

Preventing burnout in enrolled nursing students at entry level

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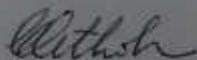


DECLARATION

MRS E.M. LETHOKO

STUDENT NUMBER 11876999

I declare that "Preventing burnout in enrolled nursing students at entry level" is my own work and that all sources quoted have been acknowledged by means of completing references. This study has been approved by Health Research Ethics Committee of the North-West University (Potchefstroom Campus), Head of the Free State Department of Health and principals of the respective nursing schools. The dissertation was submitted to the Turnitin programme (see Appendix G).


Signature

Date 2016.04.19

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ABSTRACT

An enrolled nursing student is any person who is registered with the South African Nursing Council to undergo training as enrolled nurse. In this study enrolled nursing student referred to a person registered for two years to undergo staff nurse course. Enrolled nursing students need to obtain clinical exposure under the supervision of the professional nurse. Globally, nurses have been working under stressful conditions in the public sector that predispose them to burnout. Enrolled nursing students as part of the workforce enter clinical areas already facing challenges such as lack of materials, under-staffing, poor communication, conflicts, negative attitudes of permanent staff and low morale. It is in these circumstances that enrolled nursing students may experience burnout. However, what is important is for organisations to keep burnout under control. Different methods were suggested to decrease/prevent burnout in enrolled nursing students at entry level, but no research could be found on preventing burnout in enrolled nursing students at entry level in the Free State Province. The objectives of the research were thus to explore and describe the perceptions of enrolled nursing students at entry level on burnout and on the prevention of burnout.

Research design: A descriptive qualitative inquiry ensured access to rich information regarding preventing burnout in enrolled nursing students at entry level.

Data collection: Semi-structured focus group interviews and field notes were used. Enrolled nursing students at entry level were participants in this study. A total of 24 participants out of 67 enrolled nursing students were interviewed in three government nursing schools in the Free State Province. Three semi-structured focus group interviews were held.

Data analysis: Transcripts of focus group interviews were analysed by means of content analysis and by scrutinizing field notes. Themes and sub-themes were categorised to clarify the results, and literature integration was used to confirm the research findings.

Research findings and conclusions: Five main themes with sub-themes were identified, indicating that enrolled nursing students appeared to be in distress in their clinical placements. The main conclusions were that the perceptions of enrolled nursing students at entry level are closely related to the clinical setting, education and training, lecturers and themselves; that they are in need of guidance, support and a conducive learning environment to prevent burnout and that they are in need of empowerment.

Recommendations to foster a clinical environment that is supportive and educative for the attainment of their goals were formulated as part of recommendations for nursing practice and nursing education. Recommendations for further research were also formulated.

Key words: Burnout, nursing, nursing students and learning environment.

OPSOMMING

’n Ingeskrewe verpleegstudent is enige persoon wat geregistreer is by die Suid-Afrikaanse Raad op Verpleging om opleiding as ingeskrewe verpleegkundige te ontvang. Ingeskrewe verpleegstudente moet kliniese blootstelling verkry onder toesig van die professionele verpleegkundige. Verpleegsters werk wêreldwyd in stresvolle omstandighede in die openbare sektor wat hulle blootstel aan uitbranding. As deel van die werkkrag gaan ingeskrewe verpleegstudente kliniese areas binne wat reeds uitdagings ervaar soos gebrek aan materiaal, onder-bemanning, swak kommunikasie, konflik, negatiewe houdings van permanente personeel en lae moraal. Dit is in hierdie omstandighede dat ingeskrewe verpleegstudente uitbranding mag ervaar. Wat egter belangrik is, is dat organisasies uitbranding onder beheer moet hou. Verskillende metodes om uitbranding te verminder/voorkom in ingeskrewe verpleegstudente is voorgestel, maar geen navorsing kon gevind word oor die voorkoming van uitbranding by ingeskrewe verpleegstudente op intreevlak in die Vrystaatprovinsie nie. Die doelwitte van die navorsing was dus om die persepsies van ingeskrewe verpleegstudente oor uitbranding en oor die voorkoming van uitbranding te verken en beskryf.

Navorsingsontwerp: ’n Beskrywende kwalitatiewe ondersoek het toegang tot ryk inligting aangaande die voorkoming van uitbranding in ingeskrewe verpleegstudente op intreevlak verseker.

Data-insameling: Semi-gestruktureerde fokusgroeponderhoude en veldnotas is gebruik. Ingeskrewe verpleegstudente op intreevlak was die deelnemers in die studie. ’n Totaal van 24 deelnemers uit 67 ingeskrewe verpleegstudente het deelgeneem aan onderhoude in drie regeringverpleegskole in die Vrystaatprovinsie. Drie semi-gestruktureerde fokusgroeponderhoude is gehou.

Data-analise: Transkripsies van die fokusgroeponderhoude is geanaliseer deur middel van inhoudsanalise en deur die veldnotas na te gaan. Temas en sub-temas is gekategoriseer om die resultate uit te klaar, en literatuurintegrasie is gebruik om die navorsingsresultate te bevestig.

Navorsingsresultate en gevolgtrekkings: Vyf hooftemas met sub-temas is geïdentifiseer, wat aangedui het dat ingeskrewe verpleegstudente negatiewe stres ervaar in hul kliniese plasings. Die hoofgevolgtrekkings was dat die persepsies van ingeskrewe verpleegstudente oor uitbranding verband hou met die kliniese opset, onderrig en opleiding, dosente en hulself, dat hulle begeleiding, ondersteuning en ’n voldoende leeromgewing benodig om uitbranding te voorkom en dat hulle bemagtiging benodig.

Aanbevelings om ’n kliniese omgewing wat ondersteunend en opvoedkundig is om hul doelwitte te bereik, te kweek is geformuleer as deel van aanbevelings vir die verpleegpraktyk en verpleegonderrig. Aanbevelings vir verdere navorsing is ook geformuleer.

Sleutelwoorden: uitbranding, verpleging, verpleegstudente, en leeromgeving.

ABBREVIATIONS

FSP Free State Province

HEI Higher Education Institutions

SETA Sectoral Education and Training Authority

PDoH Provincial Department of Health

NWU North-West University

NEI Nursing Education Institutions

SANC South African Nursing Council

HREC Health Research Ethics Committee

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CHAPTER 1: OVERVIEW OF THE STUDY

1.1 INTRODUCTION AND BACKGROUND

This research represents an endeavour to focus on burnout in enrolled nursing students at entry level. Background information to support the need for this research is discussed.

The concept burnout was first introduced by Herbert Freudenberger during the early 1990s (Rousseau, 2011:54, Poghosyan *et al.*, 2009:894). Research conducted by Carlson (2011:2) shows that there is a high prevalence of burnout in nursing, and that even nursing student fall victim to this experience. In addition, nursing educators face numerous challenges in the continuously changing landscapes of South African higher education (Bezuidenhout & Cilliers, 2010:872-881). Based on these statements, the researcher's study on preventing burnout in enrolled nursing students at entry appears to be both relevant and legitimate.

Research conducted by Balevre and Buzaianu (2012:3) on nursing burnout in North-East Florida revealed that 76% of nurses experience burnout. Moreover, a study conducted by Erickson and Grove (2007:4) on nursing students under the age of thirty in United States reveals that 43,6% of these nursing students experienced burnout. These results confirm that younger nurses were experiencing significantly higher levels of burnout than those suffered by their older counterparts (Erikson & Grove, 2007:4). A study conducted by Prymachuk and Richards (2007:125) during pre-registration of nursing students in United Kingdom reveals that nursing students at entry level suffer high levels of stress. According to Da Silva *et al.* (2014:475) burnout syndrome among nursing students in Brazilian universities was reported as follows; 64.04% nursing students had a high level of emotional exhaustion whereas 35.79% experienced cynicism. A study conducted by Williams (2014:512) reveals that nursing students also experience tremendous amount of stress, particularly during their clinical placement.

Burnout is indeed a global challenge, and not only nursing students are affected (Galbraith & Brown, 2011:710). This statement is supported by Uludag and Yaratani (2009:15) who performed a research study on tourism students, and who mention that additional empirical research is needed for students from different disciplines. In South Africa Bezuidenhout and Cilliers (2010:872-881) report that an increased level of exhaustion and cynicism exists among nursing students. Bezuidenhout and Cilliers (2010:872-882) mention that burnout results in poor clinical competency in nursing students.

In South Africa limited studies exist on the prevention of burnout in enrolled nursing students at entry level due to the fact that studies tend to relate more to individual health care organisations using only small samples (Pillay, 2009:7). Naong (2011:197) emphasises that in South Africa research is needed regarding the issue of burnout prevention. In addition, the challenge of poor clinical support which reduces nursing students work output, and increases dropout level was highlighted (Magobe, 2010:525-531, Jevtic *et al.*, 2012:571, Rush *et al.*, 2013:346, Lang *et al.*, 2010:275). This statement is supported by Rudman and Gustavsson (2012:989) who contend that it is necessary to employ effective preventive measures to counteract burnout development.

Similarly, Warbah *et al.* (2007:598) report that solutions need to be built into nursing courses in order to assist nursing students to cope with the various demands imposed upon them during their training. Seven strategies were developed by Hendren (2012:234) in this regard. These include: stress reduction classes to be given, space for relaxation to be provided, mentor and buddy programmes, recognition and rewards, manager involvement, training, education and support, and finally support and counselling. Another study done on private hospitals revealed that the nursing profession is at risk of job burnout, particularly with reference to emotional exhaustion, which may jeopardize nurses' job performance and eventually contribute to deterioration in the quality of care (Abdullah & Yuen, 2011:531).

It therefore appears to be indicated that interventions to minimise risk for burnout among nurses should be considered (Miller, 2011:146). Finding a solution to burnout prevention should be a primary concern for public health institutions (Rousseau, 2011:55). Strategies aimed at burnout prevention and the diminishing of exhaustion and ineffectiveness associated with burnout are essential if nurses are to experience work that is satisfying and enjoyable (Miller, 2011:149).

Prevention of burnout among nurses at entry level remains a major concern, Bushell (2013:31) mentions that new graduate nurses who practise in an environment where nurses respect one another and refrain from uncivil behaviours, experience a positive milieu where they feel valued and therefore burnout is less likely. A study done in the United States by Twibel *et al.* (2012:1457) demonstrates that 88%-96% of nursing students reveal success in their field of study due to the implementation of the following strategies: clinical coaching, evidence-based curriculum, skills empowerments and continuous support. Similarly, research conducted in Finland on university

students reveals high and increasing optimism and predicted a high level of work engagement and low level of burnout (Aro *et al.*, 2009). Fearon and Nicol (2011:37) add that there may be relationship between receiving effective clinical supervision and low levels of burnout. Awa *et al.* (2010:188) mention that stress management training and employee assistance programmes lead to reduction in burnout.

1.2. PROBLEM STATEMENT

In spite of the availability of existing strategies to limit burnout (Awa *et al.*, 2010:188), nursing students at entry level may still experience this syndrome. It is the experience of the researcher as a lecturer at a nursing school in the Free State Province that enrolled nursing students at entry level experience burnout which subsequently results in poor clinical competence. Literature confirms that some nursing students at entry level do experience burnout (Rudman & Gustavsson, 2012:988). Furthermore, a research study done in Sweden over a period of three years reveals that there is an increase of burnout from 30% to 41% in students in higher education (Rudman & Gustavsson, 2012:989). Carlson (2011:11) reports that reducing nurses' burnout by just 10% could prevent a significant number of hospital-acquired infections and reduce costs.

In South Africa research conducted by Foster *et al.* (2012:252) reveals that hospitals are the first job-setting for more than 80% of new nurses. However, between 18% and 50% of these nurses leave within their first year, thus contributing to the shortage of staff and poor quality patient care. This statement is supported by Galbraith and Brown (2011:710) who mention that student nurses experience significant stress during their training and that this may contribute to sickness, absence and attrition. These findings demonstrate the importance of engaging into further research on the prevention of burnout in nursing students at entry level. Lee *et al.* (2011:1472) mention that nursing students experience high levels of stress during their training and that there has been limited research on stress and its impact. Furthermore a study by Trepanier *et al.* (2013:315) shows that only limited literature is available on burnout among nursing students and new graduate nurses in rural areas, as the case described in the text. The researcher's experience confirms that enrolled nursing students at entry level tend to experience mental and physical exhaustion. The researcher contends that certain enrolled nursing students at entry level experience burnout while others remain emotionally and physically stable, despite the challenges they too face in the learning environment. Few studies have been conducted in South Africa on nursing students' perceptions on the prevention of burnout at entry level; specifically in the Free State province. Thus there is a need

for further research on preventing burnout in nursing students at entry level with the emphasis being placed on enrolled nursing students as representing the focus of this study.

1.3. RESEARCH QUESTIONS

In the context of this study, the research questions are as follows:

What are the perceptions of entry level enrolled nursing students on burnout?

What are the perceptions of entry level enrolled nursing students on the prevention of burnout?

1.4. RESEARCH OBJECTIVES

The aims and objectives of this study are as follows:

To explore and describe the perceptions of entry level enrolled nursing students on burnout.

To explore and describe the perceptions of entry level enrolled nursing students on the prevention of burnout.

1.5. PARADIGMATIC PERSPECTIVE

The discussion includes the meta-theoretical, the theoretical and the methodological assumptions of the researcher.

1.5.1 META-THEORETICAL ASSUMPTIONS

Meta-theoretical assumptions are based on the researcher's beliefs as well as on the contents of relevant literature. The researcher made assumptions on the following: Man, Health and Environment.

1.5.1.1. MAN

Every person is a unique individual with free choices and every unique person is influenced and is part of his/her environment and total existence (Searle *et al.*, 2009:84). In this study, man is viewed as an enrolled nursing student at entry level regardless of gender, race, religion and social standing. Through their training they need to be supervised and supported so that they can be mentally stable and mature in order to nurse their patients in totality, relieve suffering and preserve life competently.

1.5.1.2. HEALTH

In Henderson's theory, health is viewed as quality of life achieved by an individual through independent or interdependent performance of the components of nursing care in order to work effectively and to reach the highest potential (Young *et al.*, 2007:13). In this study the researcher view health as total well-being, encompassing the physical, social, mental and spiritual aspects of enrolled nursing student at entry level. The individual, in this case the enrolled nursing student at entry level, should be mentally stable and productive, and be able to handle work stressors effectively.

1.5.2.3. ENVIRONMENT

In Henderson's theory, environment is considered to be a total sum of internal or external influences/conditions affecting the life and development of an organism (Young *et al.*, 2007:14). In this study, environment refers to clinical placement (hospital wards) where enrolled nursing students are allocated for their clinical exposure to gain knowledge and skills. The environment should be conducive to assisting nursing students to integrate theory with practice.

1.5.2. THEORETICAL ASSUMPTIONS

Theoretical assumptions are based on existing theory, as described in relevant sources. In this study the following concepts will serve as a framework.

1.5.2.1. CENTRAL THEORETICAL ARGUMENT

An exploration and description of the perceptions of enrolled nursing student at entry level regarding burnout and their perceptions on preventing burnout may lead to the formulation of recommendations to prevent burnout in enrolled nursing students at entry level.

1.5.2.2. CONCEPTUAL DEFINITIONS

The conceptual definitions given in this study are as follows: Burnout, nursing, nursing student and learning environment.

1.5.2.2.1 BURNOUT

Burnout is a psychological term for the experience of both exhaustion and diminished interest on the long term (Celik & Oral, 2013:125). Burnout is also explained by Poghosyan *et al.* (2009:894-895) as a psychological syndrome involving emotional exhaustion, depersonalisation and a diminished sense of personal accomplishment that occurs among various professionals who work with other

people in challenging situations. In this study, burnout is the feeling of physical, emotional, mental exhaustion that enrolled nursing student's experience, and is characterised by the inability to cope with study, leading to attrition from the programme. This statement is supported by Kovacs *et al.* (2010:432-442) who assert that burnout is a syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment, occurring in people-oriented and service work. Burnout is a common consequence of job stress among nurses which has a negative impact on the quality of patient care and physical and mental health status of nurses and which imposes certain expenditure on the health care system (Momeni *et al.*, 2010:113-123). In the study of Coetzee and Klopper (2010:235-243), burnout has been described as being similar to compassion fatigue and as a synonym for secondary traumatic stress disorder. In this study, burnout is seen as a contributory factor to the diminishing of goal accomplishment among enrolled nursing students.

1.5.2.2.2 NURSING

Nursing is described as a unique and integrated discipline that includes science, arts and humanities (Mulaudzi *et al.*, 2010:2). Nursing is a caring profession practised by a person registered with the South African Nursing Council which supports, cares for and treats a health-care user to maintain health and where this is not possible, to ensure that he/she lives in comfort and with dignity until death (Mellish *et al.*, 2010:14). Nursing is sensitive to prevailing politics, legislation, national health problems as well as economic and educational restraints (Geyer *et al.*, 2009:10). In this research nursing comprises all the activities that are performed by entry level enrolled nursing students in a clinical area with the aim of promoting health, preventing illness, caring for the sick and restoring health.

1.5.2.2.3 NURSING STUDENTS

In this study, nursing students refer to persons who are registered with the South Africa Nursing Council for the two year programme (enrolled nurse) and are attending a nursing school accredited for this particular course. These students are expected to manage their time according to the circumstances and the requirements of their academic field (Mirzaei *et al.*, 2012:46). Furthermore, they are expected to grow as professionals. The performance of role modelling by educators facilitates this growth (Nouri *et al.*, 2014:237).

1.5.2.2.4 LEARNING ENVIRONMENT

Learning environments are environments that allow nursing students to demonstrate their competence through student-centred educational interventions in real clinical contexts (Botma *et al.*, 2013:32). Learning environments are furthermore viewed as environments that allow nursing students to take an active self-regulatory learning approach to their academic tasks, including completion of homework assignments (Bembenutty, 2011:185). For the purpose of this study, the term learning environment will mainly refer to hospital settings where enrolled nursing students are placed for their clinical practice.

1.5.3. METHODOLOGICAL ASSUMPTIONS

In her methodological assumptions, the researcher concurs with Mouton and Marais (1996:24), who indicate that research occurs in five main phases that follow one another in a logical sequence, based on sound scientific research decisions. These phases include choice of research topic, formulation of research problem, conceptualisation and operationalization, data collection; and analysis and interpretation. In this research, the application of the first two phases crystallized into the research purpose and the research method, as described in this chapter and in chapter 2. The application of the conceptualisation and operationalization phase and data collection phase are evident from the discussion on research design and method in chapter 1 and 2, and from the discussion of the research results (chapter 3). The application of the last phase resulted in the conclusions and recommendations, as discussed in chapter 4. The researcher supports the assertion that research should be disseminated, and will therefore provide participants with reports on the research. The researcher further endeavours to write a scientific journal article on the research for possible publication. The researcher furthermore agrees with principles and rigour as described by Guba and Lincoln (see 1.9 and 2.5), ensuring that the research is trustworthy and free from bias. In addition, the researcher believes that research should be conducted in an ethical manner and that it should therefore comply with ethical principles throughout the entire research process.

1.6. RESEARCH DESIGN

A descriptive qualitative inquiry was used in this study (Botma *et al.*, 2010:194). This design is appropriate for this study as it is aimed at exploring and describe the perceptions of nursing students at entry level on burnout and the prevention thereof. In this design researchers explore and describe the issue under study (Fox & Bayat, 2007:30), in this case the perceptions of enrolled

nursing students at entry level of burnout and burnout prevention. The research design is discussed in more detail in Chapter 2.

1.7. RESEARCH METHOD

The research method is discussed briefly, referring to the population, sampling, data collection and the role of the researcher. A detailed discussion is available in chapter 2.

1.7.1. POPULATION

The target population of this study comprised nursing students at entry level in government hospitals in three of the four districts of the Free State Province. These nursing schools were selected due to the fact that they offer the enrolled nursing course. The fourth nursing school was not chosen since the researcher is presently working there.

1.7.2. SAMPLING

Purposive sampling was used in this research. This type of sampling enabled the researcher to include participants who comply with characteristics important in this study, namely those of the entry level enrolled nursing student (Botma *et al.*, 2010:201). The inclusion criteria used in this study are outlined in Chapter 2. The sample size was determined by data saturation. In other words, data were collected until no new themes emerged and high quality, clear and sufficient data had been generated (Botma *et al.*, 2010:200).

1.7.3. DATA COLLECTION

In this section the role of the researcher, setting, as well as method of data collection will be discussed.

1.7.3.1. ROLE OF THE RESEARCHER AND SETTING

The researcher obtained ethical clearance from the research ethics committee of the Faculty of Health Sciences, North-West University, Potchefstroom campus prior to data collection (see Appendix B). Permission was also obtained from Free State Provincial Department of Health and the clinical managers of the nursing schools where data was collected (see Appendix C). Before informed consent could be obtained, the researcher explained the research topic, its purpose and the rights of

the participants. Furthermore, participants signed consent forms (see Appendix A) as proof that they had been adequately informed about the research and that their participation was voluntary. Data were collected in private rooms at the nursing schools where participants were enrolled as nursing students.

1.7.3.2. METHOD OF DATA COLLECTION

The method of data collection used within this study was that of semi-structured focus group interviews. The employment of focus group interviews allowed the researcher to develop an understanding of both the participants' perceptions and of the reason why participants feel the way they do. These interviews also offered the researcher the opportunity of allowing participants to explore each other's viewpoints (Creswell, 2014:503). In this study three focus group interview were conducted with six to eight nursing students participated in the focus group interviews.

Data collection was conducted in the natural setting where the enrolled nursing students at entry level were placed at the three nursing schools. As far as possible confidentiality was upheld in the group, while participants were made aware that the researcher could only ensure partial confidentiality and anonymity in a group setting.

1.7.4. DATA ANALYSIS

Data analysis was conducted after a perusal of the transcriptions and field notes had taken place in order to obtain a sense of the whole. Data captured from the participants were analysed following the process of content analysis as described by Fox and Bayat (2007:106). The assistance of an independent co-coder was enlisted, in order to analyse the data. Subsequently, a consensus meeting was held between the researcher and the supervisor with regard to emerging themes.

1.8. LITERATURE INTEGRATION

After data collection and analysis were completed, the research findings were compared to the existing body of knowledge on burnout, enrolled nursing students at entry level and other topics relating to the findings. The purpose of the literature integration in this study was to conduct a full exploration of the perceptions of enrolled nursing students at entry level regarding burnout and its prevention and to compare findings with relevant literature.

1.9. RIGOUR

The rigour of this study was ensured by means of maintaining factual accuracy in selecting participants, data collection method, and monitoring and reporting on the research. The researcher submitted the research proposal to the HREC NWU Potchefstroom Campus for quality control purposes. Furthermore, the research was conducted within a safe and comfortable environment, namely the nursing schools where participants were placed. The researcher received support from a supervisor who possessed adequate experience in all the elements related to this research, namely:

Academic and educated expertise (education);

Clinical experience as professional nurse;

Experience in qualitative research.

Based on her own expertise, the researcher had access to resources such as participants, facilities and equipment. Rigour was furthermore ensured by means of maintaining trustworthiness.

1.9.1. TRUSTWORTHINESS

Trustworthiness is described by Leedy and Ormrod (2012:262) as the extent to which others perceive the study's finding to be convincing and worth taking seriously. For qualitative data to be trustworthy, Jooste (2009:472) mentions that the following principles as originally identified by Guba and Lincoln should be adhered to: credibility, transferability, dependability and conformability. The application of these principles in this research is discussed in Chapter 2.

1.10. ETHICAL CONSIDERATIONS

This research was undertaken as a part of the RISE project. RISE study is a research project aimed at strengthening the resilience of health care givers (including enrolled nursing students) as well as risk groups (Koen & Du Plessis, 2011:10). Ethical clearance for this research as a study in RISE was obtained from the Health Research Ethics Committee (HREC) (Human) of the Faculty of Health Sciences, North-West University (see Appendix B) and permission to conduct the study was granted by the Department of Health in the Free-State Province (see Appendix C) and the managers of the nursing schools through the District Health Manager.

The fundamental ethical principles were ensured from the beginning until the end of this study, namely: principle of respect, principle of beneficence and principle of justice, as well as the principles of veracity and fidelity (Mulaudzi *et al.*, 2010:202-205). The application of these principles is discussed in Chapter 2.

1.11. CONCLUSION

An overview on the research was provided in this chapter. In the next chapter a more detailed discussion of the research design and method is made available.

1.12. CHAPTER LAYOUT

This dissertation on preventing burnout in enrolled nursing students at entry level will be divided as follows:

Chapter 1: Overview of the research

Chapter 2: Research design and method

Chapter 3: Research results and literature integration

Chapter 4: Conclusions, evaluation of the study, limitations and recommendations

CHAPTER 2: RESEARCH DESIGN AND METHOD

2.1. INTRODUCTION

The previous chapter comprised an overview of the research. This chapter represents a comprehensive description of the research design of this study, as well as the method, including the population, sampling, data collection and analysis. Trustworthiness and ethical considerations are also discussed in detail.

2.2. THE RESEARCH DESIGN

A descriptive, exploratory as well as contextual inquiry were conducted. These approaches were followed because the study is aimed at describing and exploring perceptions of the enrolled nursing students at entry level on burnout and its prevention. Polit and Beck (2012:226) confirm that the purpose of qualitative approach is to describe and explore a phenomenon as it naturally occurs. In this study, the following characteristics of qualitative designs were taken into consideration:

- Natural setting: data was collected in the nursing school where enrolled nursing students were placed, and where the phenomenon under study (burnout) is expressed.
- The researcher as key instrument: data was collected by the researcher herself.
- Multiple sources of data: the researcher viewed research articles, journals, and thesis of the same topic under study. Furthermore focus group interviews were conducted from the nursing schools, excluding the nursing school where the researcher is presently working.

According to Botma *et al.* (2010:194) a descriptive qualitative inquiry is the method of choice if what the researcher wants is a straightforward description of an event or phenomenon. By using this design the researcher attempted to understand participants' perspectives and understanding of a particular situation. The researcher entered into this study without any preconceived ideas on the perceptions of participants; hence all the information given by enrolled nursing students at entry level was regarded as important.

Due to the fact that little or no previous research was known about the phenomenon under investigation the researcher attempted to collect new data through an exploratory design, namely the descriptive inquiry (Botma *et al.*, 2010:185). This exploratory work was also undertaken the better to understand the context within which burnout in enrolled nursing students at entry level unfolded.

2.3. CONTEXT

The Free State Province has eight nursing schools affiliated with provincial hospitals, of which four provide enrolled (staff nurses) and the other four provide auxiliary nurse courses. Each has an intake of 90 per annum that is 45 students per intake, as approved by the South African Nursing Council. The employees of each school consist of the principal and maximum of four tutors that are also doing clinical accompaniment. The nursing schools are under the administration of the head nurse of the hospital. The schools have common selection criteria that comply with South African Nursing Council regulations. The criteria are also facilitated by the department of health, so that the disadvantaged community may not be left behind. Hence the Department of health is funding the programme. The researcher focused her study on three nursing schools since the fourth nursing school represents the researcher's place of employment, was excluded. The Free State Province is divided into nine each with a nursing school. The districts are far apart from each other with distance that would take two to three hours' drive. In this research the government nursing schools in the Free State Province were identified as the context. This province is divided into five districts, four districts of which each have nursing schools. They are as follows: Fezile Dabi (DC 20) = one auxiliary and one enrolled nursing school, Lejweleputswa (DC 18) = one enrolled nursing school, Thabo-Mofutsanyane (DC 19) = one enrolled nursing and one auxiliary nursing school, Motheo (DC 17) = one enrolled nursing and two auxiliary nursing schools (See Map 1).



Map 1: Districts in the Free State Provinces (Wikipedia, 2012)

2.4. RESEARCH METHOD

The research method is discussed in terms of the population, sampling, data collection and data analysis.

2.4.1 POPULATION

The target population in this study comprises enrolled nursing students at entry level. Each of the nursing school has 45 enrolled nursing students per intake at entry level. The nursing schools provide a two-year enrolled nursing course, and each school has two intakes per year, namely in January and June. The students include males and females, between the ages of 25 and 45 years. For ethical reasons only three of the four nursing schools were included, since the researcher is employed at the fourth nursing school and her position as nurse educator might have influenced enrolled nursing students at this nursing school in terms of the research.

2.4.2 SAMPLING METHOD

Purposive sampling was utilised in this study in order to provide for a complex and deeper understanding of the phenomenon under study. The idea behind purposive sampling is to

purposefully select participants who will best help the researcher understand the research problem and the research question (Creswell, 2014:189). For the context of this study enrolled nursing students at entry level with experience and knowledge and interest of the topic were selected to take part in this study. Mediators were helpful in inviting and encouraging enrolled nursing students to participate in this research study.

The researcher assured the enrolled nursing students that their rights would be respected throughout this study. The right to withdraw was also explained to the participants. The participants were selected according to the following criteria:

- Nursing students at entry level;
- With experience, knowledge and interest in the topic;
- Willing to participate in the study, and having given a written informed consent, after receiving informed about the purpose of the study.

2.4.2.1 SAMPLE SIZE

The sample size of this study was determined by data saturation. Data saturation is a criterion for deciding when to cease collecting new data (Bryman, 2008:419). This data saturation was reached after three focus group interviews with nursing students at entry level in three nursing schools in the Free State Province, namely when rich and in-depth data were evident, and no new themes emerged.

2.4.3. DATA COLLECTION

The data collection is a precise, systematic gathering of information relevant to the research purpose and question (Brink, 2010:691). When planning data collection in this research, the researcher was guided by the following questions: (1) what data to be collected? Enrolled nursing students' perceptions regarding burnout and prevention of burnout. (2) How will data be collected? Audio-tape recorder will be used and semi- structured focus group interview will be conducted. (3) Who will collect data? The researcher will collect data. (4) Where will data be collected? Data will be collected from the three nursing schools and exclude the school where the researcher is employed. (5) When will data be collected? After approval has been received from HREC NWU and Free State Department of Health.

2.4.3.1. DATA COLLECTION METHOD

Semi-structured focus group interviews were used in this study to collect data from nursing students at entry level regarding prevention of burnout. The purpose of focus group interview is to allow the researcher to develop an understanding about why people feel the way they do and participants are able to bring to the fore issues in relation to a topic (Bryman, 2008:503). The semi-structured focus group interview was deemed appropriate for this study since it gave both the researcher and the participants the freedom to explore and describe the phenomenon of preventing burnout in nursing students at entry level.

The researcher travelled to each participating nursing school and conducted the focus group interviews in private rooms allocated for this purpose. The purpose of the private room was to ensure confidentiality and encourage participation without interference. Permission was obtained from participants to conduct the focus group interviews, and no other persons were allowed to enter the interview room. After informed consent has been obtained, the researcher focused on building a trust relationship with participants, namely by introducing herself to the group, and also by facilitating the formulation of ground rules for the group, namely that all participants' contributions was regarded as valuable, that there were no wrong answers, and that no one would be pressured to share. As far as possible, confidentiality was upheld in the group, making participants aware that the researcher could only ensure partial confidentiality and anonymity in a group setting. This means the researcher cannot guarantee that participants cannot talk outside the room about the topic, events, and certain individual's behaviour, even though standards were set and all participants agreed that no information will be spread to others. Expectations were clarified, and clearly stated, and participants who needed emotional support after the interview, will be referred to a professional counsellor. The questions that were asked during the focus group interviews were derived from the research questions and objectives, and were as follows:

- ✓ What are your perceptions regarding burnout?
- ✓ What are your perceptions on the prevention of burnout?

To ensure rich information, probing questions were asked to explore, reflect on and clarify responses. Probing questions were asked in order to encourage participants to elaborate further and the researcher to gain in-depth information regarding preventing burnout, such as: "Tell me more ...". Moreover, communication techniques were employed to facilitate the discussion. These included clarification, paraphrasing, and summarising, minimal verbal response, active listening, acknowledging and reflecting (Botma *et al.*, 2010:206). When conducting the focus group

interviews, the researcher took group dynamics into account (Leedy & Ormrod, 2012:157). For example, some participants were likely to dominate the conversation and others might have been found to be reluctant to express their views. This challenge was met by ensuring that everyone in the group received a chance to answer each question. The researcher listened to understand the participant's verbal and non-verbal messages.

The languages used during interviews were English and Southern Sotho to facilitate authentic expression of feelings by participants. During focus group interviews no notes were taken down because the researcher wanted to observe the real setting of focus group interviews. The field notes were, however, written immediately after each focus group interview. The focus group interviews lasted from sixty to ninety minutes per session.

2.4.3.2. ROLE OF THE RESEARCHER

Before data collection, the researcher obtained ethical approval from the Health Research Ethics Committee (Human) of the Faculty of Health Science of the North-West University, Potchefstroom campus, as part of the RISE study (Strengthening the resilience of health caregivers and risk groups) (see appendix B). Written approval was also obtained from the Department of Health in the Free State Province (see Appendix C) and from the principals at the nursing schools at which data was collected (see Appendix D and E). Upon receiving such approval and permission, the researcher recruited participants via a mediator by visiting the nursing schools and presenting information sessions on the research to entry level enrolled nursing students. The researcher obtained the assistance of mediators, namely the lecturers of the entry level enrolled nursing students, with the arrangement of dates and times for the information sessions at each nursing school, and with invitations to potential participants to participate in the research. The information session entailed the same information as that which was contained in the informed consent letter (see appendix A). During follow-up visits to the nursing schools, the researcher obtained informed consent from the participants, via the assistance of the mediators, before proceeding with data collection. The researcher arranged with the mediators to prepare venues which would be conducive to the collection of data, namely a safe, comfortable room. In the room she arranged the seating in a circle and prepared the audio recorder.

To prepare for data collection, the researcher ensured that she was comfortable with, and competent in conducting focus group interviews by conducting an audio-recorded role play focus

group interview on employees of the institution not included for the study and obtaining feedback from her supervisor with regard to more and less effective responses and management of the focus group interview to explore the appropriateness and clarity of the interview questions. The trial run took place in the field, enabling the researcher to determine whether the relevant data were obtained from participants. The researcher was advised on this matter by her supervisor at the North-West University. The university also provided the researcher with practical exposure by approving and giving ethical clearance in preparation for conducting interviews. After the trial run a meeting was scheduled with her supervisor who suggested improvements for implementation at subsequent interviews. The data of that trail run interview were not included for data analysis. The focus group interviews were audio-recorded and transcribed. An example of a transcribed interview is available as Appendix F.

2.4.3.3 SETTING

The setting for this study comprised nursing schools at which enrolled nursing student experienced the phenomenon being explored. The time for the interview was arranged in such a way as to benefit the researcher, the participants and the institution alike. Chairs were arranged in a circle to enhance an effective focus group interview and to facilitate eye contact. The room was selected because it provided an adequate degree of privacy in order to avoid disturbance. On the day of the focus group interview the researcher arrived two hours ahead of time to arrange the room. Soft drinks were provided as students at times became emotional and it was found that the sweet fluids helped to come them down. The interview took between sixty and ninety minutes as planned.

2.4.3.4 FIELD NOTES

Field notes may be described as written account of the things the researcher hears, sees, feels, experiences and thinks about during the course of the interview or focus group and is much broader, more analytical, and more interpretative than a listing of occurrences (Botma *et al.*, 2010:217). The following field notes were taken (Polit & Beck, 2012:549):

- Descriptive or observational notes: The researcher objectively described observed events and conversations during data collection.
- Reflective notes: The researcher documented her personal experiences, reflections and progress while in the field.

- Methodological notes: The researcher noted methodological aspects to provide instructions or reminders about the way in which subsequent observations should be made.

In this study field, notes were recorded at the end of the focus group interview. The following were noted: their experiences, how participants adapt, their hopes and possibilities of reconstructing their lives.

2.4.4. DATA ANALYSIS METHOD

According to Leedy and Ormrod (2012:146) data analysis is the central task in identifying common themes in people's descriptions of their experiences. Before data were analysed, the semi-structured interviews were transcribed. Each transcript was divided into three columns as follows: in the first column the notes and observation were set down. In the middle column contained the verbatim transcript and the third column was used to record themes. Transcripts were developed by listening to the tape, re-listening and reviewing. Each transcript was read through thoroughly and the research questions and objectives were borne in mind. A further issue to bear in mind with data analysis in qualitative research was that the researcher who collected data conducted the analysis (Bryman, 2008:13).

Data analysis was conducted to obtain a sense of the whole after a perusal of the transcriptions and field notes. In this research the researcher avoided the twin temptations of disclosing only the positive results and of casting the results in a favourable light (Creswell, 2014:99). The privacy and external anonymity of the focus group participants was protected by leaving out their names during the recording process (Creswell, 2014:99). Data captured from the participants were analysed following the process of content analysis as described by Fox and Bayat (2007:106):

- Gain a sense of the whole by scanning through the transcripts.
- Pick one transcript that may be the most interesting, the shortest one or the one at the top of the pile.
- Read the transcript, and identified topics by understanding relevant words and phrases.
- Find the most descriptive wording for the various topics and convert these to themes.
- Read through the remaining transcripts, identifying similar and additional themes by allocating codes to relevant words and phrases.
- Assemble the data belonging to each theme in one place.

An experienced independent co-coder was involved to analyse the data, followed by a consensus meeting between the researcher and the supervisor with regard to emerging themes.

2.5. TRUSTWORTHINESS

Trustworthiness is described by Leedy and Ormrod (2012:262) as the extent to which others perceive the study's finding to be convincing and worth taking seriously. Trustworthiness relates to the standard of truth value as well as the neutrality of the research (Rossouw, 2005:176). For qualitative data to be trustworthy the following principles should be adhered to: credibility, transferability, dependability and conformability (Jooste, 2009:472).

2.5.1. CREDIBILITY

Credibility, according to Creswell (2014:292), means that the researcher reports the perspectives of the participants as clearly as possible. For research to be credible, it should comply with the criterion of having truth value (Jooste, 2009:472). This principle was achieved by prolonged engagement in reviewing various sources of literature e.g. journals, theses, books and abstracts. Letters requesting permission were sent to different stake-holders without revealing their names in an effort to maintain credibility of the study. Information sessions and the focus group interview were conducted in a natural setting. Furthermore the researcher obtained the necessary consent from the different nursing schools so that the lecturers in respective districts could act as mediators and give information to enrolled nursing students regarding the research. The researcher then conducted a follow-up visit to clarify expectations and obtained informed consent – also with the assistance of the mediators, followed by the focus group interview. The interview questions were assessed by the researcher's supervisor as well as by the HREC NWU Potchefstroom Campus.

2.5.2. TRANSFERABILITY

Transferability is explained by Jooste (2009:472) as applicability. Again, transferability refers to the extent to which the research findings can be transferred from one context to another by providing profuse description of the data, as well as describing sampling and design details (Botma *et al.*, 2010:292). In this study, the researcher gave a full description of the methods used to conduct the study, data collection, the study participants and the researcher's observations during the study. This provided an audit trail and enabled duplication of the study in other settings if such a need should exist. Each focus group interview involved six to eight participants. Participants shared quality

data and data saturation was achieved after three focus group interviews had been conducted. Furthermore, an appropriate design in the form of a qualitative descriptive inquiry, was applied.

2.5.3. DEPENDABILITY

Dependability is explained as consistency in collection and presentation of data (Jooste, 2009:472). To achieve dependability, the focus group interview questions were clearly expressed in order to solicit the desired information in an effective manner (Leedy & Ormrod, 2012:199). The internal consistency of data was checked by the researcher's supervisor and ethics committee. During data analysis, data were checked for comparability and similarities of terms used and discrepancies were resolved. The researcher provides a complete description of the research method in order to create the opportunity for repeating the research. An independent co-coder and the researcher analysed data independently and more than one meetings were scheduled to reach agreement on the emergent themes. Finally the verbatim capturing of interviews and the field notes ensured dependability.

2.5.4. CONFORMABILITY

This criterion is concerned with establishing that the data represent the information participants provided (Polit & Beck, 2012:585). Conformability guarantees that the findings, conclusions and recommendations are supported by the data and that there is internal agreement between the investigator's interpretation and the actual evidence (Bryman, 2008:392). According to Jooste (2009:473), conformability means completeness and usefulness. In this study, completeness was achieved because all steps of research were followed. The usefulness of this study was motivated in chapter one under the headings of introduction and background. In this study three focus groups were interviews were conducted at due dates , thus ensuring that conformability was reached. This principle was also ensured through careful reflection on the approaches to do data collection, namely decisions about what to collect, how to collect and decisions about the interpretation of data.

2.6 ETHICAL ASPECTS

Nursing students at entry level participated in this study; therefore it was the researcher's legal obligation to conduct the study in an ethical manner by carrying out the research with competency and honesty, with acknowledgement of those who contributed guidance to the research. The

research was granted ethical clearance from the Ethics Committee of the Faculty of Health Sciences of the North-West University as a study within the RISE Project (Strengthening the resilience of health caregivers and risk group, Koen and Du Plessis) (Ref. No NWU-00036-11-A1). Ethical principles guiding research (Brink, 2006:32) were applied as discussed in the following paragraphs.

2.6.1. THE PRINCIPLE OF RESPECT FOR PERSONS

This principle explains that individuals are autonomous and have the right to self-determination (Mulaudzi *et al.*, 2010:202). They have the right to decide whether or not to participate in the study without the risk of penalty (Leedy & Ormrod, 2012:105). In addition, the individual had the right to withdraw at any time without incurring any penalty (Creswell, 2014:96). In this study, the researcher observed and implemented the principle of respect for all participants by providing nursing students at entry level with information regarding their participation in the study without the risk of penalty or prejudicial treatment. The researcher obtained informed consent from participants with the assistance of mediators, as explained under the role of the researcher and outlined in Appendix A. Participants were not forced or pressurised to sign a for consent form. Their right to withdraw from the study at any time was emphasized. The consent form was formulated and all the participants who were willing to participate signed the voluntary informed consent. During data collection participants were allowed to use the language of their preference to express their perceptions.

Confidentiality of the institution and participants was protected by avoiding the use their names. Instead, codes were used. In addition, partial confidentiality was explained on account of focus group interviews. Partial confidentiality means that since the researcher worked with a group she cannot guarantee that all participants adhered to their undertaking not to divulge information. Participants were treated in a courteous and respectful manner in order that they might maintain dignity and autonomy.

2.6.2. PRINCIPLE OF BENEFICENCE

The research was undertaken to address questions that were of value to the nursing students and health care institutions. Participants had the right to protection from discomfort and harm (Fox & Bayat, 2007:148). This study on preventing burnout at entry level among enrolled nursing students did not expose nursing students to physical harm, but the researcher was aware that the emotional well-being of participants might have been affected. It was thus the responsibility of the researcher to observe the emotional status of participants. To provide for the event that the enrolled nursing

students experienced emotional upset, the researcher provided them with emotional support by using communications skills such as paraphrasing and acknowledgement, and by referring them to a professional counsellor if needed.

In addition, the researcher was aware of the risk that her role as an authority figure, namely being a nurse educator, might be having an influence on participants' choice to participate. The nursing school where the researcher is situated was thus excluded from the research. Participants had the right to choose whether or not to participate and or to withdraw at any given time. The research was conducted in a setting where the comfort of the participants was ensured at a comfortable room temperature, private and safe environment. After completion of the research the participants received the research results in the form of a short report.

2.6.3. PRINCIPLE OF JUSTICE

The participants had the right to fair selection and treatment (Polit & Beck, 2012:155). The researcher selected the participants for reasons directly related to the study problem (Mellish *et al.*, 2010:142). The participants recruited were apprised of the nature of the study and offered the choice of either participating or not. The participants declared themselves willing to take part in the study and were made aware that they might benefit from the outcome of the study in the sense that there would be formulation and implementation of strategies on burnout prevention. The researcher respected the time agreed for each appointment, in order not to misuse power and authority (Creswell, 2014:97). The researcher respected participants' right to privacy by barring unauthorised people from the interview room, while participants' private information was kept confidential (Bryman, 2008:142). Partial confidentiality was clarified as explained under 'Data collection'. The interviews were audio-recorded and participants were informed in this regard. It was explained to them how recordings were managed; namely that these were being stored in a locked cabinet until the end of the research, after which destruction of the recordings would be carried out. Only transcribed interviews would be stored in hard copy on a password-protected disc in a locked cabinet, for a period of seven years.

Confidentiality is defined by Creswell (2014:99) as the researcher's responsibility to prevent all data gathered during the study from being divulged to any other person. Informed consent was obtained and participants were informed that information gathered from the focus group interviews were synthesised and made available in a research report. The participants' personal details, such as their names, were not divulged, and participants were not forced or pressurised to sign consent forms.

Their right to withdraw from the study at any time was emphasized. The consent form was formulated and all the participants who were willing to participate signed the voluntary informed consent forms. Confidentiality of the institution and participants was protected by avoiding the use of their names, and codes were used. Participants were treated in a courteous and respectful manner in order that their dignity and autonomy be maintained.

2.6.4. PRINCIPLE OF VERACITY

The truth in this study is made clear by the fact that the researcher acknowledged those who contributed guidance to the research project by attaching references. The issue of partial confidentiality due to the group setting was also emphasized to nursing students at entry level. Participants formulated group's rules during the focus group interviews in this regard, and undertook to keep discussions confidential.

2.6.5. PRINCIPLE OF FIDELITY

Fidelity refers to the obligation of being faithful to agreements and responsibilities. This principle was demonstrated by adhering to time schedules for focus group interviews, respecting participants' rights and preparing the interview rooms before meetings.

2.7. CONCLUSION

This chapter represents a discussion of the research design and method, including the population, sample and sampling, data collection, analysis, trustworthiness and ethical considerations. The next chapter comprises a discussion of the research findings and literature integration.

CHAPTER 3: RESEARCH RESULTS AND LITERATURE INTEGRATION

3.1. INTRODUCTION

Following on the detailed discussion of the research design and method in Chapter 2, this chapter has its focus on the realization of data collection and the discussion of the results, with direct quotations from interviews and references to existing literature to support the findings.

3.2. REALIZATION OF DATA COLLECTION

Written permission to conduct the research study was granted by the HREC NWU Potchefstroom campus (see Appendix B) the Free State Department of Health (see Appendix C) and the respective nursing school principals (see Appendix D and E). Enrolled nursing students at entry level formed the sample in the three nursing schools of the Free State Province. The research study was conducted over a period of two months on dates arranged with the three nursing schools. The principals were contacted and no problems were encountered with regard to obtaining permission to conduct the research. The nursing school at which the researcher is employed as a nurse educator was excluded in order to adhere to ethical principles in research. One mediator at each school assisted in informing potential participants about the study and inviting them to participate. All enrolled nursing students at entry level who showed interest in participating were invited to the semi-structured focus group interview. Voluntary informed consent (see Appendix A) was obtained from the participants.

Before the trial run focus group interview the researcher secured an appointment with the principal of the nursing school to secure date for the focus group interview. Firstly the researcher conducted an information session at which the following issues were discussed:

- The title of the research project.
- The researcher's title and position.
- Informed consent.
- Confidentiality
- Risks and benefits.
- The offer to answer questions.

Before commencing with actual data collection, and in preparation for data collection the researcher conducted a role play focus group interview with non-participants. During this role play, the class room was well ventilated; tables and chairs were arranged in a circular form. Soft drinks were available. The mediators welcomed everybody, stressed the importance of the study and encouraged participants to participate as best as they could after wards they departed. The researcher as a novice was nervous because she was not sure of the outcomes of the focus interview. At the same time participants were losing their focus on the topic under study, and the researcher did not remind them to focus on the research topic. Participants were eager to participate and very emotional. The researcher also showed her emotions.

The role play was followed by a discussion with the supervisor, during the course of which the aspects mentioned were discussed, as were strategies on improving the interview skills of the researcher. This role play exercise prepared the researcher for actual data collection, which commenced with a trial run interview with actual participants.

As a consequence of the trial run role play the researcher's interview skills were improved. She felt more at ease and sufficiently confident to ask more probing questions, for example; "Can you tell us how you felt during that time?" Participants in the trial run suggested no changes to the interview questions. Data generated in the trial run interview could thus be included for data analysis.

The trial run was followed by three focus group interviews, which were conducted in different nursing schools excluding the institution where the researcher was employed. In each focus group interview, six to eight participants participated. Data saturation was reached, as was evident through the generation of rich data and repeating information. During data analysis, five main themes emerged, and consensus was reached between the researcher and the co-coder on the final themes and sub-themes.

3.3. FINDINGS

Five main themes emerged, with sub-themes, depicting participants' perceptions on burnout and the prevention of burnout. Table 3.1 provides an overview of these findings, followed by a detailed discussion of each theme.

TABLE 3.1 PERCEPTIONS OF ENTRY LEVEL ENROLLED NURSING STUDENTS ON BURNOUT AND THE PREVENTION OF BURNOUT

Enrolled nursing students' perceptions on burnout with regard to their clinical placement	Enrolled nursing students' perceptions on burnout with regard to education and training	Enrolled nursing students' perceptions on burnout with regard to lecturers	Enrolled nursing students' perceptions of burnout with regard to themselves	Strategies to prevent burnout in enrolled nursing students at entry level	
Enrolled nursing students at entry level are overworked	Enrolled nursing students at entry level are not taught clinical skills	Confidentiality is not upheld by lecturers	Enrolled nursing students at entry level neglect themselves due to burnout	Fair and even allocation of duties	
Allocation of enrolled nursing students at entry level is not clear			Enrolled nursing students at entry level have lack of self-control due to burnout	Provide support	
Enrolled nursing students at entry level are not supported			Enrolled nursing student at entry level experience inner conflict during clinical placement	Maintain equity and fairness	
Professional nurses display negative attitudes towards enrolled nursing students at entry level					Provide safety
Lack of working materials in the hospital					Involve in decision-making
Favouritism of private students					Conducive learning environment
Enrolled nursing students at entry level do not feel safe to practise					
Enrolled nursing students at entry level are not involved in decision-making					

3.3.1. ENROLLED NURSING STUDENTS' PERCEPTIONS ON BURNOUT WITH REGARD TO THEIR CLINICAL PLACEMENT

This theme comprises several sub-themes regarding enrolled nursing students' perception of burnout, specifically regarding clinical placement during their period of training. These sub-themes are discussed by elaborating on the sub-theme, providing quotes from the focus group interviews and by referring to relevant literature. The quotes from the focus group interviews are marked with an F and a number to indicate from which of the three focus group interviews the quote has been taken.

3.3.1.1. ENROLLED NURSING STUDENTS AT ENTRY LEVEL ARE OVERWORKED

Participants shared their concerns about being overloaded with tasks. The overloading was due to the perception that some permanent staff members were loitering all day. They also reported that they felt exhausted at the end of the day, while other staff members continued feeling fresh and physically strong. They suggested a more even spread of duties. The objective of evenly spread duties is firstly to enhance physical and emotional stability and secondly to enhance effective learning. The interviewees expressed their views on overwork in the following quotations:

"The problem we faced in the ward is the permanent staff giving us more work. You will be doing vital signs or dressings alone, and in between you will be allocated something else, and you are to leave your allocation. When completing the second allocation you are to go back to the first allocation. The permanent staff will be sitting, giving instructions the whole day." (F1)

My burnout was in all the wards. We were given lot of work even if you were new in that department. Throughout the day is do this, do that, and your allocation still waiting for you, I mean all the departments." (F3)

"The other thing mme (madam), the running up and down really give us physical and emotional exhaustion." (F1)

"We end up not going to tea/lunch because of the overwork. The next day we feel like not working up and I don't report because I already know what they are going to say. Right and wrong to them is the same." (F1)

Literature confirms that nursing students are regarded as part of the workforce; hence they are overloaded with tasks (Magobe, 2010:530). One of the principles of delegation is to spread duties evenly in order to enhance physical and emotional strength (Booyens, 2010:297).

3.3.1.2. ALLOCATION OF ENROLLED NURSING STUDENTS AT ENTRY LEVEL IS NOT CLEAR

Enrolled nursing students at entry level expressed their concerns about the fact that their allocation of duties was unclear. It is the professional nurse on duty going off at 19:00 who is responsible for the drawing up of allocation of duties for the next day. The purpose of the clear allocation of duties is to promote self-confidence and productivity. If allocation of duties is not clear, students become frustrated and uncertain what to do, as reported by enrolled nursing students at entry level. Below are the expressions of enrolled nursing students at entry level concerning unclear allocation:

We are allocated many tasks while the permanent staffs are loitering, getting pay for the work they didn't do." (F2)

"They must allocate us according to our scope of practice." (F1)

"There must be scope of practice." (F3)

"Allocation of duties must be in writing and must be clear."(F2)

"The allocation that is not even clear. They allocate us 2nd year work without even demonstrating to us. When the problem arises you are left alone, and the school cannot stand for you." (F2)

Literature confirms that unclear delegation of duties is one of the stressors experienced by students (Blum, 2014). Booyens (2010:297) states that duties should be clear and be written down for future reference if something should ever need to be investigated.

3.3.1.3. ENROLLED NURSING STUDENTS AT ENTRY LEVEL ARE NOT SUPPORTED

Students explained that they learn most effectively in an environment that is supportive, and makes them feel they are part of the team. Participants persistently reported that they were not being supported by management and professional nurses in their clinical environment. They expected their educational institution to support students by facilitating learning and promoting mental stability and productivity. Enrolled nursing students reported that they were working very hard in their clinical placement without support and supervision. The quotations below indicate the need for support:

Dealing with a corpse it's scaring, after that we don't get emotional support. You will go home with that trauma; your family will be comforting, what about the professionals? They don't care. You will be told that you are a nurse and they never recruited us to their profession." (F2)

“We don’t get support from SETA. We get books late. It’s tiring; moreover we are referred to our books. We get lot strain and stress because we are to cover lot of work done in the class, and also to prove professional nurses wrong.” (F1)

“We are not supported by the whole health team.” (F3)

“We must also attend courses on stress management.”(F1)

“We get books late from the Provincial Department of Health. When we are referred to our books, we don’t have something to nail on.” (F3)

Research revealed that mentors are aware of their role in supporting students’ nurses. However, there are several barriers preventing them from giving the required support such as organisational constrains and increased workload (Emanuel & Pryce-Miller, 2013:19). Nursing education institutions do have approved bylaws, which require that academic counselling and support services be made available to all students (Humi *et al.*, 2014:412). This was considered relevant by the researcher because support services include athletics with fight burnout. Based on what students expressed and on the research reports, there is a need for support for all students.

3.3.1.4. PROFESSIONAL NURSES DISPLAY A NEGATIVE ATTITUDE TOWARDS ENROLLED NURSING STUDENTS AT ENTRY LEVEL

From data collected from enrolled nursing students, it is evident that negative attitudes displayed against students by professional nurses are negatively affecting the wellbeing and emotional stability of enrolled nursing students. The use of vulgar words in front of patients was mentioned persistently, and students described this as rudeness. Enrolled nursing students reported this as unacceptable behaviour and stated that it indicated that the professional nurses themselves need help. Participants reported feeling depressed and suffering from lack of self-confidence. They reported that there is poor communication in the clinical environment. In the context of this study, enrolled nursing students reported that they need to be treated with respect. Regarding the negative attitude displayed by professional nurses, the enrolled nursing students responded as follows:

“They will be saying, today you are sick, tomorrow you will be fetching medication, and then your child is sick, the school principal wants to see you, and then is you husband. In admission office we are to stand in long queues, in sick bay the sister working there not available” (F1)

“We are not respected by permanent staff.” (F2)

“One day I was accused of stealing sunglasses of a doctor, the next day he was wearing them. Not even sorry, that is the attitude of professionals.” (F2)

“Their attitude is not good. They have mental condition, they need to be referred. They are unapproachable, we are afraid to talk to them, if we are having tea, once they enter we leave the area immediately.” (F2)

“All the mistakes in the department are done by students, for example, patients’ medications were found in the waste box and that was reported as our mistake.” (F3)

“We also end up being stubborn. Sometimes it will be nice if they can just say thank you, it could be nice, it could be nice but we don’t get that. We are drained, I mean drained in the true sense.” (F1)

“Those people are rude, and I have told myself that I’m just going to behave like and give them a bit of their own pudding.” (F2)

“We feel inferior to them.” (F1)

“We see negative attitudes every day, why? Even Matrons. They must change” (F2)

“It is really frustrating and demoralising.” (F2)

“We lack self-esteem.” (F2)

“They treat us as objects, and we feel not valued.” (F3)

Literature suggests that, in order to provide effective student support, mentors – such as professional nurses must be positive role models, knowledgeable, and able to develop good working relationship (Emanuel & Pryce-Miller, 2013:19). Magobe (2010:530) reports that a negative attitude is one of the characteristic ways in which burnout is manifested. This statement is supported by enrolled nursing students when reporting in the context of this study that professional nurses also need counselling. Enrolled nursing students suggested that they need an environment which is conducive to development. This statement is supported by Bjork *et al.* (2014:2959) who assert that clinical placement experiences may influence nursing students in a positive manner. Therefore the need for a positive attitude was emphasised by enrolled nursing students at entry level.

3.3.1.5 LACK OF WORKING MATERIALS IN THE HOSPITAL

Participants reported that there is a lack of working materials in the hospital. Consequently they are sent to other wards to borrow material, which frustrates them. They view it as the responsibility of the experienced professional nurse to order and maintain stock of working materials. Participants said they regard the provisioning of working materials as an opportunity to enhance learning and

productivity but reported that they are being sent from pillar to post, requesting materials. They reported that the availability of working materials enhances informed decision-making in respect of the provision of quality care. The need for availability of working materials was illustrated as follows:

“There is lack of working materials in the hospital, you will be running the whole hospital and this running gives us headache. You will be shouted upon, why are you not ordering? This running also gives us physical exhaustion.” (F1)

Literature confirms that mentors report that they are aware that the lack of working materials leads to a sense among students that support is lacking. This in turn may contribute to higher dropout rates (Emanuel & Pryce-Miller, 2013:18). Research conducted among Primary Health Care students in South Africa revealed that lack of working materials in public institutions results in professional nurses leaving the service for better opportunities (Magobe, 2010:525). There is a need for availability of working materials in hospitals to enhance learning, productivity and mental stability.

3.3.1.6. FAVOURITISM OF PRIVATE STUDENTS

Enrolled nursing students reported that in their clinical placement there are private and government students. They reported that professional nurses tend to favour private students, even to the extent of reducing their workload. The reason they give is that the government students are receiving money, from learnership. Nursing students reported that favouritism led to hatred against private students, as expressed in the next paragraph.

“There are private and government students in the wards. Sisters favour private students they even limit their work. They say we are getting money, it is not even so much and the money is from learner ship. Right now we hate the private students, we hate them.” (F1)

“When they are about to start teaching, we will send to casualty so that by the time we come back they are through. When you ask to be demonstrated there is always reasons.” (F2)

“There is favouritism. They favour private. They are the people who are taught. Right now we hate private students. We feel inferior to them.” (F1)

“Hei..(laughing) I have never seen that, favouritism, private students are getting the best treatment.” “We feel inferior to them.” (F1)

“It is really frustrating and demoralising.” (F2)

“We lack self-esteem.” (F2)

“They treat us as objects, and we feel not valued.” (F3)

Research regarding cultural diversity confirms that discrimination should be avoided. Everyone, regardless of race, ethnicity, country origin, gender, socio-economic status or any other characteristic, should be treated equally (Bednarz *et al.*, 2010:254). The South African government has introduced regulations regarding the promotion of equity and prevention of unfair discrimination (Venter *et al.*, 2011:293).

3.3.1.7. ENROLLED NURSING STUDENTS AT ENTRY LEVEL DO NOT FEEL SAFE TO PRACTICE

Participants reported feeling unsafe in their clinical placement. They reported being threatened. As a result, they are afraid to practise clinical skills, and they are anxious about working in clinical settings. They experience some patients as aggressive, which makes them feel threatened. They state they are experiencing emotional abuse by registered nurses, who threaten them with the South African Nursing Council, and making them afraid of performing.

“Safety in the hospital is not there especially of students. (Door opening). Strangers coming with lot of aggression, ee...then we feel threatened. The community is threatening us. They will be saying you, I know you from somewhere, I am going to meet with you, I feel threatened, and the security is not there. Emotional abuse by registered nurses, always threaten us with South African Nursing Council, then we are afraid to do procedures.” (F3)

“In the wards we are exposed to all sorts of abuse. There is this mentality that everything missing in the ward is taken by students. Surprising, they are having the keys of the missing item. We are emotionally disturbed of this attitude.” (F2)

“Safety is not good in the hospital.” (F2)

“I don’t like the attitude of professional nurses threatening us with South African Nursing Council (SANC).” (F3)

“Doors are not working properly, at night we can be attacked by intruders.” (F3)

“We are threatened, it’s you who will be expelled and you will lose your job.” (F3)

Literature confirmed that senior nursing students perceive that defects in knowledge, patient centered practice, professional mortality and authenticity threatens safety in the clinical learning environment (Killam *et al.*, 2012:1473). In South Africa the aim of the health and safety act is to create a conducive working environment (Venter *et al.*, 2011:232).

3.3.1.8. ENROLLED NURSING STUDENTS AT ENTRY LEVEL ARE NOT INVOLVED IN DECISION-MAKING

Participants expressed their concerns about not being involved in decision-making, but simply having to follow get instructions. They do not attend meetings; they are not aware what is happening in the hospital. Professional nurses tend to bar enrolled nursing students from attending meetings, or they will allow only one student at a time to attend meetings. Participants were of the opinions that since enrolled nursing students spend most of working hours beside the patients; their contribution could prove helpful in the treatment and rehabilitation processes. Involving nursing students in decision-making encourages critical thinking and improves on communication and interpersonal relations. Unless nursing students are involved in decision-making, they may resist change and implementation of policies. The following quotations illustrate their views on non-involvement in decision making:

"We are not involved in decision making, we just get instructions. We do not attend meetings; we don't know what is happening in the hospital." (F3)

"The sister in your ward will be saying, go to the meeting, other sister from other ward will be saying, what is he going to do? I said to that sister, sister, you don't even recognise that I am she." (F3)

Literature confirms that students feel that they should be included in decision making in their organisations as they have the power and control to perform their jobs effectively in a manner congruent with their personal values (Compson, 2015:70). Further literature reveals that some institutions are tapping knowledge by involving nursing students at the highest level of the hospital leadership to accomplish its vision, mission and objectives (Needleman & Hassmiller, 2009:626).

3.3.2. ENROLLED NURSING STUDENTS' PERCEPTIONS ON BURNOUT WITH REGARD TO EDUCATION AND TRAINING

Enrolled nursing students reported that they are experiencing burnout in their clinical placement regarding education and training. This theme had one sub-theme which is discussed below.

3.3.2.1 ENROLLED NURSING STUDENTS AT ENTRY LEVEL ARE NOT TAUGHT CLINICAL SKILLS BY PROFESSIONAL NURSES

Participants expected professional nurses in the clinical environment to teach them clinical skills. However, participants reported that they are not being taught clinical skills by professional nurses. They also reported that it is the responsibility of the professional nurse to draw up teaching programmes incorporating the departmental aims and learning objectives. Enrolled nursing students

reported feeling empty and hopeless due to the fact that they did not receive such training in the clinical setting. Enrolled nursing students expressed their views as follows:

“We are not taught even to do doctor rounds, but we will be expected to execute doctors’ orders that you were not part of it.” (F1)

“When you ask something you are told to go to your tutor or consult your book. Our learning objectives are not signed, or you will be referred to the matron who was not there when you were working. It is really draining, it’s really draining.” (F1)

Literature confirms that students learn most effectively in an environment that facilitates learning by encouragement, support and which makes them feel part of the team (Emanuel & Pryce-Miller, 2013:19). Studies have demonstrated that students can be used as agents when they are involved in teaching their junior colleagues and with the orientation of new counterparts (Haines & McGowm, 2014:19).

3.3.3. ENROLLED NURSING STUDENTS’ PERCEPTION ON BURNOUT WITH REGARD TO LECTURERS

Participants shared that with regard to burnout they felt concerned that lecturers tend not to uphold confidentiality.

3.3.3.1. CONFIDENTIALITY IS NOT UPHELD BY LECTURERS

Enrolled nursing students shared their belief that tutors do not maintain confidentiality. They reported that when they confide in lecturers and tell them of their problems; the latter would tend to share these problems as examples. They also reported that if someone failed to honour their personal information, they would lose their trust in that person, and feel nervous. They therefore preferred to keep their problems to themselves. Failure to maintain confidentiality affected their work, and frustrated them.

I like the point on confidentiality. Tutors do not maintain confidentiality. You tell them your problem; you will hear those making examples with it. I trusted them, I don’t like that (quiet and coughing). If someone does not maintain your personal stuff, you will no longer trust that person, and I feel nervous. I can rather keep my problems. It also affected your work, and you got frustrated.” (F2)

“Our tutors don’t maintain confidentiality. They like making jokes of our problems. Problems are not jokes, and they teach us to maintain confidentiality. They don’t do as they say, and we are losing trust on them.” (F2)

"We don't even trust ourselves; we are helpless if our tutors are doing that." (F2)

Confidentiality is defined as a basic human right which often presents ethical dilemmas in the health care institutions if not upheld (Mellish *et al.*, 2010:158). Research reports that trusting relationship, respectful and sensitive communication can assist students in discovering what is important (Giske & Cone, 2012:1368).

3.3.4. ENROLLED NURSING STUDENTS' PERCEPTIONS ON BURNOUT WITH REGARD TO THEMSELVES

The fourth main theme concerned participants' perceptions on burnout with regard to themselves. Participants shared that it is their responsibility to maintain their physical and emotional health. They need to rest, sleep, eat, develop, socialize, consult and take medication as prescribed. Three sub-themes emerged, namely that participants perceived that they tend to neglect themselves, lack self-control and experience role conflict.

3.3.4.1. ENROLLED NURSING STUDENTS AT ENTRY LEVEL NEGLECT THEMSELVES DUE TO BURNOUT

Enrolled nursing students reported that they tend to neglect themselves as a result of burnout. They tend to be over-committed. This commitment puts too much pressure on them and contributes to anxiety, depression and post-traumatic stress disorder. As adults they also have the responsibility to take care of children, cook, and clean the house and to study. Here below are their quotations:

"We end up neglecting ourselves, because of burnout. I always cover for the sick. I even forget taking my medication, end up being sick, don't eat or drink water. At home we forget to go through our books because we are tired." (F3)

"Some stressors are from home." (F3)

"We neglect ourselves. We work unpaid overtime covering for the sick. I don't take my medication as I supposed to. Eating and drinking water is a nightmare." (F3)

"Some of our colleagues come to work drunk, we feel for them that is the only way they can do to be happy at work." (F3)

Literature reveals that nursing students often express reluctance to take the time required to take care of themselves (Blum, 2014). Family obligations such as direct care for dependants, children and aging parents, maintenance of spousal relationships, attendance at family gatherings and children

school events, and daily operational needs at a home often leave little time for study (Bednarz *et al.*, 2010:257). In this study the need to support nursing students to facilitate self-care was highlighted.

3.3.4.2. ENROLLED NURSING STUDENTS AT ENTRY LEVEL HAVE LACK OF SELF-CONTROL DUE TO BURNOUT

Enrolled nursing students at entry level reported losing control while working in their clinical placement. Working with patients requires someone with the emotional stability to render the service. In this study enrolled nursing students reported that difficult conditions propel them to respond in an unprofessional way to rudeness and negative attitudes. Due to these circumstances in their clinical placement, they tend to feel helpless and worthless. Their feeling and emotions are demonstrated in the following quotations:

“There was a sister who always swearing on them, talking things that are out of work, they felt like going home, (uu.. mme) madam, (Mme oo..) that mother, they felt helpless, they didn’t know what to do, they wanted to smack her. Shouting at us on things we didn’t do.” (F3)

“Joo...mme (madam) one day I also lost control, the only way to protect myself was to smack that professional nurse.” (F3)

Lack of self-control is described as regulation problems, also known as emotional dissonance and occurs when stressors disturb the regulation of action (Kovacs *et al.*, 2010:433). In the context of this study, burnout renders enrolled nursing students incapable of adequately managing their emotions, and this revealed in displayed aggression.

3.3.4.3. ENROLLED NURSING STUDENTS AT ENTRY LEVEL EXPERIENCE INNER CONFLICT DURING CLINICAL PLACEMENT

Participants shared that they experience inner conflict during clinical placement and while providing nursing care due to differences in culture and religion. Although hospitals have protocols and policies designed for the effective management of cultural differences, participants had the feeling that differences between their own culture and religion and those of the patients caused inner conflict, particularly when they were forced to ignore these differences.

“I am going to talk about my culture and my religion. I remember admitting patient with low Hb, and patient was to receive blood, my culture does not allow that, I end up having that inner fight.” (F3)

“The issue of allocation, one sister will be allocating duties, the other one will be saying it is not your scope of practice, this ended in conflicts. Giving patients depo is against my culture and religion.” (F3)

“I also experience role conflict. I am one person if I see the menstruation of other person, I immediately start menstruating. The sister told me to wash Mrs X and she also mentioned that Mrs X is menstruating I should collect sanitary pads from CSD (Central Sterilizing Department). I told her that I’ll collect sanitary pads but she must allocate somebody because I am one person once I see menstruation of other person, I am going to menstruate, please allocate another nurse. Joo.. it was enough, you think you are smart or better than other people, you are going to wash that patient.” (F3)

“These are the conflicts we meet in the wards. Professional nurses don’t have the listening skill; there is just shouting and shout.” (F3)

“Those people are having conflict within themselves, they are fighting as professionals, and we are the middlemen. They need psychologist, and this conflict causes us stress and patients are suffering.”(F3)

Based on relevant literature this finding appears to resemble the phenomenon of moral distress, as discomfort is experienced in relation to ethical conflict and participants are unable to translate their moral choices into moral action (Compson, 2015:64).

3.3.5. STRATEGIES TO PREVENT BURNOUT IN ENROLLED NURSING STUDENTS AT ENTRY LEVEL

Participants shared several strategies to prevent burnout as discussed below.

3.3.5.1 FAIR AND EVEN ALLOCATION OF DUTIES

Enrolled nursing students recommended that allocation of duties should be spread fairly and evenly among nursing students. The advantage spreading duties evenly is that it will prevent physical fatigue and allow growth and development. Again the enrolled nursing students at entry level suggested that allocation of duties should be clear and that staff should be allocated, and work according to their job descriptions, eg. Porters to do their work and nurses to do theirs.

“Hiring more staff.” (F1)

“Prevent shortage of staff.” (F2)

“The load of work must be reduced.” (F3)

According to Booyens (2010:297) duties should be evenly and fairly distributed, supervised and clearly written out. Research has revealed that job burnout can be decreased by increasing job

stability, freedom of action, clarification of individual responsibility and dividing tasks among members for lowering workload (Momeni *et al.*, 2010:113). Researchers have found high level of stress among individuals who have excessive work-loads (Beheshtifar & Omidvar, 2013:2222).

3.3.5.2 PROVIDE SUPPORT

Enrolled nursing students suggested that colleagues, unit managers, hospital management lecturers and the Provincial Department of Health provide them with support. This included emotional, academic and personal support. Participants specifically mentioned support from professional nurses, namely those professionals who display positive attitudes as role models, and that professionals use appropriate language so that their own language may be improved and medical vocabulary be increased. Effective feedback should be given to enhance growth and personal development. When students do well, they need praise to make them feel valued and respected. They also reported that constructive criticisms motivate them to keep them working harder while negative criticism hampers their growth and development.

“Provide support and counselling” (F1)

“Department to boost morale,” (F2)

“Workshops for stress management should be for everybody including students.”(F3)

“Soccer, netball, games and many other.” (F2)

“Sessions with psychologist especially permanent staff. If they are emotionally stable, we will follow the suit.” (F2)

“Provide support in clinical environment and supply books on time” (F3)

Literature confirms that it is the responsibility of the leaders to model the way in a professional and respectful manner and give encouragement while offering constructive feedback (Compson, 2015:70). Support has been seen as one of the largest predictors towards reduction in burnout among nursing students (Nordang *et. al.*, 2010:1472).

3.3.5.3. MAINTAIN EQUITY AND FAIRNESS

Equity and fairness were suggested by enrolled nursing students at entry level. Nursing students suggested that favouritism of private over public students should be stopped. Moreover, they suggested that monitoring and disciplinary measures should be implemented against offenders.

"We need to be treated the same way." (F2)

"Equity policy to be implemented." (F3)

"There must be fairness and distribution of duties." (F2)

Literature supports that equity and fairness should be maintained, through which equal opportunities, fair treatment in employment and the illumination of unfair discrimination is promoted (Venter *et al.*, 2011:293).

3.3.5.4. PROVIDE SAFETY

Participants suggested that security be is provided, and emphasised the need for safety in the clinical setting. They suggested that security in the hospital be improved to protect nursing staff and patients.

"Provide safety." (F3)

"Broken doors to be repaired." (F3)

"Working materials form part of safety." (F2)

Literature upholds that safety and security should be upheld, and that cases of abuse and violence associated with increased instability in clinical settings, be reported (Roche *et al.*, 2010:13).

3.3.5.5. INVOLVEMENT IN DECISION-MAKING

In this study, enrolled nursing students at entry level recommended that they should be involved in decision-making, particularly in matters pertaining to themselves. Participation in decision-making promotes motivation for effective performance and achievement of personal and organisational goals. They suggested that they should be allowed to attend management meetings to influence decisions affecting patients since they are constantly with the patients.

"Involvement in decision-making." (F3)

"We must attend meetings and be part of the decision making." (F2)

“If we are not part of the decision making, how are we going to implement policies? It is not our policies, is theirs.”(F3)

Research has shown that nursing students feel that they are capable of participating in decision-making in their organisation and have the power and control to effectively do their job in a manner congruent with their personal values (Compson, 2015:70).

3.3.5.6. CONDUCTIVE LEARNING ENVIRONMENT

Enrolled nursing students suggested that the learning environment should be conducive to education and training. There should be opportunity for applying their theory in practice. Mentoring and coaching should be an on-going process. Books should be made available on time so that learning could take place smoothly. They suggested that during orientation financial advisers be available for information. The researcher found this relevant to a conducive learning environment since the students receive a stipend and need to be taught frugality and money sense so that do not suffer burnout on account of financial troubles. In addition, they emphasised that lecturers and professional nurses should maintain confidentiality, in order that they could freely share their concerns.

“Demonstration and feedback.” (F3)

“We need to be taught every day.” (F1)

“Doctors too must teach us.” (F2)

“They must orientate us.” (F1)

“They must teach us the correct procedures.” (F2)

“The aim of induction is to welcome the new employee, teach procedures and make him/her to feel accepted to minimise risk of burnout. There must be follow-up sessions by the people concern.” (F2)

“They must teach us.” (F2)

“It is their responsibility to teach.” (F3)

“Tutors and everybody to maintain confidentiality “(F2)

“They should be disciplined too if they fail to maintain confidentiality.”(F2)

“I think confidentiality is ethics, therefore ethics should form part of orientation especially regarding to confidentiality. We had trust on them, but they have violated that. They must be disciplined if they fail us like that.”(F2)

Literature confirms that students learn most effectively in environments that facilitate learning by encouraging and supporting and making them feel they are part of the team (Emanuel & Pryce-Miller, 2013:19).

3.4. SUMMARY

In chapter 3, the realisation of data collection and data analysis were described, and results of the research study were discussed with literature integration. In the next chapter the focus will be on the conclusions followed by an evaluation and the limitations of the research study; and recommendations for practice, nursing education and further research.

CHAPTER 4: CONCLUSIONS, EVALUATION OF THE STUDY, LIMITATIONS AND RECOMMENDATIONS

4.1. INTRODUCTION

In the previous chapters of the research study, the researcher discussed the overview, research methodology, realization of data collection and the research findings on perceptions of burnout in enrolled nursing students at entry level, in public nursing schools in the Free State Province. In this chapter, the conclusions, limitations and recommendations will be discussed in relation to the research questions and objectives. Recommendations will apply to further research, clinical practice and nursing education in order to prevent burnout in enrolled nursing students at entry level.

4.2. CONCLUDING STATEMENTS

Five themes emerged from data analysis: Enrolled nursing students' perceptions on burnout with regard to their clinical placement, education and training, lecturers, and themselves; and strategies to prevent burnout. The following concluding statements were formulated from these results and the literature integration.

4.2.1. THE PERCEPTIONS OF ENROLLED NURSING STUDENTS AT ENTRY LEVEL ON BURNOUT IS CLOSELY RELATED TO THE CLINICAL SETTING, EDUCATION AND TRAINING, LECTURERS AND THEMSELVES

The main themes resulting from this research indicate that participants' perception on burnout relates to the clinical environment, education and training, lecturers and themselves. They describe a negative and demanding clinical setting in which they do not receive guidance and support, leading to feelings of anxiety, depression and exhaustion. They view burnout as related to education and training, stating that they do not receive adequate teaching in clinical skills, and that they find it difficult to trust lecturers. This leads to feelings of helplessness. They personally viewed burnout in relation to a need for self-care, loss of self-control and inner conflict, leading to further physical and emotional exhaustion and moral distress.

From the results it is clear that participants experienced burnout. They shared that they are overworked and that they have to do work outside of their scope of practice. Participants

experienced physical fatigue. This might decrease morale and productivity which in turn has the potential to contribute to further work dissatisfaction, further burnout and absenteeism.

4.2.2. ENROLLED NURSING STUDENTS ARE IN NEED OF GUIDANCE, SUPPORT AND A CONDUCTIVE LEARNING ENVIRONMENT TO PREVENT BURNOUT

It appears that participants are in need of guidance, support and a more conducive learning environment to prevent burnout. This need is evident from their views that the allocation of duties is not clear, that they do not receive adequate support from lecturers and professional nurses and that they experience the clinical setting as unsafe. Unclear and unsupervised allocation results in confusion, frustration, emotional fatigue and absenteeism. It is important for clinical managers to consider this as a challenge that requires immediate attention.

Their need for guidance and support is further evident from their view that they felt they need people who can support them so that they may become a healthy workforce in the future. Some participants felt that authorities such as the government and senior colleagues fail to support them, and they lack working materials. This leads to feelings of uncertainty and anxiety, and limits learning opportunities.

The need for guidance and support does not appear to be met currently, as seen from their perception that professional nurses tend to display negative attitudes towards them and treat them unfairly and that lecturers tend not to uphold confidentiality, which has a negative impact in their lives. Their confidence to clarify uncertainties and learn from experiences in the clinical setting is limited by the negative attitudes of professional nurses and their lack of trust in lecturers. They feel embarrassed when they receive negative feedback from professional nurses in the presence of patients.

Participants furthermore reported that they do not feel safe in their clinical placement. This causes them to be afraid, anxious, frustrated and decrease their morale. There thus appears to be a need for support, guidance and a conducive learning environment among enrolled nursing students to prevent burnout.

Participants' suggestions on the prevention of burnout confirms this conclusion that enrolled nursing students at entry level need support, guidance and a conducive learning environment to prevent burnout. They suggested that equity and fairness should be practised, duties should be spread more fairly, there should be more clarity on their allocation and scope of practice, and that the work environment should be safe, provide sufficient work materials. They further suggested that they need support, role modelling and constructive feedback from senior colleagues and lecturers whom they can trust to keep information confidential.

4.2.3. ENROLLED NURSING STUDENTS ARE IN NEED OF EMPOWERMENT

It may be concluded that participants are in need of empowerment. This may be a way of preventing burnout in enrolled nursing students at entry level. Participants' need for empowerment is evident from their perception that they want to be involved in decision-making, as they are of the opinion that they can make valuable contributions in the clinical setting. Not being involved may leave enrolled nursing students with a low morale and emotionally depressed.

In addition, it is clear that a work environment that does not provide optimal education and training can be considered to be non-empowering and limiting the ability of enrolled nursing students to be active and productive. Participants were of the opinion that education and training was not provided optimally in their work environments. Enrolled nursing students at entry level consequently felt drained and empty.

Other areas in which enrolled nursing students at entry level need empowerment in order to prevent burnout, is self-care management of inner conflict and healthy management of emotions. It was clear that participants tend to neglect their own health and academic development. Too much pressure on them contributed to the feeling of anxiety, depression, loss of self-control and helplessness, without providing the necessary support and guidance. In order to overcome this challenge, the supportive structure in the educational institution must be available for enrolled nursing students at entry level.

Participants' suggestions on the prevention on burnout confirms the conclusion that enrolled nursing students at entry level are in need of empowerment, as they suggested that they should be

involved in decision-making, that they need mentoring and coaching, that they should be prepared for employment in clinical settings and guided to manage inner conflict.

4.3 EVALUATION OF THE RESEARCH STUDY

Conducting research on enrolled nursing students at entry level within government nursing institutions was an eye-opener to the researcher in terms of the operation of government institutions. This research report reflects the significance of the study conducted with the purpose of achieving the research objectives and provides constructive feedback on the appropriateness of the research methodology. The researcher found it difficult to listen to the experiences of the enrolled nursing students of their placement in the clinical environment. During this study, the researcher realised the importance of conducting this research in order to suggest and make recommendations on the creation of an environment that will support positive learning experiences for the students.

The research study title is: “Preventing burnout in enrolled nursing students at entry level and formulating strategies to prevent burnout.” The researcher had expected to find some literature on preventing burnout in enrolled nursing student at entry level to support the study. However, such literature was very limited, and no literature could be found on this topic in the context of the Free State Province. The researcher consulted literature on preventing burnout in general. This revealed valuable insight.

The development of the proposal was a huge hurdle and the researcher was hesitant about whether the proposal would be approved by the North West University Ethical Committee. This hurdle almost caused the researcher to lose hope, due to lack of understanding. However, after several attempts had been made, the light dawned.

It is suggested that the research objectives (see chapter 1) were achieved because the research was able to identify the challenges and needs of enrolled nursing students at entry level. A research report will be submitted to the Provincial Department of Health Research Ethical Committee and Provincial Hospitals where enrolled nursing students are placed for their clinical exposure, indicating the results and recommendations of this research study.

It is suggested that the utilisation of the qualitative research design using contextual, explorative and descriptive strategies to explore and describe burnout in enrolled nursing students was effective

since five main themes could be identified. The research results were confirmed when literature integration was applied.

Arranging for data collection presented no problems, although the researcher was unable to predict of the outcome of the focus group interviews. Data analysis was facilitated by an experienced co-coder analyst. My supervisor was very supportive throughout the entire process and her mentoring is much appreciated. There were profoundly challenging periods with deep valleys, but she stood firm, supportive throughout.

In conclusion, the entire process was an exciting challenge. The study revealed that there are challenges within the Department of Health, specifically with regard to nursing, that need urgent attention with respect to burnout and the prevention thereof in enrolled nursing students at entry level.

4.4. LIMITATION OF THE STUDY

Due to the fact that this was a qualitative study, research findings cannot be generalised with regard to all enrolled nursing students at entry level in public institutions. The study was done in Free State province excluding other provinces. Other lower categories than nursing students were not included in the study.

4.5. RECOMMENDATIONS

The following recommendations to prevent burnout in enrolled nursing students at entry level are made for nursing practice, nursing education and further research.

4.5.1. NURSING PRACTICE

In this context, nursing practice refers to measures to prevent burnout among enrolled nursing students at entry level. Recommendations with regard to the clinical setting, guidance and support and empowerment are formulated.

4.5.1.1. CREATING A FAIR AND SAFE CLINICAL SETTING

Clinical placement should be of conducive milieu for entry level enrolled nursing students in order to facilitate growth and development and prevent burnout:

- Fairness and equity should be promoted. This can be done through an even spread of duties according to scope of practice, clear allocation of duties, and the availability of work material.
- Professional nurses should maintain a positive and respectful attitude towards enrolled nursing students at entry level. This may be facilitated by means of adequate orientation of professional nurses on their educational role in the clinical setting, open communication and support for professional nurses by the management of the clinical setting.
- A safe and discrimination free environment should be maintained. Health and Safety Act and other related acts should be implemented.

4.5.1.2. GUIDANCE, SUPPORT AND EMPOWERMENT

- Adequate education and training opportunities should be provided. Training, supervision, support and monitoring strategies should be implemented by lecturers and clinical staff. Hence professional nurses should be prepared for this role. Lecturers can play a role in preparing professional nurses to take up this task.
- Enrolled nursing students at entry level should be involved in decision-making in the clinical setting, in order that they may gain experience in contributing to health care, and that they optimally utilise learning opportunities.
- Trust relationships between enrolled nursing students, professional nurses and lecturers should be facilitated in order that the students may freely express their feelings and concerns, and ultimately in order that they may make optimal use of learning opportunities.
- Enrolled nursing students at entry level should be empowered with regard to self-care, and the management of inner conflict, emotions, burnout and moral distress. This can be done within trust relationships with professional nurses and lecturers, by means of clinical facilitation. Workshops on topics such as burnout, moral distress and emotional intelligence may prove to be valuable. Professional counselling and social support should be made available to enrolled nursing students at all levels. Formal and informal training should have as its focus the needs of the enrolled nursing students with regard to burnout prevention.
- The enrolled nursing students should be informed of available services in the organisation with regard to burnout prevention. At entry level of enrolled nursing students, strategies to identify those already at risk of burnout and preventative measures should be implemented.

4.5.2. NURSING EDUCATION

In this context, recommendations in respect of nursing education are integrated in the recommendations for nursing practice (see 4.4.1.). In addition, it is recommended that role-players such as professional nurses and other senior nursing staff as well as nurse educators should be prepared during training to prevent burnout in enrolled nursing students at entry level. This includes:

- Creating awareness that enrolled nursing students at entry level may experience burnout, as well as guidance on how to prevent and manage burnout among these students. In this regard, the recommendations for nursing practice (see 4.4.1.) may be taken into consideration.
- Education and training on building a trust relationship with students and the importance of maintaining confidentiality and a positive, respectful attitude.
- Education and training on clinical facilitation of enrolled nursing students at entry level.
- Education and training on creating and utilising learning opportunities in the clinical setting.

4.5.3. FURTHER RESEARCH

- There is a need for further research on preventing burnout in enrolled nursing students at all levels, specifically with regard to the clinical setting, and the need for guidance, support and empowerment among these students.
- There is a need for further research on the preparation of professional nurses to fulfil their educational role in the clinical setting.

4.6. SUMMARY

The objectives of the study were achieved. The first objective was to explore and describe the perceptions of enrolled nursing students at entry level on burnout. The results and conclusions provide a clear picture of how enrolled nursing students at entry level at specific nursing schools in the Free State Province perceive burnout. The second objective was to explore and describe the students' perceptions on the prevention of burnout. Participants made valuable suggestions with regard to the prevention of burnout, and the second objective was thus likewise achieved. The results, relevant literature and conclusions could be used to formulate recommendations in respect of nursing practice and education as well as recommendations in respect of further research to prevent burnout in enrolled nursing students at entry level.

References

Abdullah, D.N.M.A. & Yuen, F.C. 2011. The impact of job burnout towards job performance among nurses. *Digital library*, 25:351-356.

Aro, K.S., Tolvanen, A. & Nurmi, J.E. 2009. Achievement Strategies during university studies predict early career burnout engagement. *Journal of vocational behaviour*, 5(2):162-172.

Awa, W.H., Plaumann, M. & Walter, U. 2010. Burnout prevention. *Journal of advance nursing*, 78(2):184-190 (Abstract).

Balevre, P.S. & Buzaianu, E. 2012. Professional nursing burnout and irrational thinking: A Replication study. *Journal of nurses in staff development*, 28(1):2-8.

Bednarz, H., Schim, S. & Doorenbos, A. 2010. Cultural diversity in nursing education: perils, pitfalls and pearls. *Journal of nursing education*, 49(5):253-260.

Beheshtifar, M. & Omidvar, A.R. 2013. Causes to create job burnout in organisations. *International journal of academic research in business and social sciences*, 3(6):2222-6990.

Bembenutty, H. 2011. The first word: homework's theory, research and practice. *Journal of advanced academics*, 22(2):185-193.

Bezuidenhout, A. & Cilliers, F.V.N. 2010. Burnout, work engagement and sense of coherence in female academics in higher education institution in South Africa. *South African*

journal of industrial psychology, 36(1):872-881.<http://www.sajip.co.za/index.php/sajip,article/view/872/956> Date of access: 19 Nov. 2010.

Bjork, I.T., Berntsen, K. & Hestetun, G.M. 2014. Nursing students' perceptions of their clinical learning in traditional hospital settings. *Journal of clinical nursing*, 23(19-22):2958-2967.

Blum, C.A. 2014. Practicing self-care for nurses: A nursing program initiative. *Online journal of issues in nursing of the American nurses association*, 19(3).

Booyens, S.W. 2012. Dimensions of nursing management. Cape Town: Juta.

Botma, Y., van Rensburg, B., Heyns, T. & Coetzee, I.M. 2013. A Conceptual analysis of transfer of learning in health sciences education. *African journal for physical, health education, recreation and dance*, 1:32-43.

Botma, Y., Greeff, M., Mulaudzi, F.M. & Wright, S.C.D. 2010. Research in health sciences. Cape Town: Pearson Education/Heinemann.

Brink, H.I. 2010. Fundamental of research methodology for health care professionals. Cape Town: Juta & company.

Bryman, A. 2008. Social research methods. United Kingdom: Oxford.

Bushell, P.M. 2013. New graduate nurses structural empowerment and their experience of co-worker incivility and burnout. The University of Western Ontario. (Thesis- MBA).

Carlson, R. 2011. Nursing in Baccalaureate Degree nursing students in a University in the North-West United states Alaska. University of Anchorage.

Celik, G.T. & Oral, E.L. 2013. Burnout levels and personality trait-The case of Turkish Architectural student. *Creative Education*, 4(2):124-131.

Coetzee, S.K. & Klopper, H.C. 2010. Comparison fatigue within nursing practice: (a concept analysis). *Journal of nursing health science*, 12(2):235-243.

Compson, J. 2015. The care heuristic for addressing burnout in nurses. *Journal of nursing education and practice*, 5(7):63-74.

Creswell, J.W. 2014. Research Design. New Delhi: SAGE.

Da Silva, R.M., Lopes, L.F.D., Costa, A.L.S., Goulart, C.T., Serrano, P.M. & Guido, L.A. 2014. Hardy personality and burnout syndrome among nursing students in the three Brazilian universities. *BMC nursing*, 13(7):475-480.

Emanuel, V. Pryce-Miller, M. 2013. Creating supportive environments for students. *Nursing times*, 109(37):18-29.

Erickson, R.J. & Grove, W.J.C. 2007. Why emotions matter: Age, agitation, and burnout among registered nurses. *Journal of issues in nursing*, 13(1):4. [Http/www.nursingworld.org/mainmenucategories/ANAMarketplace](http://www.nursingworld.org/mainmenucategories/ANAMarketplace) Date of access: 29 Oct. 2007.

Fearon, C. & Nicol, M. 2011. Strategies to assist prevention of burnout in nursing staff. *Nursing Standard*, 26(14):35-39.

Foster, K.R., Vaello, S.B., Katz, J.R. & Eide, P. 2012. Using the generative nursing model to reframe nursing student transition to practice. *Journal of nurse educator*, 37(6):252-257.

Fox, W. & Bayat, M.S. 2007. The guide in managing research. Cape Town: Juta.

Galbraith, N.D. & Brown, K.E. 2011. Assessing intervention effectiveness for reducing stress in student nurses. *Journal of Advanced nursing*, 67(4):709-721.

Geyer, N., Mogotlane, S. & Young, A. 2009. Manual of Nursing. Lansdowne: Juta.

Giske, T. & Cone, P.H. 2012. Opening up to spiritual care of patients: a grounded theory study of nursing students. *Journal of clinical nursing*, 21(13-14):2006-2015.

Haines, S. & McGown, R. 2014. Increasing student involvement in a trust. *Nursing times*, 110(5):16-18.

Hendren, R. 2012. Seven strategies to reduce burnout. *Journal of health leaders*, 28(6):360-368.

Humi, M.R., Hancock, M.G. & Bergman, M.J. 2014. Additional support or extravagant cost? Student-athletes' perceptions on athletic academic centres. *Journal of issues in intercollegiate athletics*, 7:410-430.

Jevtic, M., Backovic, D., Zivojinovic-Ilic, J., Maksimovic, M. & Bjelanovic, J. 2012. Burnout syndrome in medical students during clinical training. *Academic Journal*, 6(2):571.

Jooste, K. 2009. Leadership in health services management. Lansdowne: Juta.

Killam, L.A., Montgomery, P., Raymont, J.M., Mossey, S., Timmermans, K.E. & Binette, J. 2012. Unsafe clinical practices as perceived by final year baccalaureate nursing students. *BMC nursing*, 11(26):1472-6955.

Koen, M.P. & du Plessis, E. 2011. Strengthening the resilience of health caregivers and risk Groups. North-West University, Potchefstroom (Research proposal).

Kovacs, M., Kovacs, E. & Hegedus, K. 2010. Emotion work and burnout: Cross-sectional study of nurses and physicians in Hungary. *Croatian medical journal*, 51(5):432-442.

Lang, G.M., Patician, P. & Steele, N. 2012. Comparison of nurse burnout across Army hospital practice environment. *Journal of nursing scholarship*, 44(3):274-283.

Lee, E.Y., Mun, M.S., Lee, S.H. & Cho, H.S.M. 2011. Perceived stress and gastrointestinal symptoms in nursing students in Korea: A Cross sectional survey. *BMC Nursing*, 10(22):1472-6995.<http://www.biomedcentral.com/1472-6955/10/22> Date of access: 8 Nov. 2011.

Leedy, P.D. & Ormrod, J.E. 2012. Practical research. New Jersey: Pearson.

Magobe, N.B.O. 2010. Reasons for students poor clinical competencies in the Primary Health care: clinical nursing, diagnosis treatment. *Journal of Interdisciplinary Health science*,

15(1):525-531\\http://www.hsag.co.za/index.php/HSAG/article/view/525/555 Date of access: 5 Aug. 2010.

Mellish, J.M., Oosthuizen, A. & Paton, F. 2010. An introduction to the ethos of nursing. Cape Town: Heinemann.

Miller, J.F. 2011. Burnout and its impact on good work in nursing. *Journal of radiology*, 30:146-149.

Mirzaei, T., Oskouie, F. & Rafii, F. 2012. Nursing student's time management, reducing stress and gaining satisfaction: a grounded theory study. *Nursing and of health science*, 14(1):46-51.

Momeni, H., Salehi, A. & Seraji, A. 2010. The comparison of burnout in nurses working in clinical and educational sections of Arak University of medical sciences. *Arak medical university journal*, 12(4):113-123.

Mouton, J. & Marais, H.C. 1996. Basic concepts in the methodology of the social sciences. Pretoria: HSRC Publishers.

Mulaudzi, F.M., Mokoena, J.D. & Troskie, R. 2010. Basic nursing ethics in practice. Cape Town: Heinemnn.

Naong, M.N. 2011. Perceptions of the dwindling appeal of the teaching profession: A South-African case-study. *Journal of social science*, 28(3):191-198.

Needleman, J. & Hassmiller, S. 2009. The role of nurses in improving hospital quality and efficiency. *Health affairs*, 28(4):625-633.

Nordang, K., Hall-Lord, M.L. & Farup, P.G. 2010. Burnout in health care professionals during reorganisations and downsizing: a cohort study in nurses. *BMC nursing*, 9(8):1472-6955/9/8.

Nouri, J., Ebadi, A. & Rejeh, N. 2014. Growing up and role modelling of: a theory in Iranian nursing students' education. *Journal health science*, 7(2)273-283.

Pillay, R. 2009. Work satisfaction of professional nurses in South Africa: a comparative analysis of public and private sectors. *Human Resources' for health*, 7(15):1748-4491.
<http://www.human-resource-health.com/content/7/1/15> Date access: 20 Feb. 2009.

Poghosyan, L., Aiken, L.H. & Sloane, D.M. 2009. Factor structure of the Maslach Burnout Inventory: An analysis of data from large scale cross-sectional survey of nurses from eight countries. *Journal of Burnout in nursing*, 46(7):894-902.

Polit, D.F. & Beck, C.T. 2012. Nursing research: Generating and assessing evidence for nursing practice. Philadelphia: Lippincott Williams & Wilkins.

Prymachuk, S. & Richards, D.A. 2007. Predicting stress in pre-registration nursing students. *British journal of health psychology*, 12(1):125-144.

Roche, M., Dries, D., Duffield, C. & Catling-Paull, C. 2010. Violence toward nurses, the work environment, and patient outcomes. *Journal of nursing scholarship*, 42(1):13-22.

Rossouw, D. 2005. Intellectual tools. Pretoria: van Schaik.

Rousseau, M.L. 2011. A Leadership solution to workplace stress. *Florida Public Health Review*, 8:54-59.

Rudman, A. & Gustavsson, P.J. 2012. Burnout during nursing education predicts lower occupational preparedness and future clinical performance: A longitudinal study. *International Journal of nursing studies*, 49(8):988-1001

Rush, K.L., Adamack, M., Gordan, J., Meredith, L. & Janke, R. 2013. Best practices of formal new graduate nurse transition programme: An integrative review. *International Journal of nursing studies*, 50(3):345-356.

Searle, C., Human, S. & Mogotlane, S.M. 2009. Professional practice: A Southern African perspective. Johannesburg: Heinemann.

Trepanier, A., Gagnon, M.P., Mbemba, G.I.C., Cote, J., Pare, G., Fortin J.P., Duplaa, E. & Courcy, F. 2013. Factors associated with intended and effective settlement of nursing students and newly graduated nurses in a rural setting after graduation: A mixed-methods review. *International Journal of nursing studies*, 50(3):314-325.

Twibel, R., St. Pierre, J., Johnson, D., Barton, D., Davis, C., Kidd, M. & Rook, G. 2012. Tripping over the welcome mat: Why new nurses don't stay and what the evidence say we can do about it. *American Nurses today*. 7(6):1457-1485.

www.americannursetoday.com/article.aspx?id=9168

Uludag , O. & Yaratan, H. 2009. The effect of burnout on engagement: An empirical study on tourism students. *Journal of hospitality, leisure, sports & tourism education*, 9(1):13-23.

Venter, R., Levy, A., Conradie, M. & Holtzhausen, M. 2011. Labour relations-South Africa. Cape Town: Oxford university.

Warbah, L., Sathiyaseelan, M, Vijayakumar, C., Vasanthara, B., Russells, S. & Jacobs, S.K. 2007. Psychological distress, personality and adjustment among nursing students. *Nurse education today*, 27(6):597-601.

Wikipedia. 2012. List of municipalities in the Free State. Available at http://en.wikipedia.org/wiki/List_of_municipalities_in_the_Free_State. Date of access: 26 Jun. 2012.

Williams, K.T. 2014. An exploratory study: Reducing nursing students stress level. *Journal of nursing*, 4(7):512-519.

Young, A., van Niekerk, C.F. & Mogotlane, S. 2007. Manual of nursing. Lansdowne: Jada & Co.LTD.



Appendix A

Informed consent letter

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4 April 2015

Dear Enrolled nursing student

Preventing burnout in enrolled nursing students at entry level

CONSENT TO BE A RESEARCH PARTICIPANT

I am Mrs E.M. Lethoko (student number 11876999) from the North-West University doing research on “**Preventing burnout in enrolled nursing students at entry level**” and I would like to invite you to give consent and participate in this study. To following is information about the study so that you can make an informed decision. Your participation is voluntary and you are free to withdraw at any time during the research without penalty.

This study was approved by the Health Research Ethics Committee (HREC) (Human) of the Faculty of Health Sciences of the North-West University, Potchefstroom campus as a sub-study under the RISE project (Strengthening resilience of health care givers and risk groups) (Ref no NWU-00036-11-A1).

1. PURPOSE OF THE STUDY

The purpose of the study is to explore and describe the perceptions of entry level enrolled nursing students on the prevention of burnout, and to formulate strategies that can be used to prevent burnout among enrolled nursing students at entry level.

2. PROCEDURE

Your lecturer will act as mediator and obtain informed consent on behalf of the researcher. If you agree to be in this study you will be expected to participate in a focus group interview at your nursing school together with a group of 6-8 enrolled nursing students at entry level, at a time convenient for you. At the beginning of the interview the researcher will put you at ease by introducing herself and asking the group to introduce themselves. Group rules will be set to protect each participant’s dignity, for example that confidentiality will be maintained and all participants’ contributions will be regarded as valuable. Your permission to audio-record the interviews will be asked. Each individual will be free to express him/herself in the language she/he prefers. Confidentiality and privacy will be ensured by means of the group rules, by not divulging any identifying information in the research report and by conducting the interview in a private and safe room.

During the interview you will be asked to discuss two questions, namely:

- ✓ What are your perceptions of the prevention of burnout? and

- ✓ What do you think can be done to prevent burnout in entry level on enrolled nursing students?

To ensure rich information, the researcher will use communication techniques to probe, explore, reflect on and clarify responses. These communication techniques will include clarification, paraphrasing, summarising, minimal verbal response, active listening, acknowledging and reflecting. The duration of the focus group interviews will be between 60 and 90 minutes.

3. RISK/DISCOMFORTS

Some of your privacy might be lost during focus group interview as you share your opinion within a group of students. Group rules, as discussed above, will be set to protect participants' dignity. Your name will not be made known in reports and your data will be handled as confidential as possible. No individual's identifiers will be used in any publications resulting from this study and only the research team will work with the information that you shared. The information generated in this study will be protected by locking it up and storing it on password protected disc for a period of 7 years. Sharing experience could be emotionally upsetting. A counsellor will thus be on standby for emotional support if needed. Please inform the researcher if you need such support after participating in the interview.

4. BENEFITS

This study will not directly benefit you, but it will give you an opportunity to share your opinion on burnout of enrolled nursing students at entry level. On a wider level, this study will generate strategies that could benefit enrolled nursing students at entry level in the prevention of burnout.

5. EXPENSES

There will be no expenses to you as a result of your participation in this study.

6. PAYMENT

You will receive no payment for participation; only light refreshment will be served for comfort.

7. QUESTIONS

You are welcome to ask any questions to a member of the research team before you decide to give consent. You are also welcome to contact myself (Mrs E.M Lethoko) if you have any further questions concerning your consent at 073 251 7620. My supervisor, Dr Emmerentia du Plessis is available at 018 299 1876, and the Health Research Ethics Committee can be reached via Mrs Carolien van Zyl at 018 299 2094.

8. FEEDBACK OF FINDINGS

The finding of research will be shared with you in the form of a short report after completion of the study.

If you are willing to participate in the study, please complete the attached informed consent letter.

Yours sincerely

Mrs E.M. Lethoko
M.Cur student

Dr Emmerentia du Plessis
Supervisor

APPENDIX B

ETHICS APPROVAL FROM HEALTH RESEARCH ETHICS COMMITTEE, FACULTY OF HEALTH SCIENCES, POTCHEFSTROOM CAMPUS



NORTH-WEST UNIVERSITY
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Ethics Committee
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ETHICS APPROVAL OF PROJECT

The North-West University Research Ethics Regulatory Committee (NWU-RERC) hereby approves your project as indicated below. This implies that the NWU-RERC 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.

Project title: Strengthening the resilience of health caregivers and risk groups.																													
Project Leader: Prof MP Koen & Prof E du Plessis																													
Ethics number:	<table border="1"><tr><td>N</td><td>W</td><td>U</td><td>-</td><td>0</td><td>0</td><td>0</td><td>3</td><td>6</td><td>-</td><td>1</td><td>1</td><td>-</td><td>A</td><td>1</td></tr><tr><td colspan="3">Institution</td><td colspan="5">Project Number</td><td colspan="3">Year</td><td colspan="2">Status</td></tr></table>	N	W	U	-	0	0	0	3	6	-	1	1	-	A	1	Institution			Project Number					Year			Status	
N	W	U	-	0	0	0	3	6	-	1	1	-	A	1															
Institution			Project Number					Year			Status																		
Status: S = Submission; R = Re-Submission; P = Provisional Authorisation; A = Authorisation																													
Approval date: 2011-05-13	Expiry date: 2016-05-12																												

Special conditions of the approval (if any): None

<p>General conditions:</p> <p>While this ethics approval is subject to all declarations, undertakings and agreements incorporated and signed in the application form, please note the following:</p> <ul style="list-style-type: none">• The project leader (principle investigator) must report in the prescribed format to the NWU-RERC:<ul style="list-style-type: none">- 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-RERC. Would there be deviated 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-RERC and new approval received before or on the expiry date.• In the interest of ethical responsibility the NWU-RERC retains the right to:<ul style="list-style-type: none">- request access to any information or data at any time during the course or after completion of the project;- withdraw or postpone approval if:<ul style="list-style-type: none">- any unethical principles or practices of the project are revealed or suspected,- it becomes apparent that any relevant information was withheld from the NWU-RERC 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

Linda du Plessis

Digitally signed by Linda du Plessis
DN: cn=Linda du Plessis, o=North-West University, ou=Vice-Rector:
VTC,
email=Linda.duPlessis@nwu.ac.za,
c=ZA
Date: 2015.05.21 19:50:40 +0200

Prof Linda du Plessis
Chair NWU Research Ethics Regulatory Committee (RERC)

School of Nursing Science

Tel: 018 2991884

Fax: 018 2991827

Email: emmerentia.duplessis@nwu.ac.za

March 2015

Dear Sir/Madam

Confirmation of ethical clearance

Regarding the research: Prevention of burnout among enrolled nursing students at entry level

(Mrs E.M Lethoko, Supervisor Dr Du Plessis)

This research will focus on preventing burnout in enrolled nursing students at entry level. In view of this general aim, the following are specific objectives for this study:

- To explore and describe the perceptions of nursing students at entry level on burnout
- To explore and describe the perceptions of nursing students at entry level on the prevention of burnout

This research is a sub-study in an overarching research project, entitled: *Strengthening the resilience of health caregivers and risk group (The RISE study)*, with ethical clearance from the Ethics Committee of the North-West University (Ref no NWU-00036-11-A1). The co-investigators in the RISE study are Prof MP Koen and Dr E du Plessis.

Background information and link with sub-study:

The co-investigators identified the problem that the resilience of health caregivers as well as risk groups should be strengthened by means of a comprehensive, multi-faceted approach and that research should be conducted on how resilience of health caregivers and risk groups can be strengthened by means of such an approach. The purpose of the overarching research is thus to develop a comprehensive, multi-faceted approach to strengthen the resilience of health caregivers as well as risk groups. We intend to reach this purpose through the following objectives:

- To explore and describe the resilience of health caregivers and risk groups
- To implement and validate strategies developed by Koen, Van Eeden and Wissing (2010c) to strengthen resilience of professional nurses and other health caregivers and risk groups
- To explore and describe faith community nursing as intervention to strengthen the resilience of health caregivers and risk groups
- To explore and describe sensory stimulation as intervention to strengthen the resilience of health caregivers and risk groups

To achieve these objectives, it is necessary to explore and describe various health caregivers and risk groups. Within this overarching research project, Mrs E.M Lethoko (11876999) intends to focus on prevention of burnout, as mentioned above. The results of this sub-study will contribute to reaching the objectives of the overarching project, because outcome of the research project will inform the development of a multi-faceted approach to strengthen resilience. The methodology and ethical aspects of Mrs Lethoko's study is congruent with the methodology and ethical aspects of the approved overall study on resilience. We therefore confirm that the sub-study of Mrs Lethoko is covered by the above-mentioned ethical clearance.

Yours sincerely

Prof MP Koen

Co-investigator

Dr E du Plessis

Co-investigator

APPENDIX C

APPROVAL FROM ETHICS COMMITTEE OF THE DEPARTMENT OF HEALTH IN THE FREE STATE PROVINCE

 **health**
Department of Health
FREE STATE PROVINCE

4 April 2015

Prof E Du Plessis
Nursing, Northwest University
Potchefstroom campus

Dear Prof Du Plessis

Subject: Preventing burnout in enrolled nursing students at entry level

The above mentioned correspondence bears reference.

- Permission is hereby granted for the above – mentioned research on the following conditions:
- Participation in the study must be voluntary.
- A written consent by each participant must be obtained.
- Ascertain that your data collection exercise neither interferes with the day to day running of the health facilities nor the performance of duties by the respondents.
- Serious Adverse events to be reported to the Free State department of health and/ or termination of the study.
- Confidentiality of information will be ensured and no names will be used.
- Research results and a complete report should be made available to the Free State Department of Health on completion of the study (a hard copy plus a soft copy).
- Progress report must be presented not later than one year after approval of the project to the Ethics Committee of North-West University and to Free State Department of Health.
- Any amendments, extension or other modifications to the protocol or investigators must be submitted to the Ethics Committee of North-West University and to Free State Department of Health.
- Conditions stated in your Ethical Approval letter should be adhered to and a final copy of the Ethics Approval should be submitted to khusemi@fshealth.gov.za or sebeelats@fshealth.gov.za before you commence with the study
- No financial liability will be placed on the Free State Department of Health
- Please discuss your study with the institution manager on commencement for logistical arrangements
- Department of Health to be fully indemnified from any harm that participants and staff experiences in the study
- Researchers will be required to enter in to a formal agreement with the Free State department of health regulating and formalizing the research relationship (document will follow)
- You are encouraged to present your study findings/results at the Free State Provincial health research day
- Future research will only be granted permission if correct procedures are followed see <http://nhrd.lst.org.za>

Trust you find the above in order.

Kind Regards


Dr D Motau
HEAD: HEALTH
Date: 11/04/2015

Head : Health
PO Box 227, Bloemfontein, 9300
4th Floor, Executive Suite, Bophelo House, on Malind and Harvey Road, Bloemfontein
Tel: (051) 408 1646 Fax: (051) 408 1558 e-mail khusemi@fshealth.gov.za/sebeelats@fshealth.gov.za/chikobup@fshealth.gov.za

www.fs.gov.za

APPENDIX D

LETTER OF APPLICATION TO PRINCIPALS

1315 Samuel Ramaditsi

Gelukwaarts

Kroonstad

0499

M.M.M Nursing School

Private Bag

Phuthaditjaba

21 April 2015

SUBJECT: REQUEST FOR PERMISSION TO CONDUCT RESEARCH

I hereby request permission to conduct research on: Preventing Burnout in Enrolled Nursing Students at entry level in government nursing institutions. I am presently studying for M.Cur Degree at the North-West University, Potchefstroom campus. Ethical principles will be considered.

Attached, kindly find ethical clearance as a sub study within the RISE project (Strengthening the resilience of health caregivers and risk groups) Koen and Du Plessis, reference number NWU-0036-11-A1, and permission letter approved by Head of Department of Health in the Free State.

Hoping that my application will reach your favourable consideration and the response at your earliest convenience will be appreciated.

Yours faithfully

E.M Lethoko.

APPENDIX E

PERMISSION LETTERS FROM THE RESPECTIVE PRINCIPALS



Subject: Approval to do research field work.

Approval has been granted for Ms Lethoko M to do a research field work at **Mofumahadi Manapo Mopeli** Nursing School, She will interview the students nurses R 2175 second year on the2015.

Me **Kobeli I.N**

Lecturer: Acting Head of Nursing School

Mofumahadi Manapo Mopeli Satellite Nursing School

Tel : **058 718 3350**,

Fax : **086 530 3737**,

E mail : **kobelii@ fshealth.gov.za**.



Ms. EM Lethoko
1315 Gelukwaarts
Kroonstad
6495

PERMISSION TO CONDUCT RESEARCH

Permission is hereby granted for you to conduct research in Motheo/ Mangaung Metro as part of your studies with North West University.



Ms. M.P. Zwane

21/04/2015
Date

Ms. M. P. Zwane
Head of School
Dr. J. S. Moroka Nursing School
Private Bag X 707, Thaba Nche
Tel: 051 873 8629



APPENDIX F

*PREVENTION OF BURNOUT IN
ENROLLED NURSING STUDENT
AT ENTRY LEVEL*

*THE TRANSCRIPTION OF THE
FOCUS GROUPS HELD AT
GOVERNMENT INSTITUTION IN
THE Free State PROVINCE*

BY

E M LETHOKO

STUDENT NO.: 11876 999

RESEARCH OBJECTIVES

The aims and objectives of this study are as follows:

- ✓ To explore and describe the perceptions of entry level enrolled nursing students on burnout.
- ✓ To explore and describe the perceptions of entry level enrolled nursing students on prevention of burnout.

The transcription of focus group held in the Free State Province in the nursing schools. There were three focus group interviews excluding the nursing school where the researcher was working. Each nursing school was visited on scheduled dates as agreed with the principals. The first interview consisted of 8 participants, the second also 8 while the third 6 participants.

Interview 1

Participant: P

Researcher: R

R: What are your perceptions regarding burnout? Any person may start. Please remember to raise your voice so that audio-recorder can record your voice, and do not identify yourself or the institution.

P: The problem we faced in the ward is the permanent staff giving us more work. You will be doing vital signs or dressings alone, and in between you will be allocated something else, and you are to leave your allocation. When completing the second allocation you are to go back to the first allocation. The permanent staff will be sitting, giving instructions the whole day.

R: What you are saying is: You are overloaded with the work while the permanent staff sitting and doing nothing.

P: Yes, yes, just giving orders.

P: On the point of allocation, there is no cooperation, the allocation that is not supervised, that is not clear, the work that you are not orientated to. We just get confused, it's hectic mmm.

R: You are not orientated, and not shown or not taught before delegation of duties.

P: When the matron comes, everything is your fault, just because you are a student. We rely on our senior colleagues who are also not sure.

P: Again you are to run the whole hospital, being a porter, fetching medication, and taking papers somewhere, coming back from all those tasks you allocation still waiting for you. Month end your objectives are not signed, they forget that you have being a porter running up and down the whole hospital.

P: Even the junior staff, for example: assistant nurses, don't want to do work, they are friends to professional nurses hence they cannot be reprimanded. We are threatened by matron ee....

R: Please don't mention the name.

P: Yes.. I'm avoiding that (whispering to a colleague) the infection control manager. Therefore mme (madam) we are frustrated and scared. We are shouted for things we did not do.

P: In the morning they hold meeting about us. You did not do this and that. They expect us to deliver, and what are we going to deliver because they did not teach us.

P: The other thing mme (madam), the running up and down really give us physical and emotional exhaustion.

P: We end up not going to tea/lunch because of the overwork. The next day we feel like not working up and I don't report because I already know what they are going to say. Right and wrong to them is the same.

P: Yo... we have this inner anger that we even take home, to colleagues even to you; some of us are taking lot of alcohol as a means to relieve stress. Some of us came to this profession not drinking alcohol but today we are expects.

R: Let us all talk. I don't want to point on individual. Please let's all take part. In one way or other you were victims.

P: We also end up being stubborn. Sometimes it will be nice if they can just say thank you, it could be nice, it could be nice but we don't get that. We are drained, I mean drained in the true sense.

P: We work very hard but we don't get recognition, just well done. They are looking on wrongs only then they will be on top of your head.

P: We are students, and it's by law that we should be here on weekends and holidays, at least incentives (others laughing) because they cannot say well done or thank you.

P: When you saw something hurting, and you are disturbed, they care less about you, don't even ask what is bordering, mmm... they care less (the voice going down).

R: What you are saying is that you don't get support. When you are ill or disturbed you don't get support.

P: Instead you will be told to leave your problems at home. In the morning before starting the routine we sing and pray, after prayer they are still the hungry lions. The prayer does not change them. I wish I could have the power to discipline and expel.

P: We are nursing patients newly diagnosed MDR, we are not given prophylactic treatment, it is only given to permanent staff. Why are they doing this to us? We are stressed because one day we will be MDR. We really need a lawyer that will negotiate on behalf of us. We are not even to join the unions. Even the TB test we are not allowed, we are not allowed, not at all, only permanent staff is allowed to do the tests. Once MDR patient in the ward, students absent themselves without reporting.

P: The other thing is attitude, the way they talk to us, they are rude and we are afraid even to ask. They shout us in front of patients.

R: You say professional nurses display negative attitudes towards nursing students. Please correct if I have misinterpreted your statement.

P: Oh yes, yes...

P: They insult us, using vulgar words. You are stupid; you are what what...yoyoyo mme (madam).

P: They don't teach us, if you ask something, you will be told to go to your tutor or consult your book. We don't have a problem of asking tutors or consulting our books. The thing is we want answers then on the spot, or maybe they also don't know, then they are afraid to us that. They expect us to know everything within one week. We think they were brilliant students during their training or they came to nursing already knowing.

R: The point you are bring is that you are not taught.

P: We are not allowed to do doctor's rounds but we are expected to execute their orders. Why don't they execute those orders themselves, because they were there when orders were given? We are not their slaves, our families also love us.

P: Every blame is on students mm...students, students, yo..

P: In the paediatric ward, babies with gastroenteritis may use up to 8 nappies per day if not more. We are told to save. How can we save? Those babies need to be changed. Then we will be shouted that we are wasting. Those people don't know what they really want. If we don't change they are complaining. We are labelled as murderers. One day I answered by saying I'm not like you, it's you a murderer of innocent souls.

P: There is poor communication in the wards. They don't have respect. They talk us the way they want. They forget we also having loving families, we occupy certain positions in our communities. They can apologise or say sorry.

R: I need more information on poor communication, and tell how it affects you.

P: Even with patient they don't communicate well.. They treat patients as objects. When listening to them talking to patients you can cry on their behalf. We are not given reports from the meeting and workshops. Even with them communication is poor. They fight among themselves. They need counselling.

P: No, discipline, discipline, (other participants, yes,yes, loudly).

P: The thing of lacking working materials, it's giving us headache, we must come up with plan, and which plan because we were not taught. We are to run up and down the whole hospital and at the same time it's questions, why didn't you order?

P: There is favouritism. They favour private. They are the people who are taught. Right know we hate private students. We feel inferior to them.

R: Yo..You are not treated the same way.

P: We don't get support from SETA. We get books late. It's tiring; moreover we are referred to our books. We get lot strain and stress because we are to cover lot of work done in the class, and also to prove professional nurses wrong.

P: Some other stress is from home, therefore counselling will help.

R: Thank you for bring that up. We are aware that some of us came already stressed.

P: Students are not allowed to be sick, only permanent staff can be ill. You report sick the answer is: Today you are sick, tomorrow you will be fetching medication, and then your child is sick, the school principal wants to see you, and then is your husband. In admission office we are to stand in long queues, in sick bay the sister working there not available, you phone, she will say come tomorrow,

tomorrow still not there. Hei... that sister is working very nice, but one day will be one day. (quiet for few seconds)

R: Thank you for the information. Is there any other information before the last session of formulating strategies?

P: I think we are done so far.

R: Thank you very much for sharing your experiences with us. From what you have said, let us formulate strategies or come up with suggestions to prevent burnout in the clinical environment.

P: I think the management must come with the plan; the corruption is within their institution.

R: What others are saying?

P: All the departments must get training on equipment/material ordering.

P: Training on emotional intelligence.

P: Hiring more staff.

P: Incentives' for students.

P: Supervision

P: Fairness

P: Orientation and teaching

P: Improvement on communication

P: Training of ethics

P: Tutor regular ward visits

P: Provide support and counselling

R: Anything else, if none, I would like to thank everybody for taking part into this study. After this session you might find yourself emotionally disturbed, please feel free to phone me, you have my telephone number or maybe you want to know something. Thank you, thank you.

Interview: 2

Good morning ladies and gentleman. Thank you for honouring my invitation for second session of focus group interview regarding preventing burnout in enrolled nursing students at entry level and formulating strategies. Let us remind ourselves of our two objectives: Firstly your perceptions regarding burnout, and secondly formulation of strategies for preventing burnout. During our first interview we did not meet our two objectives; we concentrated on causes of burnout. Today let us concentrate on our own perceptions regarding burnout, how do we feel when certain activities took place in our clinical placement, and what are those activities. We are not going to sign consent; the previous one is still applicable. Let me check, is there any new person? Thank you, we don't have new person. Ground rules of last interview are still applicable. I just want to emphasize that your participation is voluntary and you can withdraw any time when you feel like and penalty will be imposed upon you. Please feel free to express yourself in any language. During the interview the audio-recorder will be recording voices and remember not to identify yourself. Before we start is

there any point you would like clarity on? Thank you, there is none. Any questions? Thank you there is none. Let us all participate. Any person can start. What are your perceptions on burnout?

P: There is poor communication and it is not even clear. Professional nurses are very rude even towards other professional. We are shouted throughout the day even for their own mistakes. As if they can go back to school to learn more on communication. I once told one professional nurse that and she never changed.

P: OH.. YES.. I also told one of them that I wish I could know the person raised her, so that I can justify my conclusions, and she just looked at me without saying anything. Those people are rude, and I have told myself that I'm just going to behave like and give them a bit of their own pudding.

P: Hei..(laughing) I have never seen that, favouritism, private students are getting the best treatment. We are told that we are appointed through corruption and we are not going to reach 30years of age, we will be dead.

P: When they are about to start teaching, we will send to casualty so that by the time we come back they are through. When you ask to be demonstrated there is always reasons. Those people hate us, and we have also developed hatred for them and private students.

P: Sometimes we feel inferior; we are scared, we are afraid to ask questions because we are told to refer to our books or to go to our tutors.

R: Do you mean that professional nurses favour private students; teaching is only directed towards them only.

P: Not all of them are like that, is only that we are not allowed to mention names, you would see the culprits in this issue.

P: Madam, go to the control room and look at the screen, you will who is responsible for this illegal act. We are sick and tired of this behaviour.

R: Thank you ladies and gentleman, can we go to the next point.

P: At times one thinks that he or she is in wrong profession. I don't know whether...hei.. we are frustrated, confused. One day we had the idea of plotting them so that they feel the pain we are feeling.

P: Our tutors don't maintain confidentiality. They like making jokes of our problems. Problems are not jokes, and they teach us to maintain confidentiality. They don't do as they say, and we are losing trust on them. We don't even trust ourselves; we are helpless if our tutors are doing that.

P: We are allocated many tasks while the permanent staffs are loitering getting pay for the work they didn't do.

P: The allocation that is not even clear. They allocate us 2nd year work without even demonstrating to us. When the problem arises you are left alone, and the school cannot stand for you. It is really frustrating and demoralising.

P: The theatre staff also behaving as ward staff, they are not prepared to teach, they also shout at us instead of teaching, or is shouting also a method of teaching?

P: Allocation is not supervised (quiet for few seconds).

R: If we are done with allocation, let's go to the next point.

P: We are not respected by permanent staff.

P: Respect is earned. They cannot force us to respect them

P: In the wards we are exposed to all sorts of abuse. There is this mentality that everything missing in the ward is taken by students. Surprising, they are having keys of the missing item. We are emotionally disturbed of this attitude.

P: One day I was accused of stealing sunglasses of a doctor, the next day he was wearing them. Not even sorry, that is the attitude of professionals. I was angry and I approached him, looking into his eyes not saying anything, and there after I left for tea, never came back for work. The next day I went to work as if nothing happened, and nobody said a word to me (crying).

R: Thank you for sharing your emotions with us (other students giving her a glass of water).

P: They never apologise and I'm annoyed by that.

P: Dealing with a corps it's scaring, after that we don't get emotional support. You will go home with that trauma; your family will be comforting, what about the professionals? They don't care. You will be told that you are a nurse and they never recruited us to their profession. In the wards we are always frustrated, and we protect ourselves by hiding and absenting ourselves from work.

P: Their attitude is not good. They have mental condition, they need to be referred. They are unapproachable, we are afraid to talk to them, if we are having tea, once they enter we leave the area immediately. We lack self-esteem. It's hei, hei, the whole day. We are tired of these negative attitudes.

P: Training and education is not done, if done is not appropriate, we are learning wrong procedures. We are saying this the other professional will be saying, it is not done that way. We are losing trust to majority of them.

R: Any other point to discuss? (Quiet for few seconds). Thank you very much for sharing with us your perceptions regarding burnout. Our next theme is formulating strategies or suggestions regarding preventing burnout in enrolled nursing students at entry level.

P: Can I ask before dealing with strategies.

R: Yes

P: Is there any induction for employees?

R: Yes, they are inducted by provincial government employees, then the institution lastly by the department where the individual is working.

P: The aim of induction is to welcome the new employee, teach procedures and make him/her to feel accepted to minimise risk of burnout. There must be follow-up sessions by the people concern.

P: Workshops for employees (nodding for agreement by others).

P: There must be fairness and distribution of duties.

P: Ethics workshops, lot of training, intense training.

P: Sessions with psychologist especially permanent staff. If they are emotionally stable, we will follow the suit.

P: Department to boost morale, better incentives even for students (others nodding).

P: Soccer, netball, games and many other.

Prevent shortage of staff.

P: Fine for those misbehaving.

P: Supervision

R: Anything else (participants quiet). Thank you very much. You have my telephone if you need help. In the next room we have snacks.

Interview: 3

R: Good morning ladies. Last time we meet was winter, even today it's still winter. Remember I promised that I'll have follow-up sessions if something is not clear or if more information is needed. Thank you for honouring today's appointment. We are not going to sign a consent, the previous one is still applicable, your participation is voluntary, and you can decline at any time, if feel like, no punishment will be imposed on you. Same ground rules will apply unless you want to change or make some amendments. During our first interview we concentrated more on causes of burnout rather than your perceptions regarding burnout. We are going to repeat the whole interview. Before we start, do we have new participants? OK, no new participants.

R: What are your perceptions regarding burnout?

P: Can I start?

R: Yes.

P: My burnout was in all the wards. We were given lot of work even if you were new in that department. Throughout the day is do this, do that, and your allocation still waiting for you, I mean all the departments. Students are going through physical and mental exhaustion. I could not refuse extra work because I want to learn. We are learning the hard way.

R: Thank you for sharing you experience with us. Any person to add on that?

P: Concerning what my colleague said, we are doing lot of work and our seniors are never satisfied, its complaints every day. We are frustrated watching permanent staff sitting the whole day.

R: You are overloaded while others are unutilised.

P: We are not orientated, if you are lucky enough orientation will be done but not properly, only the physical layout of the department, procedures zero.

P: Teaching is not done and the matrons are not saying anything, they are satisfied. All the mistakes in the department are done by students, for example, patients' medications were found in the waste box and that was reported as our mistake. At this stage we are not on that stage of giving medication to patients.

R: Teaching is a problem in all the hospital, and it is an independent function of a professional nurse.

P: Safety is not good in the hospital.

P: Strangers are coming to the hospital to see families, at awkward times while we are busy doing certain procedures, they will think that they are from Bloemfontein, Koppies, Sasolburg and Qwa-Qwa. We are intimidated by relatives, and we don't feel safe.

P: I don't like the attitude of professional nurses threatening us with South African Nursing Council (SANC). Because during ten years ago one of them was disciplined by SANC that is used as a threat against us. I don't feel safe working under threats. They fail to teach us, and I wonder what the SANC will say. At times we feel like reporting them to SANC. Our emotions are abused by threats.

P: Doors are not working properly, at night we can be attacked at any time by intruders. The hospital security is not doing its job. The hospital entrances are not guarded as they are supposed to.

P: When we arrive in one ward we were told of the ghost that is opening hospital doors (others laughing).

R: Ladies let us not lose focus on our topic. What are your own perceptions regarding burnout?

P: We neglect ourselves. We work unpaid overtime covering for the sick. I don't take my medication as I supposed to. Eating and drinking water is a nightmare.

P: Even our books, we neglect them, we don't study the way we are supposed to, we are physically exhausted due to strain in the wards.

P: Joo...mme (madam) one day I lost control. The only way to protect myself was to smack that professional nurse. It was in the children's ward. This sister was always on my head, swearing at me for things I didn't do. I felt helpless not enjoying my work.

P: Some of our colleagues come to work drunk, we feel for them that is the only way they can do to be happy at work.

P: The community is saying nurses are alcoholics.

R: Thank you for that information, but let us not lose focus on our topic under study. What are your perceptions regarding burnout?

P: We are afraid to ask questions, the answer is go to your tutors or consult your book. How are we going to learn if questions are not asked?

P: I am going to talk about my culture. My culture says I must not administer blood and depo injection. In the hospital we all know that patients with low Hb must be given blood. The only thing I can do is to encourage patient to survive through prayer. I am having inner conflict between myself and patients.

P: The other thing is that one professional nurse will allocate certain duties while the other one will be saying is not your scope of practice. We become confused and our morale is decreased.

R: Any other point or are we done?

P: They don't involve us in decision making; they just give instructions, instructions, even to matters pertaining to us. They treat us as objects, and we feel not valued. We can make important contributions better than them.

P: We are not supported by the whole health team. We are threatened, it's you will be expelled and you will lose your job. We get books late from the Provincial Department of Health. When we are referred to our books, we don't have something to nail on.

R: Thanks. Any other new information?

P: No madam. Feel free to come again if you need extra information.

R: Thanks again, I will. Our last portion is formulating strategies to prevent burnout in enrolled nursing students at entry level.

P: Training, training and training. Emotional intelligence workshops

P: Provide support in clinical environment and supply books on time

P: Discipline

P: Involvement in decision making.

APPENDIX G

TURNITIN ORIGINALITY REPORT

Turnitin Originality Report
10062689:chapter_1-4_NEW_EDITED.docx by EMMERENTIA DU PLESSIS
From EM Lethoko (a3136569-36a9-4723-a417-6cda8f14ce)

• Processed on 13-Nov-2015 09:53 SAST
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- 1 3% match (student papers from 27-May-2013)
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http://dspace.nwu.ac.za/bitstream/handle/10394/9792/Mokoo@w_MC.pdf?sequence=1
- 3 < 1% match (Internet from 07-Jan-2015)
http://amul.arakmu.ac.in/browse.php?a_id=360&aid=1&slc_lang=en
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Class: 3a4c4af3-b0e0-4d34-9c3b-7240ed9d8a78
Assignment:
Paper ID: 328296685
- 5 < 1% match (student papers from 05-Nov-2014)
[Submitted to North West University on 2014-11-05](#)
- 6 < 1% match (Internet from 24-Oct-2011)
<http://www.nmmu.ac.za/documents/theses/ZPNgamiana.pdf>
- 7 < 1% match (student papers from 09-Dec-2014)
[Submitted to Middlesex University on 2014-12-09](#)
- 8 < 1% match (Internet from 28-Oct-2015)
<http://ir.lib.uwo.ca/cgi/viewcontent.cgi?article=2412&context=ird>
- 9 < 1% match (student papers from 02-Dec-2013)
[Submitted to North West University on 2013-12-02](#)
- 10 < 1% match (Internet from 15-Jun-2009)
<http://www.dinosa.org.za/nursing-strategy.pdf>
- 11 < 1% match (Internet from 23-Aug-2013)
http://publications.theseus.fi/bitstream/handle/10024/90321/Ghimire_He_Rayana@bi.pdf?sequence=1