothes, foods. If you don't have meat in your room, oh, people look you down. Pushes us to do things that are not meant to be doing. I never thought that I will have boyfriend that will buy me a braai pack, buy me food. [P5]*
- *...doing certain things, finding girls in nursing homes kissing boys...dating even ENA's, GA's, to be able to maintain our lifestyles. It is not fair. [P5]*

In concluding the discussion of the sugar daddy campaign and its links to the bursary system, it is noteworthy that the sugar daddy campaign is aimed at the following accomplishments. To:

- create a taboo against cross-generational sex;
- promote healthy lifestyles;

- provide a language of opposition; and
- model and encourage appropriate behaviours for community members (SA, 2012a:1).

More attention needs to be paid to whether the bursary system will not also bring about further issues of students resorting to being assisted by sugar daddies, due to financial hardships caused by the inadequate bursary system.

Another effect emanating from being in the bursary system was that of students that are facing large amounts of debts and accumulation of debts. Students raised concerns about the many financial burdens, but emphasised the increasing burden on both the mother and child regarding the inability to meet the needs of their children during illnesses. In a recent survey on student funding conducted by Waters (2005:14) many of the answers arising from students indicated that money issues were most often raised. They claimed that due to this there was difficulty in arranging childcare, more so because of having to work shifts. There is also an overwhelming financial cost related to childcare facilities. Owing to this there was evidently no money for childcare, child minders or any childcare facilities, which thus meant that they needed to rely on family to assist.

During the survey a student shared his experiences on having to work three jobs in order to meet financial demands. He worked 70 hours per week. In addition to this he mentions how the demand of unmet debts actually led him to consider exiting the training (Waters, 2005:15).

Waters (2005:15) also mentions that relief from debt was also attained through applying for debt review from the citizen's bureau. Students emotively shared the effects of debts on them and their children and this supports the literature above.

- *... before coming to nursing and studying. The salary that you had and what you've earning now, is like a huge drop, and me on a personal level, I had to go under Admin... going under debt review? For the simple fact, the accounts that I had, I am so unable to pay for them right now, and it's a bit difficult at home. [P9]*

Furthermore:

- *I've got a two year old that's epileptic and she needs to have epilim levels done, has to have levels done, which is quite high and it is expensive. [P9]*
- *Last year I had an issue when my son cracked his head, August the 9<sup>th</sup>, and my son had to get two stitches done which I had to pay for out of my own pocket because I was not able to take him to the doctor. I'm a single mom. I can't afford to take him to the doctor. I had to get the stitches done and I had to get a family member, who had to pay for it, I had to pay for over term. [P8]*

With so many of the above already mentioned effects students raised regrets on having left their jobs for a career in nursing. The feeling was directed to considerations of leaving the course or dropping out. They really queried and weighed the cost aligned to having left jobs that had paid out benefits, medical aids and incentives. The restructuring of the student nursing training programme can negatively impact on the shortage of nursing staff and effect the sustainability of health services. This further influence the attrition rates of nurses in training as a result of financial implications (Wright & Maree, 2007:597). In an effort to have union's assistance in students funding negotiations, a conference held in Manchester informed union delegates that they were faced with high debts, forced to juggle jobs around their studies and have had some dropouts from the course because of low bursaries (Kendall-Raynor, 2008:6).

Therefore nursing students demanded that Unison put pressure on the government to improve bursaries and be more upfront about the impact of debt and attrition. Kendall-Raynor (2008:6) reported that a union representative in the Manchester Health conference indicated that 71% of health students are in the bursary system and are having to work additional hours to make ends meet, with 38% working more than an extra 16hrs a week, thus adding up to two full-time jobs a week. Students are unable to meet their academic demands contributing to the reason they leave.

- *...we are regretting, we even wishing to quit because we are not satisfied with the bursary system. [P14]*
- *Before I came here I was an employee. When I came here I thought I was going to get something better, but at the same time I regret myself. I even think to, to bring the resignation letter because I've got things to do, I'm a bread winner at home and my daughter is in DUT. [P6]*

Students are faced with the effects of failing to meet course requirements due to being overworked and unable to focus on studying. Seemingly students felt that there was an imbalance between the clinical area and the time they have to study and this is what actually effects their ability to pass. This is the reasons why they end up failing and having to drop out of a group.

- *Working a seven to seven makes it extremely difficult to go back into your room, wherever you are staying, and open up a book and study. You are tired, you are exhausted, your feet are hurting from twelve hours of work. So, most of us don't even touch a book when you are working a seven to seven. [P2]*

Moreover, students felt that tutors have indicated concerns about the failure rate but they are not considering that they work more than they study. Waters (2005:16) raised concerns about issues regarding students in the clinical area, students are on duty with people who are in charge, yet they work without supervision, are expected to do doctors rounds alone, bathe and change patients and even prepare and serve tea. A very low percentage indicated that they spend time on positive mentoring. The manner in which the student progresses during training according to Fleming and McKee (2005:233) depends on many factors: They have to adapt to being in clinical placements, getting to know staff and familiarizing themselves with the work environment (Hamshire *et al.*, 2012(a):6). This is the reason why they drop out of a group of which when they drop out they



do not get paid for six months yet the expectation is still for them as students to attend lectures and the clinical area. The students stated the following in support of the literature:

- *The tutors in the college, they are worried about the failure level, and you'll find that there is not even a single person who is willing to look at the serious problem which is the failure rate. Students are slaved. They work more, rather than study. [P16]*
- *It is kind of difficult because when you drop out of a group, you don't get paid. And then it is financially straining on your part especially where you have a background where you don't have anyone, or the parents are not going to support you. [P1]*

The stakeholder's failure to meet their responsibility to maintain openness and transparency is seen to be another contributory factor facing students in training and the reason why students end up making an uninformed choice to take on the nursing course. Students claimed that the effects of not having a transparent advertisement was misleading because they end up starting the course without proper directives and information. Students suffer as a result of this as some are leaving jobs and are therefore unable to go back to ask for their jobs when they discover the bursary amount. Many of the students made a shocking discovery of the amount of the stipend only once they had left their previous jobs. The Human Resource Circular (DOH, 2010:68) stipulates the stipend amount of R36 000 for the four year duration of study. Students therefore demanded that advertising should not be misleading and must be transparent like other departmental services on the amount that would be earned during training e.g. like correctional services. In support of the literature students stated:

- *And when we got here, the only time we found out the stipend was going to be R36 000 per annum, whereas we didn't know. And obviously you can't go back to your workplace, and be like, ok, I need my job back now. [P3]*
- *...it's like they fooled advertising, it's like, if they advertise for correctional services, they write the stipend you are going to get. They put it out there for people to see.*

*But then here, it is not written, why is that? [P6]*

Lifestyle effects on the bursary student does not only encroach on their means of survival but also on that of an unborn child. The inability to support the child due to a frozen stipend whilst on maternity leave has other students using other means to prevent hardships. An abortion is what students mention and attribute their feelings to this hopelessness. This burden also sees spousal relationships being affected as students expressed how some spouses can't understand why family obligations such as falling pregnant are not allowed. Students felt that this could be the cause of pregnant students not returning to complete their training. Students maintained that husbands end up not allowing students to continue coming to the course. The students raised concerns about having to be made to feel guilty of falling pregnant. In support of the above literature students stated:

- *..you've been told indirectly to have an abortion because that's the safest way, because you can't drop out for six months and lose a stipend. How you are you going to feed that child? [P3]*
- *Because sometimes it might happen that student is married, so she, she seems to be guilty by falling pregnant and it affects the relationship with his husband because now there are things that are supposed to be done because of learning. So sometimes you find the husbands do not allow the students to come to the course. [P19]*

Lastly, the effects of the bursary system on students is the failure of the system to provide allowances for uniforms. This has led to many students resorting to theft from others in order to be able to be appropriately attired for duty. Already the students find it extremely difficult with all their responsibilities to buy a sufficient number of uniforms. The commitment of theft is strictly against any form of the agreement and rules of KZNC on behaviour and conduct.

- *Students in the nurses home stole my uniform, I only had three uniforms, they stole*

*my uniforms, why, because most of us, we cannot afford to buy new uniforms so they had to steal from somebody else to have new uniforms. [P17]*

In conclusion, many effects are currently facing the students on this non-increasing stipend. The stipend is so low, and the discussed findings lead to the conclusion that some participants would have not considered coming to the course had they had proper information on the amount. It is important to note whether these experiences will not further discourage the interest of people to apply and pursue a qualification in nursing.

#### **3.4.1.5 Positive (Sub-theme 1.5)**

Apart from all the negative comments the students also expressed some positive attributes and appreciation for being in nurse training. This is included in the study as it indicates the strengths of what actually serves to be purposeful in and during their training. This also is seen as a means that students use in order to continue keeping a positive attitude amidst the challenges facing them during training. Students shared that some of their best and most rewarding moments in the clinical area were associated with patients' showing appreciation for all that the students did. Feelings of joy and being appreciated according to Crombie *et al.*, (2013:1286) actually makes students feel better about themselves. The manner in which the students are treated and received in the clinical area has a major impact on why they actually will stay in the profession (Crombie *et al.*, 2013:1286). Furthermore, students indicated that there are students who are motivated to stay in nursing for the love of the work they do. A student said that their determination to finish the course no matter what was based on the desire to work in critical care (Crombie *et al.*, 2013:1286). The passion and love for working with people was highlighted to be the key motivator to staying on the course. According to Haimedeh and Hamden-Mansour (2014:704) human beings, especially students, must acquire significant motivation in order to achieve their goals. The students in supporting the literature, shared the following on their rewarding and motivating experiences:

- *Best situations are in the wards with the patients where you will get someone who is grateful that you have done something good to them. [P1]*
- *Patients at the end of the day who makes us feel better about ourselves by saying thank you. [P1]*
- *Being a student in the bursary system motivates me to work even harder because you can lose your place. As soon as you came in, you can lose it. So uh, it motivates me to be more careful and study harder. [P16]*
- *But I love nursing, I love people, I love working with people. That's why I am here. [P3]*

Owing to other positive experiences students shared positively how reduction of the accommodation costs for student nurses in training enhanced the brief relief from the pressures that were previously experiencing from the amount of R900 that they were paying. The Human Resource Circular (DOH, 2013:44) states the new amount for single rooms and also for shared rooms currently to be paid by the students in training. This was also of great significance as the initiation was not timeously carried out and therefore students were backdated from the time the circular had been released.

- *...previously R900 used to be deducted from our salaries and now it is better. [P14]*
- *We are at the advantage, and at the mere fact that we actually, as students, have people fighting for us to get the rent down. We were paying rent, the same as people was who are on persal. [P5]*
- *... bursary students would now be deducted R450 only for housing residence. [P6]*

The opportunity given to students in studying was also established to ascertain that students would not be left without a job. Students expressed appreciation amidst the challenges that the resultant reward of endurance would be permanency. Collectively it is noted that student backgrounds are not the same, as some are from different and more fortunate backgrounds.

- *I am very grateful to the Department of Health for this opportunity to become a nurse. My life is good. I live still at home with my parents and so the money that I receive from government I can spend on textbooks only and transport. I don't have to cater for anybody else but myself. I'm managing and uh... [P17]*
- *We are grateful that we've got the bursary and that we've got the job, and you know if a couple of years' time, if you passed this course, you are going to have a stable job and a stable career. [P5]*

### **3.4.2 Theme 2: Recommendations**

Theme 2 identified was on recommendations that express students' feelings of what they initially observed to be a better option with regard to the bursary system. This is discussed with the hope that consideration of what the students see as possibilities of improving the bursary system will be acknowledged.

#### ***3.4.2.1 Bursary provider (Sub-theme 2.1)***

Recommendations were directed at the bursary provider firstly to improve the status of the bursary system and funding. Much reflection was placed on the present effects and difficulties accompanying the new bursary system. Subsequently many challenges, frustrations, dissatisfaction and feelings of regret for having chosen a nursing career were raised. Many of the feelings directed at the bursary provider is a good indication of why the call was made to have students' funding status re-evaluated. Concepts such as incentives, benefits and the persal system were the core issues that students listed in their suggestions for recommendations for future considerations. Supernumerary status will enable students to be self-supporting, especially as they need to juggle around family life, financial issues and also still meet the mortgage payments (Waters, 2005:15). In addition to this Waters (2005:17) during the Charter for Change campaign, called for the students to have their supernumerary status reinstated and their rights to their supernumerary status to be protected. This was acknowledged as many readers supported the notion that students should return to their old system of

getting a living wage. The Charter for Change campaign further called for bursaries to be stopped and supernumerary status to be reinstated to enable nurses to meet the cost of living (Waters, 2005:17). International findings expressed by Waters (2005:17) suggest furthermore that the bursary varies in England and Ireland which is also viewed as being unfair meaning that student's bursaries vary depending on the course being studied which could be a nursing diploma or degree. Brennan and Timmins (2012:748) highlighted the old dispensation of the student nurse tradition in which nursing as a profession was viewed with such prestige that student nurses were part of professional structure and thus an acknowledged work force. Previously nursing was the career of choice due to its image (SA, 2008:12). In supporting the above literature the students stated:

- Increase incentives

- *... it is fine we can start at R3000.00, but as you progress, maybe if you got to second year, they add maybe R1500, whatever, something to say you are doing well. [P15]*
- *"It would have been better, if maybe they increase the pay, maybe we would have been able to meet the ever increasing demands. [P12]*

- Give benefits

- *I do wish for the department to consider raising it and giving us the benefits because they are also benefiting from our labour. [P10]*
- *I would be very happy if the department would subsidize our accommodation and transports. [P13]*
- *So I think that that policy should be revised for females that fall pregnant while on this course. [P19]*
- *With the pregnancy issue as well, I believe there should be an option where, should you chose to drop out for six months or you are going to stay without a stipend. It shouldn't be two things in one because obviously it is not fair on the students. [P3]*

- Need persal system

- *I think the whole bursary system must be changed because the department they tried to change from the persal system to the bursary system, but failing to fulfill all the need of the bursary system. [P13]*
- *Bursaries give book allowance, they give food allowance, they pay for that place where the students stays, but in this one, everyone has been deducted from the R3000 and you have to buy the books and not one book. [P9]*

The conclusion that can be drawn from the above sub-theme is that the old system was more beneficial for students as it catered for meeting their needs through providing incentives. Seemingly it is still the preferred system over the newly introduced bursary system.

#### **3.4.2.2 Educational institution (Sub-theme 2.2)**

This sub-theme has its focus on what recommendations were made to the educational institution and includes the needs expressed for support for students and proper resources in training.

Community nursing colleges are habitually close to the teaching hospitals, therefore nursing students are often used as ward coverage as indicated by Ali and Naylor (2010:160), in order to combat the problem of staff shortages. Consequently, this reduces the amount of time students spend studying. Furthermore, they suggested that having a wide range of facilities and academic resources, can have an effect on students' academic performance. The availability of resources and facilities aligned to students' learning environment needs to be seriously looked into (Ali & Naylor, 2010:160). Freitas and Leonard (2011:12) also proposed early identification of risk factors which could be the cause of the student's lack of academic success as these can give direction to students in training. In addition to this, having the necessary resources and providing the relevant support services was seen to be the main factor that can

enhance student achievements. Their study also advises institutions and lecturers to be aware of issues that could prove detrimental to the students being able to meet their needs. Intercession and early detection by lecturers of untoward behaviours are crucial in facilitating student progression and retention whilst still in training. Provision of proper resources of students in training will encourage support access for students' needs, specifically resources that will assist their facilitation of learning. As a result students will be better equipped to achieve professional competence (Freitas & Leonard, 2011:12). In support of the literature above the students said in relation to proper resources and support for students:

- Proper resources

- *The place where we practice our practicals, there are less equipment so we end up doing things that we are not supposed to be doing due to shortage of material. So it would be good if they can plan us adequate place where you could get everything because we end learning things that are wrong. [P19]*

- Support for students

- *The hospital does not appoint inner staff to cover the wards. Like our group was sent to the wards last year because there was a shortage of staff and this year, currently we are called from theater, was sent to the wards that we are not working in, and then some of us, including me, have failed one of the assessments because I was unsure of the patient that I was going to be assessed. [P16]*
- *...we don't have the back-up of the college because you find that in the wards they are short of staff and they would take students from whichever group to cover that shortage of staff. [P18]*
- *I also feel that the college hasn't done much for us as students because you find that the library operates from seven to four, yet you are working in the ward from seven to four. Library closes at four and college leaves at four. If the library closes at four, when then are you going to have time to go do your homework, do*



*your assessment, the assignment and go study if the library closes at four? You also find that the library is closed at weekends. [P18]*

In conclusion students have a great need of mentoring and support from the college staff as well as the clinical area; therefore to ensure this the relevant resources should be available. Having proper resources and support enhances production of more skilled and capable trained students.

#### **3.4.2.3 Practical setting (Sub-theme 2.3)**

During the process interviews students felt that they spend more time in the practical area than at the college. According to the KZNCN curriculum the South African nursing council stipulates the number of hours that need to be trained in order to fulfil the level of qualification at the end of student nurses' training. Various clinical areas have a stipulated number of hours that needs to be completed, for example medical, surgical, theatre, casualty, paediatric units and outpatient units (KZNCN, 2004:6). This means that each area of exposure will expose the nurse to working experience which should develop an opportunity of correlation of theory to practice. This information therefore confirms the amount of time that students have to spend working in the clinical area and having to bear the good and the bad. Concerns about the challenges experienced were communicated widely with relative recommendations. Students' feelings were that the practical environment is very threatening and also takes away their acknowledgement as a student which leaves them feeling despondent. Not being salaried students is the reason why students demanded that they be made to function as fully fledged students and carry the full student identity and not that of an employee. Waters (2005:17) supports that fear of victimisation and staff threats discourage students to speak and raise concerns that affect them in the clinical area. Moreover, the analysis report indicated that students in training have no recognition in the ward and are obliged to accept anything in lieu of a fear of being threatened. This for the student meant that they are not recognised at all in the wards. Last and Fulbrook (2003:454) assert that a positive impression from

ward sisters of students would encourage acceptance to be filtered through the practical area. This was positively supported in their findings which indicated a 91% response from subjects that agreed that professional support has a major persuasion on student recognition and staff attitudes. Positive support of new recruits in the workplace and environment enhances retention in the profession and the job (SA, 2008:10). An international study by Levett-Jones *et al.*, (2009:317) focused on identification of related personage and interpersonal factors that affect feelings of belonging. They acknowledged that certain factors would allow students to experience a sense of belonging and contributed to the manner in which the students are received. Staff-student relationships were seen to have an influence on their sense of belonging in the practical area (Levett-Jones *et al.*, 2009:317).

- *...staff, they will take their tea time anytime they want to take it. They take longer, and with us, the bursary students, even if you are 5 minutes late, we are actually treated very badly and they tell us 'remember you are bursary students, if you are not back we will start an abscondment'. [P4]*
- *Some sisters have got attitude. They say I told you not to leave and then you leave the ward so I'm going to put this day as absent and then you will owe the hours and pay them back. [P9]*

In addition to the effects in the practical setting students find that they are not even recognized and have their identities stripped. This is supported by the findings of Crombie *et al.* (2013:1284) who had disgruntled students who mentioned that ward sisters take away their identity and sense of belonging in the manner in which they view and address the students. In support of the literature above the students expressed the following about not being recognized as students.

- *We are not even really recognized as staff members. [P10]*

In concluding the discussion above, staff attitudes are seemingly threatening and demanding with students expected to comply with the rules of the practical environment. The professional staff appears not to function to the extent of what they demand of the students. Consequently, being on student status, they are forced to function in this threatening environment.

### **3.5 SUMMARY**

The descriptive inquiry of student nurses' experiences of the bursary system will increase the awareness of the stakeholders responsible for introduction of this new funding system and thus also highlights the needs and gaps that negatively affect students. In this chapter the findings and discussions related to the students' experiences were addressed. The use of direct quotations of the participants enhanced the discussions and results. To ensure adequacy and confirmation of findings, literature was integrated from available documentation from departmental circulars, media reports, scientific published articles, journals and electronic databases in order to share knowledge obtained. The results of the study clearly signify the challenges experienced by the student nurses regarding the bursary system whilst in training in KZN.

The next chapter will deal with the conclusion, limitations and recommendations regarding promotion of an improved bursary system for the student nurses in training to enable them to meet both academic and lifestyle expectations.

## **CHAPTER 4**

### **EVALUATIONS, CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS OF THE STUDY**

#### **4.1 INTRODUCTION**

The researcher in this final chapter reflects on the findings, which are inspired by the shared experiences of the students regarding the bursary system in KZN. The focus of the study was merely to give a description on the student's experiences. This chapter includes the evaluation of the study, limitations of the study and recommendations for management, nursing education, and clinical practice for further research in this area.

#### **4.2 EVALUATION OF THE STUDY**

In this chapter a brief evaluation of each chapter is undertaken.

##### **4.2.1 Chapter 1**

Chapter one provided an overview of the study to ensure that the person who reads it has an understanding of the introduction, background and rationale of the study which leads to the explanation of the statement of the problem investigated in the study. In this study the overall aim was to provide a descriptive inquiry of the experiences of student nurses regarding the bursary system and provide recommendations to relevant stakeholders. This chapter also included the discussion of ethical standards and measures to ensure trustworthiness.

##### **4.2.2 Chapter 2**

An in-depth discussion of the research methodology is included. The study used a descriptive eclectic approach Botma *et al.* (2010:194) in order to provide a comprehensive summary of phenomena or events experienced by nurses in training in KZN who are currently in the bursary system. The research process

only consisted of a single phase of focus group interviews with the objective of using a single broad question to facilitate and encourage students to share their feelings and experiences openly.

#### **4.2.3 Chapter 3**

This entailed the discussion of the findings based on the objective to provide a descriptive inquiry of students' experiences whilst in the bursary system in KZN.

The study therefore aims at increasing an awareness to enhance understanding of what bursary nursing students experience through having listened to their own voices about what they have faced and endured and still are undoubtedly experiencing. The study therefore, having used international literature as integration of findings, effectively denotes that many problems are experienced as a result of having moved from a supernumerary to bursary status (SA, 2008:12). The study further suggests that possibly a lot of dissatisfaction that has arisen as a result of the bursary and students' possible experiences could further affect their attitude towards the profession, academic, clinical success and lastly patient care (SA, 2008:10). The study therefore, through its generalised findings, demonstrates that there are possible gaps in this new system caused by the lack of consideration of the lack of benefits, especially pertaining to injuries, medical cover and compensation.

Having described and listened to the students' views of the bursary system, this could be a starting point for research that could be done in future especially considering the proposed new move to higher education. The funding of this system and its effects, both negative and positive, could serve as an indication of possible gaps that could be addressed to reduce nurses' negativity towards the verbalised experiences. This could further enhance attraction for those interested in entering into the nursing profession and those who end up qualifying to stay in the profession.

### **4.3 CONCLUDING STATEMENTS**

The researcher, being a lecturer, agreed that the bursary system does have many areas of difficulty and could contribute to the negative experiences that have been shared. Following the discussion of events that have been significantly shared by students regarding the bursary system, the researcher deduced that many factors have a negative impact on students in many areas of their lives from basic needs, family demands, academic requirements, clinical work environment and workload. Thus this affects the students' ability to manage their training demands, because not all of the students can handle the pressure arising from all the demands on them as well as the effects of being on an unwavering stipend. A very minimal amount of students shared positively on the bursary system which therefore indicates that of the 54 participants in the study. It is obvious that not all students are managing and appreciative of the system. Student nurses engaged in the nurse training are not all young. Therefore more mature students are taking on nurse training Cuthbertson *et al.* (2004:373). Therefore there is a great need to ensure that the bursary system takes cognisance that their lifestyles warrant better living means as they have responsibilities.

### **4.4 LIMITATIONS OF THE STUDY**

- The choice of method was merely to provide a direct description of the phenomenon that students encountered during training, so the study findings are based on naturalistic inquiry (Botma *et al.*, 2010:194).
- The study was conducted at two nursing campuses in KZN which are affiliated to public hospitals for clinical practice, hence the study findings are limited to the public environment.
- The study at hand focused on providing a description of the experiences and did not actually compare the persal system to the bursary system. Therefore it does not provide any distinctive results with regard to the different effects of both systems. The study focuses only on the bursary system.
- The study also only included first-, second- and third-year students for this research. The fourth-year students who initially were the first group

introduced to the bursary system were omitted as they were not available due to being in the psychiatric module and away from the hospital. The study findings therefore can be limited only to the study setting at hand and to the participants particularly that have been used for this study.

- Both the nursing institutions' students were eager to participate and a group of 30 students were not interviewed as data saturation had already been reached.

## **4.5 RECOMMENDATIONS**

Recommendations for policy making, nursing practice, nursing research and nursing education are given below.

### **4.5.1 Recommendations for policy making**

- The current state of the bursary system should be reviewed as the present system cannot meet the needs of the students in respect of lifestyle, academic and clinical demands.
- The bursary system should include and be complemented by providing and meeting the full academic needs of students; therefore consideration should be given to enhance the funding.
- Consideration should be given to increase the amount of the stipend annually based on the progression of student nurses, and taking note of the rising demands economic costs that also affect the students.
- First-, second-, third- and fourth year students should receive different stipend amounts.
- Comparisons can be made with other international stakeholders with regard to the state of the bursary system and what influences it has had on the training of nursing students.
- The above is recommended as early identification of problems that could further be experienced in nurse education training can be minimised.
- The stakeholders and policymakers can also re-evaluate the aspect of nurses being able to make use of the clinic facilities (occupational therapy clinic) and casualty departments, not merely restrict this facility to trained

staff only, at the institutions in which they are training, to minimise students' lack of money to pay private doctors. Students therefore can be monitored closely whilst continuing training if health records are kept at the training institutions.

#### **4.5.2 Recommendations for nursing practice**

- Nursing institutions should ensure that potential candidates of student nurses to be trained undergo a meticulous selection process to attract suitable candidates to the profession. This will also combat the issue of students' inability to cope with the expectations of them both in the clinical and theoretical environment.
- Nursing institutions should ensure that student nurses are well orientated to the training demands that they will be entering into.
- There should be transparency during the advertisement of nurse training posts to ensure that students who show interest in nursing make an informed decision.
- In view of the study at hand better planning of availability of library facilities for textbooks and other academic needs must be well thought-out. Students should have accessibility like university students to the library facilities or clinical laboratories, therefore hours to be extended to enable students to utilise the facilities.
- In the nursing institutions where students are still being relied on as a workforce, permanent trained staff should be employed, to prevent students from being used as ward coverage, thus failing to meet expectations in the clinical environment.
- Due to students' feelings of lack of resources, materials and skilled clinical staff support, training and clinical education must be enhanced by clinical teaching taking place, followed by clinical supervision. Lecturers therefore must strengthen clinical teaching to promote and enhance a more competent trained nurse.



#### **4.5.3 Recommendations for nursing research**

- The purpose of the study was to generalise the findings and in turn to see if there are any similar experiences from international sources or findings that could indicate that the newly introduced bursary system could contain the same experiences.
- It is therefore recommended that since this could be one of the few new studies of the experiences of student nurses regarding the bursary system, that further research is done in order to investigate whether this has not contributed to further problems that are experienced in nurse education training such as declining status of nursing, attrition in nursing and the rate of absenteeism.
- Research can also be done to ascertain if this does have any effects on attracting new students into the career.

#### **4.5.4 Recommendations for nursing education**

- The Department of Health should review the present bursary system. If student nurses are to have full student status, they should receive proper funding and support during training.
- They should receive a monthly stipend which will serve as contribution for meeting their living costs (basic needs).
- Following this there should be an allocated tuition amount that will cover the textbooks, study materials and all academic needs of the student.
- Due to student nurses being exposed to the clinical area consideration should be given to compensate them for injuries, illnesses and incidents. Therefore provision for medical aid and indemnity insurance should be made.
- Uniforms should be issued, training institutions should accommodate students and not employed staff in the residence and transport to various clinical areas should be provided.
- Increasing the amount of the stipend each year should be considered, taking into cognisance the rate of inflation occurring in our country also.

The suggestion is that as the student nurse progresses into each year the stipend also should inevitably increase.

- Lastly in view of the lack of maternity benefits, exception should be made to students who fall pregnant during their training to receive a monthly stipend whilst on leave to ensure proper care of themselves and the baby.

#### **4.6 SUMMARY**

This chapter has described the findings and discussions of the study. The experiences and feelings of the participants are relayed. Having made use of focus group interviews and making use of the broad question, the researcher attempted to get the students to share freely their experiences pertaining to the bursary system. With the emerging themes it is evident that the effects on the student nurses are overwhelmingly negative as they raised very few positive experiences aligned to being part of the bursary. Much unhappiness and resentment was ascribed to being in the bursary system. Students directed their anger through some of the shared experiences towards the policymakers and the institutions in which they were doing both theoretical and clinical work. Much blame for academic failure and reasons for dropping out of a group was attributed to stress due to unfair working conditions related to financial burdens, lack of compensation for injuries, benefits and also attitudes of staff.

## REFERENCES

Ali, P.A. & Naylor, P.B. 2010. Association between academic and non-academic variables and academic success of diploma nursing students in Pakistan. *Nurse education today*, 30(2):157-162.

American Nurses Association (ANA). 2003. Nursing's social policy statement: The essence of the profession. 2<sup>nd</sup> ed. Washington, DC: Author.

**ANA** see American Nursing Association

Andrew, S., Salamonson, Y., Weaver, R., Smith, A., O'Reilly, R. & Taylor, C. 2008. Hate the course or hate to go: Semester differences in first year nursing attrition. *Nurse education today*, 28(7):865-872.

Botes, A.C. 1995. A model for research in nursing. Johannesburg: Rand Afrikaans University.

Botma, Y., Greeff, M., Mulaudzi, F.M. & Wright, S.C.D. 2010. Research in Health Sciences. 1st ed. Cape Town: Pearson.

Bowden, J. 2008. Why do students who consider leaving stay on their courses? *Nurse researcher*, 15(3):45-58.

Breier, M., Wildschut, A. & Mgqolozana, T. 2009. Nursing in a new era: The profession and education of nurses in South Africa. 1<sup>st</sup> ed. Cape Town: HSRC Press.

Brennan, D. & Timmins, F. 2012. Changing institutional identities of the student nurse. *Nurse education today*, 32(7):747-751.

Brink, H., Van der Walt, C. & Van Rensburg, G.H. 2012. Fundamentals of Research Methodology for Healthcare Professionals. 3<sup>rd</sup> ed. Cape Town: Juta.

Brodie, D.A., Andrews, G.J., Andrews, J.P., Thomas, G.P., Wong, J. & Rixon, L. 2004. Perceptions of nursing: confirmation, change and the student experience. *International journal of nursing studies*, 41(7):721-733.

Burns, N. & Grove, S.K. 2009. *The practise of Nursing Research: appraisal, synthesis, and generation of evidence*. 6<sup>th</sup> ed. St. Louis, Mo: Elsevier.

Chambers, D, Porock, D. & Aston, L. 2010. National Health funding for nursing education: Nursing's nemesis? *Nurse education today*, 30(1):1-3.

College Of The Redwoods (CR). 2010. Maslow's Hierarchy. [http://www.redwoods.edu/Departments/Distance/Tutorials/MaslowsHierarchy/maslow\\_print.html](http://www.redwoods.edu/Departments/Distance/Tutorials/MaslowsHierarchy/maslow_print.html). Date of access: 01 October 2014.

**CR** see College Of The Redwoods

Cook, K. 2009. Where to find support during your first year. *Nursing standard*, 30(24):66-67.

Creswell, J.W. 2009. *Research Design: Qualitative, quantitative, and mixed methods approaches*. 3<sup>rd</sup> ed. Los Angeles: Sage.

Crombie, A., Brindley, J., Harris, D., Marks-Maran, D. & Thompson, T.M. 2013. Factors that enhance rates of completion: What makes students stay? *Nurse education today*, 33(11):1282-1287.

Cullinan, K. 2012. Fighting sugar daddies or raising sugar girls. Health-e, 7 April. <http://www.health-e.org.za/>. Date of access: 11 July 2014.

Cuthbertson, P., Lauder, W., Steele, R., Cleary, S. & Bradshaw, J. 2004. A comparative study of the course-related family and financial problems of mature nursing students in Scotland and Australia. *Nurse education today*, 24(5):373-381.

De Vos, A.S., Strydom, H., Fouche, C.B. & Delport, C.S.L. 2005. *Research at grass roots for the social sciences and human service professions*. 3<sup>rd</sup> ed. Pretoria: Van Schaik.

Democratic Organisation of South Africa (DENOSA). 2012. *Media statement*. 23 July 2012.

**DENOSA** see Democratic Organisation of South Africa

**DOH** Department of Health **see** South Africa. Department of Health

Duffin, C. & Waters, A. 2005. We want a bursary that will make us live rather than exist. *Nursing standard*, 20(14)14-15.

Field, P.A. & Morse, J.M. 2002. Nursing Research: The application of qualitative approaches. 2<sup>nd</sup> ed. London: Croom Helm.

Fleming, S. & McKee, G. 2005. The mature student question. *Nurse education today*, 25(3):230-237.

Freitas, F.A. & Leonard, L.J. 2011. Maslow's hierarchy of needs and student academic success. *Teaching and learning in nursing*, 6(1):9-13.

Hamaideh, S.H. & Hamdan-Mansour, A.M. 2014. Psychological, cognitive, and personal variables that predict college and academic achievement among health sciences students. *Nurse education today*, 34(5):703-708.

Hamshire, C., Willgoss, T.G. & Wibberley, C. 2012(a). Should I stay or should I go? A study exploring why healthcare students consider leaving their programme. *Nurse education today*, 33(8):1-7.

Hamshire, C., Wilgoss, T.G. & Wibberley, C. 2012(b). The placement was probably a tipping point: The narratives of recently discontinued students. *Nurse education today*, 12(4):182-186.

Hamshire, C., Wilgoss, T.G. & Wibberley, C. 2013. What are reasonable expectations? Healthcare student perceptions for their programmes in North West of England. *Nurse education today*, 33(2):173-179.

Hanson, J. 2014. Maslow's Hierarchy applied to education programs. [http://www.ehow.com/how\\_7771899\\_maslows-hierarchy-needs-education.html](http://www.ehow.com/how_7771899_maslows-hierarchy-needs-education.html)  
Date of access: 11 July 2014.

Horwitz, F.M. & Pundit, P. 2008. Job satisfaction and retention of nurses in the South African labour market. *South African journal of labour relations*, 32(2):23-44.

Hutchinson, T.L. & Janiszewski, H. 2012. Nursing student anxiety as a context for teaching/learning. *Journal of holistic nursing*, 31(1):18-24.

International Council of Nurses (ICN). 2012. The International code of ethics for nurses. 3 Place Jean Marteau, 1201 Geneva. <http://www.icn.ch/about-icn/code-of-ethics-for-nurses>. Date of access: 6 June 2014.

**ICN** see International council of nurses

Jeffreys, M.R. 2007. Tracing students through program entry, progression, graduation, and licensure: Assessing undergraduate nursing student retention and success. *Nurse education today*, 27(5):406-419.

Jooste, K. & Kilpert, O. 2002. The role of management in promoting a motivational work setting for nurses: research. *Health SA Gesondheid*, 7(2):14-24.

Kendall-Raynor, P. 2008. Cash-strapped students press for improvements to bursary system. *Nursing standard*, 22(33):6.

Kimberley, M. 2012. Bursary bankrupts Eastern Cape Nurses. The Herald, 4 July. <http://www.peherald.com/news/article/7151>. Date of access: 18 February 2013.

Kirchler, E., Hoelzl, E. & Wahl, I. 2008. Enforced versus voluntary tax compliance: The “slippery slope” framework. *Journal of economic psychology*, 29(2):210-225.

Kosco, M. & Warren, N.A. 2000. Critical care nurses’ perceptions of family needs. *Critical care nursing quarterly*, 23(2):60-72.

Krefting, L. 1991. Rigor in qualitative research: the assessment of trustworthiness. *American journal of occupational therapy*, 45(3):214-222.

KwaZulu Natal College of Nursing (KZNCN). 2005. Learner information guide and rules: Course leading to registration as a Nurse (General, Community, Psychiatric) and Midwife.

**KZNCN** see KwaZulu Natal College of Nursing

Last, L. & Fulbrook, P. 2003. Why do student nurses leave? Suggestions from a Delphi study. *Nurse education today*, 23(6):449-458.

Levett-Jones, T., Lathlean, J., Higgins, I. & McMillan, M. 2009. Staff-student relationships and their impact on nursing students' belongingness and learning. *Journal of advanced nursing*, 65(2):316-324.

Lewis, E. 2009. Healthcare in crises – nurse. Cape Argus, 1 May. <http://www.allafrica.com/stories/200905041492.html>. Date of access: 24 April 2014.

Lincoln, Y.S. & Guba, E.G. 1985. Naturalistic inquiry. Beverly Hills, Calif.: Sage.

Malone, B., Robertson, G. 2006. The way ahead: What is in store for the nursing students of tomorrow? This is what the experts predict. *Nursing standard*, 20(27):26-28.

McCarey, M., Barr, T. & Rattray, J. 2007. Predictors of academic performance in a cohort of pre-registration nursing students. *Nurse education today*, 27(4):357-364.

McCaughey, D., DelliFraine, J.L., McGhan, G. & Bruning, N.S. 2013. The negative effects of workplace injury and illness on workplace safety climate perceptions and health care worker outcomes. *Safety science*, 51(1):138-147.

McLachan, M.E. 2010. Experiences influencing the academic performances of 1<sup>st</sup> year nursing students at Western Cape College of Nursing, South Africa, during 2008. Western Cape: University of the Western Cape. (Dissertation - PhD).

Montgomery, L.E., Tansey, E.A. & Roe, S.M. 2009. The characteristics and experiences of mature nursing students. *Nurse standard*, 23(20):35-40.

North West University (NWU). 2010. Manual for Post graduate studies. Potchefstroom: NWU, Potchefstroom Campus.

**NWU** see North-West University

Oxford dictionaries language matters. 2014. Tax. <http://www.oxforddictionaries.com/definition/english/tax>. Date of access: 15 August 2014.

Palese, A., Achil, I., Bulfone, T., Caporale, L., Comisso, I., Comrand, S., Fabus, S., Url, N., Zanini, A., Zuhani, S. & Bortoluzzi, G. 2012. Becoming a nurse in Italy: A multi-method study on expenditures by families and students. *Nurse education today*, 32(8):e55-e61.

Polit, D.F. & Beck, T.C. 2006. Essentials of nursing research: Methods, Appraisal and Utilization. 6<sup>th</sup> ed. Philadelphia: Lippincott.

Polit, D.F. & Beck, T.C. 2012. Nursing research, generating and assessing evidence for nursing practise. 9<sup>th</sup> ed. Walter Kluwer: Lippincott Williams and Wilkins.

Polit, D.F., Beck, C. & Hungler, B.P.C. 2006. Essentials of Nursing Research: Methods, Appraisal, and Utilization. 6<sup>th</sup> ed. Philadelphia: Lippincott.

Rochford, C., Connolly, M. & Drennan, J. 2009. Paid part-time employment and academic performance of undergraduate nursing students. *Nurse education today*, 29(6):601-606.

**SA** see South Africa

Scholfield, D., Keane, S., Fletcher, S., Shrestha, R. & Percival, R. 2009. Loss of income and levels of scholarship support for students on rural clinical placements: A survey of medical, nursing and allied health students. *Australian journal of rural health*, 17(3):134-140.

Shaban, I.A., Khater W.A. & Akhu-Zaheya, L.M. 2012. Undergraduate nursing students' stress sources and coping behaviours during their initial period of clinical training: A Jordanian perspective. *Nurse education in practice*, 12(4):204-209.

South Africa. 2007. Department of Health, Human resource circular no 37.

South Africa. 2008. Department of Health. National Nursing Strategy of South Africa. Western Cape.



South Africa. 2009(a). Fixed-term appointment as trainee nurse: 4 year Diploma in Nursing (General, Psychiatric and Community) and Midwifery – KwaZulu Natal College of Nursing.

South Africa. 2009/2010(b). Department of Health. National Nursing Strategy of South Africa: 2009/2010.

South Africa. 2010. Department of Health, Human resource circular no 68.

South Africa. 2011. Department of Health, human resource circular no 55.

South Africa. 2012(a). Department of Health. Anti-Sugar Daddy Campaign. <http://www.kznhealth.gov.za/sugardaddy.htm>. Date of access: 11 July 2014.

South Africa. 2012(b). Department of Health. The national strategic plan for nurse education, training and practice. 2012/2013-2016/2017.

South Africa. 2013. Department of Health, human resource circular no 44.

South Africa. Department of Health. 2004. Ethics in Health Research: Principles Structures and Processes. Pretoria.

Steele, R., Lauder, W., Caperchione, C. & Anastasi, J. 2005. An exploratory study of the concerns of mature access to nursing students and coping strategies used to manage these adverse experiences. *Nurse education today*, 25(7):573-581.

Torerai, E. 2012. Nursing students in the cold. The New Age, 10 September. [http://www.thenewage.co.za/nursesout in the cold/61721-1017-53](http://www.thenewage.co.za/nursesout%20in%20the%20cold/61721-1017-53). Date of access: 18 February 2014.

Warbah, L., Sathiyaseelam, M., VijayaKumar, C., Vasantharaj, B., Russell, S. & Jacob, K.S. 2007. Psychological distress, personality, and adjustment among nursing students. *Nurse education today*, 27(6):597-601.

Waters, A. 2005. Students sink deeper in debt. *Nursing standard*, 19(50):14-17.

Waters, A. 2005. Standing together. *Nursing standard*, 20(3):18-21

Watson, R., Deary, I., Thompson, D. & Li, G. 2008. A study of stress and burnout in nursing students in Hong Kong: A questionnaire survey. *International journal of nursing studies*, 45(10):1534-1542.

Wharrad, H.J., Chapple, M. & Price, N. 2003. Predictors of academic success in a Bachelor of Nursing course. *Nurse education today*, 23(4):246-254.

**WHO** see World Health Organisation

Wigston, D. 1995. Content analysis in communication research. (In Du Plooy, G. Introduction to communication research. Kenwyn: Juta.)

World Health Organisation (WHO). 1946. International Health Conference. Official records of the World Health Organisation, No 2, Pg. 100. New York.

Wright, S.C.D. & Maree, J.E. 2007. First year Baccalaureate nursing students: reasons for drop-out. *South African Journal of Higher Education*, 21(5):596-609.

## Addendum A: Ethical approval Certificate



NORTH-WEST UNIVERSITY  
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NOORDWES-UNIVERSITEIT

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**Ethics Committee**  
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Email [Ethics@nwu.ac.za](mailto:Ethics@nwu.ac.za)

2013/10/30

### ETHICS APPROVAL OF PROJECT

The North-West University Ethics Committee (NWU-EC) hereby approves your project as indicated below. This implies that the NWU-EC grants its permission that, provided the special conditions specified below are met and pending any other authorisation that may be necessary, the project may be initiated, using the ethics number below.

<b>Project title:</b>	"Experiences of student nurses regarding the bursary system in KwaZulu Natal"	
<b>Project Leader:</b>	Dr B Scrooby	<b>Student:</b> Mrs Eve. Precious Jacobs
<b>Ethics number:</b>	NWU - 00144 - 13 - A1 <small>Status: S = Submission; R = Re-Submission; P = Provisional Authorisation; A = Authorisation</small>	
<b>Approval date:</b>	2013/10/30	<b>Expiry date:</b> 2018/10/29

Special conditions of the approval (if any): None

#### General conditions:

While this ethics approval is subject to all declarations, undertakings and agreements incorporated and signed in the application form, please note the following:

- The project leader (principle investigator) must report in the prescribed format to the NWU-EC:
  - annually (or as otherwise requested) on the progress of the project,
  - without any delay in case of any adverse event (or any matter that interrupts sound ethical principles) during the course of the project.
- The approval applies strictly to the protocol as stipulated in the application form. Would any changes to the protocol be deemed necessary during the course of the project, the project leader must apply for approval of these changes at the NWU-EC. Would there be deviation from the project protocol without the necessary approval of such changes, the ethics approval is immediately and automatically forfeited.
- The date of approval indicates the first date that the project may be started. Would the project have to continue after the expiry date, a new application must be made to the NWU-EC and new approval received before or on the expiry date.
- In the interest of ethical responsibility the NWU-EC retains the right to:
  - request access to any information or data at any time during the course or after completion of the project;
  - withdraw or postpone approval if:
    - any unethical principles or practices of the project are revealed or suspected,
    - it becomes apparent that any relevant information was withheld from the NWU-EC or that information has been false or misrepresented,
    - the required annual report and reporting of adverse events was not done timely and accurately,
    - new institutional rules, national legislation or international conventions deem it necessary.

The Ethics Committee would like to remain at your service as scientist and researcher, and wishes you well with your project. Please do not hesitate to contact the Ethics Committee for any further enquiries or requests for assistance.

Yours sincerely

Prof Amanda Lourens  
(chair NWU Ethics Committee)

## Addendum B: Permission from Department of Health



health

Department:  
Health  
PROVINCE OF KWAZULU-NATAL

Health Research & Knowledge Management sub-component  
10 – 103 Natalia Building, 330 Langalibalele Street  
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Pietermaritzburg  
3200  
Tel.: 033 – 3953189  
Fax.: 033 – 394 3782  
Email.: [hrkm@kznhealth.gov.za](mailto:hrkm@kznhealth.gov.za)  
[www.kznhealth.gov.za](http://www.kznhealth.gov.za)

Reference : HRKM 020/14  
Enquiries : Mr X Xaba  
Tel : 033 – 395 2805

Dear Ms EP Jacobs

**Subject: Approval of a Research Proposal**

1. The research proposal titled '**Experiences of student nurses regarding the bursary system on KwaZulu Natal**' was reviewed by the KwaZulu-Natal Department of Health.

The proposal is hereby **approved** for research to be undertaken at Greys' Campus of the KZN Nursing College.

2. You are requested to take note of the following:
  - a. Make the necessary arrangement with the identified facility before commencing with your research project.
  - b. Provide an interim progress report and final report (electronic and hard copies) when your research is complete.
3. Your final report must be posted to **HEALTH RESEARCH AND KNOWLEDGE MANAGEMENT, 10-102, PRIVATE BAG X9051, PIETERMARITZBURG, 3200** and e-mail an electronic copy to [hrkm@kznhealth.gov.za](mailto:hrkm@kznhealth.gov.za)

For any additional information please contact Mr X. Xaba on 033-395 2805.

Yours Sincerely

**Dr E Lutge**

Chairperson, Health Research Committee

Date: 05/02/2014

uMnyango Wezempilo . Departement van Gesondheid

*Fighting Disease, Fighting Poverty, Giving Hope*

## Addendum C: Permission from KwaZulu Natal College of Nursing



health

Department:  
Health  
PROVINCE OF KWAZULU-NATAL

### KWAZULU- NATAL COLLEGE OF NURSING

P/Bag X9089, Pietermaritzburg, 3200  
Tel.: (033) 264 7800, Fax: (033) 394 7238  
e-mail: joan.makhathini@kznhealth.gov.za  
www.kznhealth.gov.za

Enquiries: Mrs. S. Maharaj  
Telephone: 033 – 264 7806  
Date: 29 January 2014

Principal Investigator: Mrs. Eve Precious Jacobs  
University of Northwest  
Ethics No: NWU-000144-13-A1

Dear Madam

RE: PERMISSION TO CONDUCT RESEARCH AT THE KZN COLLEGE OF NURSING

TITLE: EXPERIENCES OF STUDENTS REGARDING THE BURSARY SYSTEM IN  
KWAZULU-NATAL

I have the pleasure in informing you that permission has been granted to you as per the above request by the Acting Principal of the KZN College of Nursing.

Data Collection sites : Greys Campus

Please note the following:

1. Please ensure that you adhere to all policies, procedures, protocols and guidelines of the Department of Health with regards to this research.
2. This Research will only commence once this office has received confirmation of approval from the Provincial Health Research Committee in the KZN Department of Health.
3. Please ensure this office is informed before you commence your research.
4. Permission is therefore granted for you to conduct this research at all the KZN College of Nursing Campus(s)
5. The KwaZulu-Natal College and its NEI's will not provide any resources for this research.
6. You will be expected to provide feedback on your findings to the Acting Principal of the KwaZulu-Natal College of Nursing.

Thanking You

Ms JT Makhathini  
Acting Principal: KwaZulu-Natal College of Nursing

---

uMnyango Wezempilo. Departement van Gesondheid  
Fighting Diseases, Fighting Poverty, Giving Hope.

## Addendum D: Permission from Nursing Campus 1



health

Department:  
Health  
PROVINCE OF KWAZULU-NATAL

KWAZULU NATAL COLLEGE OF NURSING  
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Fax.: 033 897 3500  
Email: [esther.hlongwa@kznhealth.gov.za](mailto:esther.hlongwa@kznhealth.gov.za)  
[www.kznhealth.gov.za](http://www.kznhealth.gov.za)

06<sup>th</sup> January 2014

Mrs. E.P. Jacobs  
102 Springbok Flats  
Manor  
Pietermaritzburg  
3201

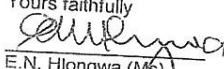
Dear Mrs. Jacobs

Re: Research Data collection for MCUR Studies

Please be advised that permission has been granted for you to commence your data collection at the above stated Campus

Thank you

Yours faithfully

  
E.N. Hlongwa (Ms)  
Campus Principal

uMnyango Wezempilo . Departement van Gesondheid

*Fighting Disease, Fighting Poverty, Giving Hope*

## Addendum E: Permission from Nursing Campus 2



health

Department:  
Health  
PROVINCE OF KWAZULU-NATAL

KWAZULU NATAL COLLEGE OF NURSING  
NURSING CAMPUS S 2013  
P.O. Box X 9099, Pietermaritzburg .3200  
29 Havelock Road, Pietermaritzburg .3201  
Tel.: 0333459477 Fax 033-3459477/0867735264  
Email: ntombizakhona.majola@kznhealth.gov.za  
www.kznhealth.gov.za

05 March 2014

Mrs. E.P. Jacobs

**RE-REQUEST TO CONDUCT RESEARCH AT:**

**NURSING CAMPUS**

Protocol: "Experience of Student Nurses regarding the Bursary System in KwaZulu-Natal."

Your Proposal received 19.02.14 refers.

We are pleased to inform you that the permission is granted provided:

- Confidentiality is maintained at all times
- Your research does not interfere with smooth running of the Campus
- Proper consent is obtained from the participants

Thank you

Yours sincerely

Dr N.V. Mkhize  
(Chairperson Research committee)

Mrs N.C. Majola  
(Campus principal)

05/03/2014

5/3/2014

uMnyango Wezemipilo . Departement van Gesondheid

*Fighting Disease, Fighting Poverty, Giving Hope*

## Addendum F: Example of a consent form



Private Bag X6001, Potchefstroom  
South Africa 2520

Tel: 018 299-1111/2222  
Web: <http://www.nwu.ac.za>

111  
Tel: 0182991833  
Fax: 0182991827  
Email: [Belinda.Scrooby@nwu.ac.za](mailto:Belinda.Scrooby@nwu.ac.za)

31 January 2014

Dear Participant

### Informed consent

#### Informed consent form

##### Research title:

Experiences of student nurses regarding the bursary system in Kwa Zulu Natal

##### The researcher:

I have given the participant the relevant information on this research project and according to my opinion, the participant understands the benefits, obligations and risks involved.

Researcher Mrs Eve Precious Jacobs

Date \_\_\_\_\_

##### The participant:

I, the undersigned, give voluntary consent to participate in the above mentioned research project by participating in a captured interview with the researcher. I am aware of the benefits, obligations and risks involved in this project. My participation is voluntary and I am aware that I may refuse to participate or withdraw from the project at any stage without any penalty.

Participant \_\_\_\_\_

Date \_\_\_\_\_

Yours sincerely

Eve Jacobs

Original details: Eve Jacobs(111) C:\Users\12335746\Desktop\Navorsing\Proposals en artikels M-studente 2013\Eve\Unformed consent.docm  
31 January 2014



## **Addendum G: Example of focus group interview**

### **Interview 3**

Interviewer: "This is my third interview. I'm interviewing students one, participant one to participant nine. Uhm... Once again my study is based on, or in fact my research title is the Experience of Student Nurses regarding the bursary system in KwaZulu Natal and then obviously to commence this interview, I'm going to start off by asking them the question, what are your experiences as a student nurse regarding the bursary system?"

Participant 1: "In my experiences I cannot say that they are all bad, but they are not good as well. So, uhm, I'm going to start with the money that we are getting. I think it is too little and we are expected to have like, uhm, a nutritional diet when we are working in the wards. We are expected to buy prescribed books. Pay for the rent in where we are staying. And in all of that, the illness that we are exposed in, in the wards, I can say that it is much difficult for the bursary students because we are not even covered by the hospitals and it is very sad that we are the only ones in the hospital because all of the other employees are covered. So, we are just expected to, I don't know, leave and do the best in the wards, work the longest shifts and nothings done about it. Even if we are complaining. I don't know if anyone wants to ....."

Participant 2: "I strictly agree with participant 1 based on the income that we getting, it does not cover all our costs and yes, we have worked the exact same shifts as the permanent staff where I have found that it is not fair for us as students. It's really not healthy for us there. We are exposed to so much in the wards, and we are not covered for anything. We are just working and working and some of us end up dropping out of the course because we are just so sick, that we cannot carry on with the course."

Participant 3: "Yes, I totally agree as well with participant 1 and 2, because 3000 really is nothing when we have to buy ourselves a uniform, that's the first thing. Uniforms are expensive as it is and our books as well are very expensive. There

is one that I haven't bought which is R1200.00 and for this, the money that I am getting, it's really, uhm... , it's really not enough and also, I have a family and my mom is not ... is unemployed. I am the breadwinner at home, I'd say, I am a breadwinner and being a breadwinner and having so little money to, to ... that I'm getting, but I love nursing, I love people, I love working with people. That's why I am here, but the money that I am getting, I am really not happy about and ... I just feel that it's unfair to most of us, to all of us actually."

Participant 4: "I agree with what 1, 2 and 3 has said so far especially on the part what participant 3 has mentioned about being a sole breadwinner in the home. It may not be exactly the same for all of us, but it is a problem with most, providing at home. The money is not enough. Not even close. Because most of us have children, we've got school fees to pay, we've got ourselves to maintain, books to buy, uniforms to buy, uniforms gets worn out. They don't fit; we have to buy new uniform. So ja, it becomes a problem, the money issue."

Interviewer: "Ok, just looking at what participant number 1, 2, 3 and 4, I just want to get, uh, fact clarity. Uhm, what I have heard, and I obviously just need you all too just say yes or no. Ok, basically we have all agreed with regards to the fact that you are not getting enough money. It's very little. Now at the same time you obviously have got expectations, in fact you do have expectations that you have got to meet, for example, I've got to buy books, I've got to pay rent. You've also exposed to a lot of illnesses in the wards. Right, and as participant number 1 has also said that I am not covered in the hospital and it is very sad, right, because everybody else is covered. Then I see that you also mention the fact that you are also breadwinners at home and as a result it is very difficult to be able to support the family. So is that what you are all saying? I don't want to obviously change or twist words."

All participants: "Yes, that's correct."

Interviewer: "Ok, just so that you have shared, I'm not sure if one of you, from those who have shared, would like to actually just share how this actually makes you feel. You say that you have little money, you say that it is obviously very, very

difficult to cope with this money, like participant number 3, sorry, ja, participant number 3 has said that you have got to buy a book that is outstanding of R1200, right, because you don't have that amount of money. How does it make you feel as a student?"

Participant 3: "It's really, uh, depressing I'd say, and its, it makes you lose focus because now you end up focusing on money and how much you're getting than really focusing on what you came here to do. Because now, you know that, if you don't have, like we don't have this book now, and uhm ... almost all of us don't have this book. Because it's expensive but we all need the book because the notes that we are getting are not enough so that's stressing and it really shifting our focus on our studies. It's really, hmmm... I don't know how to put this, but ja, its distracting us in a way. We end up dropping and if you drop out in six months you end up not getting paid, when you drop six months. No it's really..... It's really stressing and to work with people, you need to be focused and you need to be full."

Participant 1: "We work with hungry stomachs in the wards. And I mean ... everyone knows that hunger makes you angry. And then in the wards, it's like, I don't know, it's very frustrating because you get some people like all of the wards, it's only the students who would be working, it's only the students who would be busy and the sister would be just like spending their money in the duty rooms buying KFC's and looking at us as if we are stupid. We are going around with bed pans. We are going to them and asking them for things that ... some of the things we haven't learned and we don't know. I'm still busy, but you are busy doing nothing and comes December, we have no money, well get that R3000 may be on the 20<sup>th</sup> and they will be spending their bonuses. Holidays we are the ones who's working. Every time we are the ones who's working. You are tired, you have to pass at school and you have to just take everything as if you just spunch. I don't know how to put it but it is very frustrating. "

Interviewer: "Ok, I just want to get more clarity. You know you mentioned that hunger makes you angry. Ok, so, I just want you to clarify with regards to what you mean when you say hunger makes you angry."

Participant 1: "I mean, when you are hungry, you cannot focus, number 1. And number 2, when you are hungry, you are being exposed to more illnesses because your immunity is quite low. And they always say that breakfast is the most important meal of the day. You can't even eat breakfast, but breakfast if you eat, its porridge. There's no money, the stockings, the beds in the wards, they are worn out. Your stockings will be caught there every day, and how much is a stocking? It's R22. I meant that on its own, it's very expensive."

Participant 7: "My view of this bursary thing is that, I think there is a total expectation of students. I think both, in uh, I mean, both in maybe academically or in the work place, yet we are suppose to be professionals. I believe that you are working many hours. If maybe we are working minimum hours, we could maybe have a job elsewhere, but we are expected to work same hours like the professional nurse do. So that makes us ... and we are suppose to excel in the studies that we are doing and we don't have the books. So my point and my view on this thing, I think it's really a human orientation, on my own side I think. That's my view."

Participant 8: "I totally agree with that, because I come from a previous job. So in my previous job, I had a medical aid, I had a provident fund, if I worked on a public holiday I got paid for it. So now that I have left all of that and I have come into a system where I don't have all of that, it's a problem. Last year I had a an issue when my son cracked his head, August the 9<sup>th</sup>, and my son had to get two stitches done which I had to pay for out of my own pocket because I was not able to take him to the doctor. I'm a single mom. I can't afford to take him to the doctor. I had to get the stitches done and I had to get a family member, who had to pay for it, I had to pay for over terms which is actually ridiculous because I work at a hospital but this being a tertiary institution, I am not allowed to bring my child here. So I am at a loss so I had to pay for that out of my own pocket. I totally agree with the other participants about the R3000 because I like I explained, I am a single mom, my son has is going to be 5. I am actually considering sending my child away because I cannot afford to look after my child. I am actually thinking of sending my son to his grandparent's so that they can send him to school because I can't afford it. School fees are very expensive, he needs lunch things, he needs

transport and I want to give him the kind of education that I feel he deserves. I cannot do that on the salary that I'm earning right now. It is a sad reality. People are looking down upon me and saying that I am being a bad mom and that I am abandoning my child but nobody knows what I am going through. If though I am receiving maintenance, I am not denying that, but the maintenance is not enough for me. The fact that I have to send my child so far away is heart breaking. Nobody knows what I am going through. And I am very grateful for this job because I know there a millions of people out there who don't have this job. But the point is ... when people started nursing, they were all given much more benefits. So now my question is, why were those benefits taken away from us? Because when people starting nursing before, even though they had a little bit of money, their money increased every year. They were on a medical aid, they had a provident fund, they had all those things. So, with us now, we had a disadvantage. Not all of us here are 19 year olds or 20 year olds. I'm not 19. I've got a 5 year old child. And not all of us started nursing at such a young age. So for many of us, this is a huge issue. Money is not the only issue. I'm talking about medical aid; I'm talking about a provident fund, because this bothers me. By the time I retire, will I have enough because I have already lost out on 5 years of my life."

Participant 5: "Because we are grateful that we've got the bursary and that we've got the job, and you know in a couple of years' time, if you passed this course, you are going to have a stable job and a stable career, but at the end of the day, as participant 7 said, we ... it is exploitation, because we are working the same hours as permanent staff is working first of all. We are exposed to diseases and yet we are not covered by any medical aids or anything. I had a personal experience where I had... I had a wound on my finger and because I was in the ward it got septic. I had to now go personally and fix this wound and covered it and I had to go and see a doctor privately also. And it's very costly to, now you're sick and you need to come back into the hospital because you need to feel guilty for not making the hours, you feel guilty. If you are sick, you first need to contemplate in the morning whether this will look bad. I am a bursary student. You need to feel guilty about being ill. And another thing, the finances, already we need to pay for the arrears, we need to buy groceries, we need to ... we have

kids at home, most of us, most of us have kids at home. We pay school fees, we do all sorts of things, yet you are expected to perform. You need to perform to your best like each and every time and it needs to be above average and the expectations are that, because you are a student you need to work harder. And as the years go by, you need to be competent in most things. So we end up working more than the permanent staff in the wards. We end up working..... maybe even if we don't even know how to do things, we get told something in a day you already know how to give medication or whatever. And sometimes we even work out of our scope of practice because you are in first year and you probably already, or you gave an injection the first time you went to the wards because while you are supervised by a sister, so this is what you must do and this is what she expected you to do."

Participant 9: "Following through from participant 8 who said that she was also previously employed before coming to nursing and studying. The salary that you had and what you've got now, is like a huge drop, and me on a personal level, I had to go under Admin. I don't know if you guys know what that means, going under debt review? For the simple fact, the accounts that I had, I am so unable to pay for them right now, and it's a bit difficult at home. I've got a two year old that's epileptic and she has to have levels done, which is quite high and it is expensive."

Interviewer: "Ok, I just want us to take a brief moment and let me just ... hmmm ... acknowledge the fact that I know we are obviously speaking on a very sensitive subject and obviously I can see that it's bringing out a lot of emotions, I see this afternoon a lot of tears. Ok, so, hmmm... let's just take few moments to obviously gather our thoughts and pull ourselves together and please, even at this stage, if you feel that it's becoming a bit too emotional and very difficult for you all, then, hmmm... please inform me. Ok?"

Participant 8: "Yeah, it's a bit difficult to what I earned and now especially on the home front because my salary is really not enough to maintain a family. A child is high maintenance besides having their minor illness at home, they are quite high maintenance. So, ja, the salary is a big issue."

Participant 6: “Ja, I totally agree with participant 8 and 9. Before I came here I was an employee. When I came here I thought I was going to get something better, but at the same time I regret myself. I think to, to bring the resignation letter because I’ve got things to do, I’m a bread winner at home and my daughter is in DET’s. I can’t afford to really about the ... uh.... the money that I get here. I’m a single parent, so I’m getting frustrated. It’s too much. That’s all I can say.”

Participant 8: “I think what frustrates us even more is the fact that, like participant 1 said, we tend to do most of the work in the wards and we don’t even get an acknowledgement. We don’t even get a thank you when leave there. We understand that we are students and we are here to learn, we are not disputing that, but the issue at hand here, for us to get a thank you is very difficult to get from the training staff. Some of the training staff actually makes us look like we are dumb. Make us look like we, you know, I don’t even know what word I can use. And it’s really heart sore because some of them tend to forget that they were also at that level, and it’s like some of them thrive on making our lives difficult and they enjoy making students look stupid and they have no problem with shouting at students in front of patients, in front of doctors, they have no issues with that. So my question is that if they also did the same course as we did, they were taught how to become professionals, so why are they not following that professionalism? Have they forgotten it over time or what has happened? You know, because some of us have so many social issues that we have to deal with, and we tend to try to leave it at home, and when we come here, if feel that, when you put on the uniform, you put on a whole new personality. So when you come here, you want to put on a smile, you want to be happy because you know that you will be working with people and you want to do your best at being there for people. You don’t want to bring your issues from home even though you know you don’t have food to eat, or your kid is sick. You’ve got too much going on in your mind but you think, you know what, I can’t think of that right now, I am here for this patient, so let me put my best forward and then you get this trained staff that will call you an idiot in front of other staff other staff members. How does that work? What happened to the word call professionalism? Where did it disappear to?”

Participant 1: "And as participant 8 was saying, I mean it is very stress full, you are here, you wanting to learn and then people who are, who are trained, they don't even want to share anything with you. They would refuse. Some of them will even act as if they hate you, that you are there. I mean you get this hatefulness from the trained sisters or the other staff nurses which I do not know where it comes from and then ... I mean ... I just don't know but then from my personal point, I've come to a point where I said, I want to resign. Most of the sisters, people are not the same. Some do help you and some would just look down on you. And from my colleagues, from my group mates, they were saying, no you cannot resign, we have started this, we can do it, but then, if they are saying, or giving you that encouragement, you can see even it them, they want off, they want to go off from here, but if we go from here, where are you going to go? I mean its, for the love of people. I've also got the love for people, and it's actually, I think, the best situations is in the wards with the patients where you will get someone who is grateful that you have done something good to them. Maybe you've made them feel better, you've talked to them. They are sick, they are lying in bed. No one is taking care of them but you and you get patients, because patients will look and say you are always working, you students are always working, how much do you get paid and you are even ashamed to say how much you get paid. How can you tell them you are getting paid R3000? And from that R3000 you have to take care of yourself, your family, buy the books and everything. I mean, I think it is the patients at the end of the day who makes us feel better about ourselves by saying thank you. I mean, you are so sweet, you are so caring, you are so loving. It is those kinds of things that we need even from the sisters to just carry on with this course. I even felt stressful in my exam. I was so stressful, I could not even concentrate and even right now, we are going to be writing exams, we are supposed to pass those exams, we write tests every Friday which are only for the deepest, they are not even counted. You go into the exam room with zero. And yet you already have had sleepless nights, learning and studying to pass. I mean, what is that, at least 25%, I've had 44, I had 44 for my NP1. If maybe 25% was taken from the NP1 tests, I would have passed. I would have, but ...."



Participant 5: "Firstly, I think there is a dislike for the four year course students in the wards. I'm not sure why but because we are four year course students, we are not liked and we are given a lot of work to do because you are expected, you are going to be a sister one day so you must just work. And I think we cope, how we try to cope, personally, I need to every single morning I need to wake a few minutes early, I need to pray, I need to condition my heart and what I'm going to take into my heart today because by the end of the day you are so tired, you want to cry by one o'clock, your feet are sore. Not many people can afford Green Cross shoes. So the way we try to cope, you just speak amongst the group, and you just vent and some of us will cry, and we pray and you just tell yourself, ok, I just need to finish this course and it's going to be ok. But this ill treating the four year course student, I don't know what it is about and I really don't understand. I really don't understand."

Interviewer: "Ok, that completes our data collection process and I would just like to take time to thank everybody for having come and obviously voluntarily participating in this interview. Thank you very much."

## Addendum H: Example of Fieldnotes

Eve Precious Jacobs

Student no: 20800878

Title: Experiences of student nurse regarding the bursary system in KwaZulu Natal

Field notes

Student 1: Participant 1-9 (Campus A)

Interview 3

Interviewer: "This is my third interview. I'm interviewing students one, participant one to participant nine. Uhm... Once again my study is based on, or in fact my research title is the Experience of Student Nurses regarding the bursary system in KwaZulu Natal and then obviously to commence this interview, I'm going to start off by asking them the question, what are your experiences as a student nurse regarding the bursary system?"

Participant 1: "oh ah uhm...In my experiences I cannot say that they are all bad, but they are not good as well. So, uhm, I'm going to start with the money that we are getting. I think it is too little and we are expected to have like, uhm, a nutritional diet when we are working in the wards. We are expected to buy prescribed books. Pay for the rent in where we are staying. And in all of that, the illness that we are exposed in, in the wards, I can say that it is much difficult for the bursary students because we are not even covered by the hospitals and it is very sad that we are the only ones in the hospital because all of the other employees are covered. So, we are just expected to, I don't know, live and do as we have to and be the best in the wards, work the longest shifts and nothings done about it. Even if we are complaining. I don't know if anyone wants to ....."

**(Silence.. silence.. silence)**

Participant 2: "I strictly agree with participant 1 based on the income that we getting, it does not cover all our costs and yes, we have to work the exact same shifts as the permanent staff where I have found that it is not fair for us as students. It's really not healthy for us to work there. We are exposed to so much

in the wards, and we are not covered for anything. We are just working and working and some of us end up dropping out of the course because we are just so sick, that we just cannot carry on with the course.”

Participant 3: “Yes, I totally agree as well with participant 1 and 2, because 3000 really is nothing when we have to buy ourselves a uniform, that’s the first thing. Uniforms are expensive as it is and our books as well are very expensive. There is one that I haven’t bought which is R1200.00 and for this, the money that I am getting, it’s really, uhm... , it’s really not enough and also, I have a family and my mom is not ... is unemployed. I am the breadwinner at home, I’d say, I am a breadwinner and being a breadwinner and having so little money to, to ... that I’m getting, but I love nursing, I love people, I love working with people. That’s why I am here, but the money that I am getting, I am really not happy about and ... I just feel that it’s unfair to most of us, to all of us actually.”

Participant 4: “I agree with what 1, 2 and 3 has said so far especially on the part what participant 3 has mentioned about being a sole breadwinner in the home. It may not be exactly the same for all of us, but it is a problem with most, providing at home. The money is not enough. Not even close. Because most of us have children, we’ve got school fees to pay, we’ve got ourselves to maintain, books to buy, uniforms to buy, uniforms gets worn out. They don’t fit; we have to buy new uniform. So ja, it becomes a problem, the money issue.”

Interviewer: “Ok, just looking at what participant number 1, 2, 3 and 4, I just want to get, uh, in fact clarity. Uhm, what I have heard, and I obviously just need you all too just say yes or no. Ok, basically we have all agreed with regards to the fact that you are not getting enough money. It’s very little. Now at the same time you obviously have got expectations, in fact you do have expectations that you have got to meet, for example, I’ve got to buy books, I’ve got to pay rent. You’ve also exposed to a lot of illnesses in the wards. Right, and as participant number 1 has also said that I am not covered in the hospital and it is very sad, right, because everybody else is covered. Then I see that you also mention the fact that you are also breadwinners at home and as a result it is very difficult to be able to support the family. So is that what you are all saying? I don’t want to obviously change or twist words.”

All participants: "Yes, that's correct."

Interviewer: "Ok, just so that you have shared, I'm not sure if one of you, from those who have shared, would like to actually just share how this actually makes you feel. You say that you have little money, you say that it is obviously very, very difficult to cope with this money, like participant number 3, sorry, ja, participant number 3 has said that you have got to buy a book that is outstanding of R1200, right, because you don't have that amount of money. How does it make you feel as a student?"

Participant 3: "It's really, uh, depressing I'd say, and its, it makes you lose focus because now you end up focusing on money and how much you're getting than really focusing on what you came here to do. Because now, you know that, if you don't have, like we don't have this book now, and uhm ... almost all of us don't have this book. Because it's expensive but we all need the book because the notes that we are getting are not enough so that's stressing and it really shifting our focus on our studies. It's really, hmmm... I don't know how to put this, but ja, its distracting us in a way. We end up dropping and if you drop out in six months you end up not getting paid, when you drop six months. No it's really..... It's really stressing and to work with people, you need to be focused and you need to be full."

**(Background participants all nod their heads in agreement mmmh, mmmh)**

Participant 1: "We work with hungry stomachs in the wards. And I mean ... everyone knows that hunger makes you angry. And then in the wards, it's like, I don't know, it's very frustrating because you get some people like all of the wards, it's only the students who would be working, it's only the students who would be busy and the sister would be just like spending their money in the duty rooms buying KFC's and looking at us as if we are stupid. We are going around with bed pans. We are going to them and asking them for things that ... some of the things we haven't learned and we don't know. I'm still busy, but you are busy doing nothing and comes December, we have no money, well get that R3000 may be on the 20<sup>th</sup> and they will be spending their bonuses. Holidays we are the ones who's working. Every time we are the ones who's working. You are tired, you have to pass at school and you have to just take everything as if you just spunch. I don't know how to put it but it is very frustrating."

Interviewer: "Ok, I just want to get more clarity. You know you mentioned that hunger makes you angry. Ok, so, I just want you to clarify with regards to what you mean when you say hunger makes you angry."

Participant 1: "I mean, when you are hungry, you cannot focus, number 1. And number 2, when you are hungry, you are being exposed to more illnesses because your immunity is quite low. And they always say that breakfast is the most important meal of the day. You can't even eat breakfast, but breakfast if you eat, its porridge. There's no money, the stockings, the benches in the wards, they are worn out. Your stockings will be caught there every single day, and how much is a stocking? It's R22. I meant that on its own, it's very expensive."

Participant 1: I mean aye..**(Puts her hand on her head and nods it side to side... stumbles talking and just stops)**

Participant 7: "My view of this bursary thing is that, I believe there is a total exploitation of a students. I think both, in uh, I mean, both in maybe academically or in the work place, yet we are supposed to be professionals. I believe that you are working many hours. If maybe we are working minimum hours, we could maybe have a job elsewhere, but we are expected to work same hours like the professional nurse do. So that makes us ... and we are supposed to excel in the studies that we are doing and we don't have the books. So my point and my view on this thing, I think it's really a human exploitation, on my own side I think. That's my view."

Participant 8: "I totally agree with that, because I come from a previous job. So in my previous job, I had a medical aid, I had a provident fund, if I worked on a public holiday I got paid for it. So now that I have left all of that and I have come into a system where I don't have all of that, it's a problem. Last year I had a an issue when my son cracked his head, August the 9<sup>th</sup>, and my son had to get two stitches done which I had to pay for out of my own pocket because I was not able to take him to the doctor. I'm a single mom. I can't afford to take him to the doctor. I had to get the stitches done and I had to get a family member, who had to pay for it, I had to pay for over terms which is actually ridiculous because I work at a hospital but this being a tertiary institution, I am not allowed to bring my child here. So I am at a loss so I had to pay for that out of my own pocket. I totally agree with the

other participants about the R3000 because I like I explained, I am a single mom, my son has is going to be 5. I am actually considering sending my child away because I cannot afford to look after my child. I am actually thinking of sending my son to his grandparent's so that they can send him to school because I can't afford it. School fees are very expensive, he needs lunch things, he needs transport and I want to give him the kind of education that I feel he deserves. I cannot do that on the salary that I'm earning right now. It is a sad reality. People are looking down upon me and saying that I am being a bad mom and that I am abandoning my child but nobody knows what I am going through. If though I am receiving maintenance, I am not denying that, but the maintenance is not enough for me. The fact that I have to send my child so far away is heart breaking. Nobody knows what I am going through. And I am very grateful for this job because I know there a millions of people out there who don't have this job. But the point is ... when people started nursing, they were all given much more benefits. So now my question is, why were those benefits taken away from us? Because when people starting nursing before, even though they had a little bit of money, their money increased every year. They were on a medical aid, they had a provident fund, they had all those things. So, with us now, we had a disadvantage. Not all of us here are 19 year olds or 20 year olds. I'm not 19. I've got a 5 year old child. And not all of us started nursing at such a young age. So for many of us, this is a huge issue. Money is not the only issue. I'm talking about medical aid; I'm talking about a provident fund, because this bothers me. By the time I retire, will I have enough because I have already lost out on 5 years of my life."

Participant 5: "Of course we are grateful that we've got the bursary and that we've got the job, and you know in a couple of years' time, if you passed this course, you are going to have a stable job and a stable career, but at the end of the day, as participant 7 said, we ... it is exploitation, because we are working the same hours as permanent staff is working first of all. We are exposed to diseases and yet we are not covered by any medical aids or anything. I had a personal experience where I had... I had a wound on my finger and because I was in the ward it got septic. I had to now go personally and fix this wound and covered it and I had to go and see a doctor privately also. And it's very costly to, now you're sick and you need to come back into the hospital because you need to feel guilty for not making

the hours, you feel guilty. If you are sick, you first need to contemplate in the morning whether this will look bad. I am a bursary student. You need to feel guilty about being ill. And another thing, the finances, already we need to pay for the res, we need to buy groceries, we need to ... we have kids at home, most of us, most of us have kids at home. We pay school fees, we do all sorts of things, yet you are expected to perform. You need to perform to your best like each and every time and it needs to be above average and the expectations are that, because you are a student you need to work harder. And as the years go by, you need to be competent in most things. So we end up working more than the permanent staff in the wards. We end up working..... maybe even if we don't even know how to do things, we get told something in a day you already know how to give medication or whatever. And sometimes we even work out of our scope of practice because you are in first year and you probably already, or you gave an injection the first time you went to the wards because while you are supervised by a sister, so this is what you must do and this is what she expected you to do."

Participant 9: "Following through from participant 8 who said that she was also previously employed before coming to nursing and studying. The salary that you had and what you've earning now, is like a huge drop, and me on a personal level, I had to go under Admin. I don't know if you guys know what that means, going under debt review? **(all participants nod their heads and sigh mmh)** For the simple fact, the accounts that I had, I am so unable to pay for them right now, and it's a bit difficult at home. I've got a two year old that's epileptic and she needs to have epilim levels done, has to have levels done, which is quite high and it is expensive."

**(participants 9 cries and rest of participants come into and they have a group hug) at this stage employee assistance program is offered) participant says she is fine to continue**

Interviewer: "Ok, I just want us to take a brief moment and let me just ... hmmm ... acknowledge the fact that I know we are obviously speaking on a very sensitive subject and obviously I can see that it's bringing out a lot of emotions, I see this afternoon a lot of tears. Ok, so, hmmm... let's just take few moments to obviously gather our thoughts and pull ourselves together and please, even at this stage, if

you feel that it's becoming a bit too emotional and very difficult for you all, then, hmmm... please inform me. Ok?"

**(silence.. silence.. group goes back into their seats to resume interview)**

Participant 9: "Yeah, it's a bit difficult to what I earned and now especially on the home front because my salary is really not enough to maintain a family. A child is high maintenance besides having their minor illness at home, they are quite high maintenance. So, ja, the salary is a big issue."

Participant 6: "Ja, I totally agree with participant 8 and 9. Before I came here I was an employee. When I came here I thought I was going to get something better, but at the same time I regret myself. I even think to, to bring the resignation letter because I've got things to do, I'm a bread winner at home and my daughter is in DUT'. I can't afford to really about the ... uh.... the money that I get here. I'm a single parent, so I'm getting frustrated. It's too much. **(Silence silence)** That's all I can say."

Participant 8: "I think what tends to frustrate us even more is the fact that, like participant 1 said, we tend to do most of the work in the wards and we don't even get an acknowledgement. We don't even get a thank you when leave there. We understand that we are students and we are here to learn, we are not disputing that, but the issue at hand here, for us to get a thank you is very difficult to get from the training staff. Some of the training staff actually makes us look like we are dumb. Make us look like we, you know, I don't even know what word I can use. And it's really heart sore because some of them tend to forget that they were also at that level, and it's like some of them thrive on making our lives difficult and they enjoy making students look stupid and they have no problem with shouting at students in front of patients, in front of doctors, they have no issues with that. So my question is that if they also did the same course as we did, they were taught how to become professionals, so why are they not following that professionalism? Have they forgotten it over time or what has happened? You know, because some of us have so many social issues that we have to deal with, and we tend to try to leave it at home, and when we come here, if feel that, when you put on the uniform, you put on a whole new personality. **(all participants nod in agreement)** So when you come here, you want to put on a smile, you want to be happy



because you know that you will be working with people and you want to do you best at being there for people. You don't want to bring your issues from home even though you know you don't have food to eat, or your kid is sick. You've got too much going on in your mind but you think, you know what, I can't think of that right now, I am here for this patient, so let me put my best forward and then you get this trained staff that will call you an idiot in front of other staff other staff members. How does that work? What happened to the word call professionalism? Where did it disappear to?"

Participant 1: "And as participant 8 was saying, I mean it is very stress full, you are here, you wanting to learn and then people who are, who are trained, they don't even want to share anything with you. They would refuse. Some of them will even act as if they hate you, that you are there. I mean you get this hatefulness from the trained sisters or the other staff nurses which I do not know where it comes from and then ... I mean ... I just don't know but then from my personal point, I've come to a point where I said, I want to resign. Most of the sisters, people are not the same. Some do help you and some would just look down on you. And from my colleagues, from my group mates, they were saying, no you cannot resign, we have started this, we can do it, but then, even if they are saying, or they are giving you that encouragement, you can see even it them, they want off, they want to go off from here, but if we go from here, where are you going to go? I mean its, for the love of people. I've also got the love for people, and it's actually, I think, the best situations is in the wards with the patients where you will get someone who is grateful that you have done something good to them. Maybe you've made them feel better, you've talked to them. They are sick, they are lying in bed. No one is taking care of them but you and you get patients, because patients will look and say you are always working, you students are always working, how much do you get paid and you are even ashamed to say how much you get paid. **(laughs laughs inappropriately)** How can you tell them you are getting paid R3000? And from that R3000 you have to take care of yourself, your family, buy the books and everything. I mean, I think it is the patients at the end of the day who makes us feel better about ourselves by saying thank you. I mean, you are so sweet, you are so caring, you are so loving. It is those kinds of things that we need even from the sisters to just carry on with this course. I even failed A&P1 my exam. I was so

stressful, I could not even concentrate and even right now, we are going to be writing exams, we are supposed to pass those exams, we write tests every Friday which are only for the DPs to enter into the exam, they are not even counted. You go into the exam room with zero. And yet you already have had sleepless nights, learning and studying to pass. I mean, what is that, at least 25%, I've had 44, I had 44 for my A&P1. If maybe 25% was taken from the other A&P1 tests, **(participant 3 nods her head)** I would have passed. I would have, but ....”

Participant 5: “Firstly, I think there is a dislike for the four year course students generally in the wards. I'm not sure why but because we are four year course students, we are not liked and we are given a lot of work to do because you are expected, you are going to be a sister one day so you must just work. And I think we cope, how we try to cope, personally, I need to every single morning I need to wake up a few minutes early, I need to pray, I need to condition my heart and what I'm going to take into my heart today because by the end of the day you are so tired, you want to cry by one o'clock, your feet are sore. Not many people can afford Green Cross shoes. So the way we try to cope, you just speak amongst the group, and you just vent and some of us will cry, and we pray and you just tell yourself, ok, I just need to finish this course and it's going to be ok. But this ill-treating the four year course student, I don't know what it is about and I really don't understand. I really don't understand.”

**Silence... silence... silence...**

Interviewer: “Ok, that completes our data collection process and I would just like to take time to thank everybody for having come and obviously voluntarily participating in this interview. Thank you very much.”

## Addendum I: Certificate of language editor



*Astute Editing and Research*

February 2014

To Whom It May Concern

Dear Sir/Madam,

This is to certify that I have fully edited the MCur thesis of Ms Eve Jacobs entitled *Experiences of student nurses regarding the bursary system in KwaZulu Natal* for North-West University. The text was checked for style, clarity and ease of reading, grammar and usage, spelling and punctuation, consistency in the use of text and figures in illustrations and tables, completeness and consistency in references, consistency in page numbering, headers and footers and suggestions were offered. I make no pretension to have improved the intellectual content of the thesis and did not rewrite any text. I presumed the text was in final form when I edited it. My suggestions are to be accepted or rejected by the author. The author effected the final changes herself.

Yours sincerely,

C.D. Schutte (D Litt et Phil, Full Member, Professional Editors' Group)

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