

**An exploration of personal, relational and collective well-being in nursing
students during their training at a tertiary education institution.**

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MA Research Psychology

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OPSOMMING

'n Ondersoek na die persoonlike, verhoudings- en kollektiewe welstand van verpleegkunde studente gedurende hulle opleiding aan 'n tersiêre instelling

SLEUTELWOORDE: Psigologie; persoonlike, verhoudings- en kollektiewe welstand; verpleegkunde studente

Verpleegkunde studente is deel van die groter verpleegkunde gemeenskap en hulle welstand het 'n direkte en noue verband met dié van die gemeenskap waarbinne hulle funksioneer. Verskeie verslae dui daarop dat die Suid-Afrikaanse verpleegkunde professie 'n krisis beleef as gevolg van personeeltekort en swak werksomstandighede. Daar is nie genoegsaam geregistreerde verpleegsters wat die professie betree nie, wat – veral ten opsigte van verpleërs wat in die openbare sektor werksaam is – tot werkdruk lei en ook die risiko verhoog dat verpleegkundiges hulself uitbrand. 'n Dringende behoefte bestaan dat ingeskrewe verpleegkunde studente hulle studies voltooi en deel van die werksmag word om sodoende die ernstige personeeltekort te verlig. Die doel van die navorsing was om die verskillende dimensies van welsyn te ondersoek wat verpleegkundestudente beskryf tydens hulle verpleegkunde studies.

'n Doelgerigte en beskikbaarheidsteekproef is gebruik om die ervarings van eerstejaarstudente in die Skool vir Verpleegkunde aan die Noordwes-universiteit

gedurende 2008 te ondersoek. Kwalitatiewe data-insamelingsmetodes het in-diepte onderhoude, fokusgroepbesprekings, persoonlike dagboeke en ook visuele data-insamelingsmetodes soos collages en die Mmogo-method™ ingesluit. 'n Sekondêre analise van die kwalitatiewe data wat gedurende 2008 ingewin is, is uitgevoer en die bevindinge is aangevul deur 'n kwalitatiewe, ondersoekende en induktiewe navorsingsontwerp met behulp waarvan die ervarings van dieselfde studente binne dieselfde konteks, twee jaar later gedurende 2010 ondersoek is. Die studente se ervarings is ondersoek met behulp van 'n gevallestudiemetode.

Temas wat gedurende die eerste en tweede fases van die navorsing uit die data geblyk het, toon 'n verband met die drie state van welstand soos deur Prilleltensky en Prilleltensky (2006) beskryf, naamlik persoonlike, verhoudings- en kollektiewe welstand. In hierdie navorsing dui welstand op die kompleksiteit inherent aan die veelvlakkige aard van die verpleegprofessie en word dit verstaan as die optimale funksionering ten opsigte van alle aspekte van 'n persoon: in verhouding tot ander mense, en ook binne die breër konteks van die verpleeggemeenskap. Die bevindinge moet beskou word binne die konteks van die veelstrydige omstandighede waaraan studente gedurende die eerste weke van hul opleiding blootgestel word. Baie van die studente was ver van hulle tuistes, en dikwels vir die eerste maal, en hulle moes aanpas by die akademiese werkklas en praktiese opleidingstyd, en terselfdertyd ook die nodige hanteringsmeganismes verwerf waardeur hierdie nuwe uitdagings bestuur kan word. Die studente in hierdie studie het hoë stresvlakke en angstigheid tydens hulle opleiding gerapporteer en gesê dat hulle onder druk gevoel het as gevolg van die lang ure en

groot werklas. Ten spyte van hierdie druk het baie studente tog 'n positiewe houding gehandhaaf en hul begeerte om verpleërs te word, benadruk. Die studente se verhoudingswelstand het ondersteuning deur vriende, familielede en dosente ingesluit. Almal belangrike bronne van ondersteuning vir die studente. Dit het geblyk dat kollektiewe welstand 'n bron van groot bekommernis is en die studente was uitgesproke oor die ongesonde breër konteks waarbinne hulle moes funksioneer. Die situasie in die verpleeggemeenskap in die algemeen, word in die opleiding van verpleegkundiges weerspieël. In hierdie navorsing is 'n kollektiewe omgewing wat nie tot die voordeel van die holistiese welstand van die studente in die studie bydra nie, duidelik uitgewys. Sodanige welstand is noodsaaklik wanneer hulle die werksmag betree en die uitdagings daarvan die hoof moet bied.

SUMMARY

An exploration of personal, relational and collective well-being in nursing students during their training at a tertiary education institution

KEY WORDS: psychology; personal, relational and collective well-being; nurses in training

Nursing students are part of the larger nursing community, and their well-being is closely related to that of the community in which they function. Various reports indicate that the South African nursing profession is in crisis due to staff shortages and poor working conditions. Insufficient numbers of registered nurses are entering the profession, and the resultant work pressure, especially for nurses working in the public sector, increases the risk of burnout. A pressing need exists for nursing students to graduate and enter the workforce to alleviate the serious staff shortage. The aim of the research was to explore the different dimensions of well-being as described by nursing students during their nursing studies.

A purposive and availability sample was used to explore the experiences of first-year students of the School of Nursing Science at the North-West University during 2008. Qualitative data-gathering methods included in-depth interviews, focus group discussions, personal diaries and visual data-gathering methods such as collages and the Mmogo-method™. A secondary analysis of the qualitative data obtained during

2008 was conducted, and the findings were complemented by a qualitative, exploratory and inductive design to explore the experiences of the same students in the same context two years later in 2010. A case study method was used to explore the experiences of the students.

Themes that emerged from the data gathered during the first and the second phase of the research relate to the three sites of well-being as described by Prilleltensky and Prilleltensky (2006), namely personal, relational and collective well-being. Well-being in this research refers to the complexity inherent in the multifaceted profession of nursing and is understood as optimal functioning in all aspects of the person in relation to other people as well as the broader context of the nursing community. The findings should be contextualised against the many adverse circumstances to which students are exposed during their first weeks of training. Many of the students are away from home, often for their first time, and they have to adapt to academic workloads and practical training hours as well as acquire the coping skills needed to manage these new challenges. The students in this study reported high levels of stress and anxiety during their training and said they felt under pressure because of the long hours and heavy workloads. Despite this pressure, many of the students maintained a positive attitude and reiterated their desire to become nurses. Relational well-being included support from friends, family members and lecturers. These were important sources of support for the students. Collective well-being was a major concern, and the students were outspoken about the unhealthy broader context in which they had to function. The situation in the nursing community generally is reflected in the training of nurses. This research highlighted a collective environment that was not conducive to the holistic well-being of the student

nurses in the study. Such well-being is crucial as they enter the workforce and face the challenges encountered there.

PREFACE

The candidate opted to propose an article, with the support of her supervisor.

Prof V. Roos

CONSENT

PERMISSION TO SUBMIT THE ARTICLE FOR EXAMINATION PURPOSES

I, the supervisor, hereby declare that the input and effort of K.D. Watkins, in writing this article, reflects research done by her on this topic. I hereby grant permission that she may submit this article for examination purposes in partial fulfillment of the requirements for the degree Magister Artium in Research Psychology.

Signed on this day.....at the
North-West University.

.....

Prof V. Roos

Supervisor

INTENDED JOURNAL GUIDELINES FOR AUTHORS

This dissertation will be submitted to the Health SA *Gesondheid* to be considered for publication. The guidelines for prospective authors set out by the journal were adhered to in the production of this mini-dissertation.

Submissions and correspondence

All submissions must be made online at www.hsag.co.za and correspondence regarding manuscripts should be addressed to:

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Manuscript arrangement

Title must be informative but concise. The author name(s), must include full first name, Qualifications, Affiliations and department of all authors. The address must include email, postal address and telephone number of corresponding author. An abstract of no more than 200 words should be provided, and should state concisely the scope of the work and the principal findings. The abstract should be in English and Afrikaans. Five [5] keywords must be supplied, not already included in the title. A statement must be included within the article, whether ethical clearance was received, if applicable. Include a statement within your article, disclosing any funding received in support of the study, any financial interests in products mentioned in the article or in the company that manufactures the product(s), as well as any compensation received for producing the article. We also ask that you upload a brief biographical note (entered into the 'Bio statement' box during the submission process). This note will appear online in our 'About the Author' section should your article be published with us.

TITLE OF MANUSCRIPT, AUTHORS AND CONTACT ADDRESSES

An exploration of personal, relational and collective well-being in nursing students during their training at a tertiary education institution

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MANUSCRIPT FOR EXAMINATION

**AN EXPLORATION OF PERSONAL, RELATIONAL AND COLLECTIVE WELL-
BEING IN NURSING STUDENTS DURING THEIR TRAINING AT A TERTIARY
EDUCATION INSTITUTION**

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An exploration of personal, relational and collective well-being in nursing students during their training at a tertiary education institution

ABSTRACT

The well-being of student nurses has become crucial because of the multidimensional challenges that nursing professionals have to deal with. A community psychology framework was adopted to explore the dimensions of well-being as expressed by student nurses. The aim of the research was to explore the different dimensions of well-being as described by nursing students. A case study method incorporating a purposive and availability sample was used to explore the secondary data gathered during 2008 from first-year student nurses, as well as data from a focus group involving the same students two years later, using thematic analysis. The emergent themes were grouped according to personal, relational and collective well-being. The findings indicated that students nurses' personal well-being was undermined by a lack of autonomy, feelings of uncertainty, and feelings of pressure and disillusionment with the nursing profession and the training. Personal well-being was also described in terms of dispositional optimism and the need for a sense of purpose and deeper meaning. Relational well-being was expressed by the nursing students in relation to their friends, family and lecturers. The different relationships were important sources of comfort and encouragement. Their collective well-being was threatened by a challenging work environment, lack of role models in clinical settings as well as incongruence between theoretical training and practical application. Recommendations for improving the different dimensions of well-being are suggested.

KEY WORDS: community psychology; personal, relational and collective well-being; nurses in training

OPSOMMING

Die welsyn van verpleegkundestudente het deurslaggewend geword as gevolg van die uiteenlopende uitdagings wat verpleegkundiges moet hanteer. 'n Gemeenskapsielkunde raamwerk was gebruik om die dimensies van welsyn soos deur verpleegkundestudente uitgedruk is, te ontdek. Doel van die navorsing was om die verskillende dimensies van

welsyn te ondersoek wat verpleegkundestudente beskryf. 'n Gevallestudiemetode, wat 'n doelgerigte- en beskikbaarheidsteefproef geïnkorporeer het, is gebruik om die sekondêre data wat gedurende 2008 van eerstejaarverpleegkundestudente bekom is, sowel as data wat van dieselfde groep studente, twee jaar later, in 'n fokusgroep bekom is, deur middel van tematiese inhoudsontleding, te analiseer. Die temas wat na vore gekom het, is gegroepeer volgens persoonlike- verhoudings en gemeenskaplike welsyn. Die bevindinge het aangedui dat die verpleegkundestudente se persoonlike welsyn ondermyn word deur gebrek aan outonomie, gevoelens van onsekerheid en om onder druk te verkeer asook 'n ontnugtering met die verpleegkunde professie en opleiding. Persoonlike welsyn is ook beskryf in terme van 'n optimistiese ingesteldheid en die behoefte aan betekenisvolheid en 'n dieper sin. Verhoudingswelsyn is deur die verpleegkundestudente uitgedruk in verhouding tot hul vriende, familie en dosente. Die verskillende verhoudings word as belangrike bronne van ondersteuning en aanmoediging geag. Gemeenskaplike welsyn word bedreig deur 'n uitdagende werksomgewing, die afwesigheid van rolmodelle in die kliniese omgewings asook die teenstrydigheid tussen die teoretiese opleiding en die praktiese toepassing daarvan. Aanbevelings vir die bevordering van welsyn in die verskillende dimensies word voorgestel.

SLEUTELWOORDE: gemeenskapsielkunde; persoonlike, verhoudings en gemeenskaplike welsyn, verpleegkundiges in opleiding

INTRODUCTION

Nursing students are part of the larger nursing community, and the well-being of these students is closely related to that of the community in which they function. Various reports indicate that the South African nursing profession is in crisis. The Hospital Association of South Africa predicts that by 2011, South Africa will experience a shortage of some 19 000 nurses (McGrath, 2003:10). The Organisation of Economic Co-Operation and Development estimated that in 2005 as many as 35 000 South African nurses were working outside South Africa and/or outside the healthcare system (Oosthuizen & Ehlers, 2007:15). According to the South African Nursing Council, statistics released toward the end of 2007 revealed that 42 000 of the 107 000 nurses at that time were over the age of 50 and only three percent of the nurses were younger than 30 (Brannigan, 2009:33). Brannigan (2009:36) maintains that South Africa continues to experience a shortage of

nurses largely because medical professionals are lured away from the country. Furthermore, registered nurses often suffer from burnout, unsatisfactory working conditions, low salaries and limited career advancement opportunities in South Africa (Brysiewicz & Bruce, 2008:128; Jacobs & Roodt, 2008:64; Minnaar & Selebi, 2009:29).

The consequence of the 'brain drain' – not only within the nursing profession but in many other professional occupations as well – is an excessive workload for those remaining in the profession and in the country (McDonald & Crush, 2000:5). The resultant work pressure, especially for nurses working in the public sector, increases the risk of burnout – a syndrome marked by emotional exhaustion and over-extension as well as a depersonalised attitude toward patients (Alacacioglu, Yavuzsen, Dirioz, Oztop, Yilmaz, 2009:543; Brysiewicz & Bruce, 2008:129).

In a recent study, the sampled nurses reported that they enjoyed what they did and wanted to look after their patients, but they added that the circumstances under which they worked were far from satisfactory and that they lacked the basic necessities to do their jobs properly (Minnaar & Selebi, 2009:32). More specifically, the nurses reported that patients were dying because they did not have the right equipment in the hospitals to give the necessary care (Oosthuizen & Ehlers, 2007:15). The nurses also reported inconsistencies in hospital procedures and said that supervisors did not give them the opportunity to make their own decisions and thus develop a sense of autonomy (Minnaar & Selebi, 2009:32). In Minnaar and Selebi's study, as many as 35.7% of the respondents reported that they did not receive adequate support from their more experienced nursing colleagues and that they were not encouraged by their supervisors to render service of high quality.

In a recent study by Roos and Van der Walt (2010), a purposive and availability sample was used to explore the experiences of first-year students of the School of Nursing Science at the North-West University during 2008. They used a mixed-method research methodology to explore the participants' experiences by using quantitative and qualitative data gathering methods. Although the findings of their study are being finalised, a secondary data analysis revealed that different dimensions of well-being emerged in this study.

For the purpose of this study, well-being refers here to personal well-being, well-being in relation to people who form part of the community and perceived well-being in relation to the broader context, which in this instance is the nursing profession (Nelson & Prilleltensky, 2005:54). The adoption of this framework to understand nursing students within the broader context in which they function gives the study an ecological perspective and subjects it to the assumptions underlying community psychology (Nelson & Prilleltensky, 2005:5). A community psychology framework helps researchers understand human behaviour in different contexts with the focus on the dynamic nature of people, relationships and situations.

From the above, it is clear that a pressing need exists for nursing students to graduate and enter the workforce to alleviate the serious staff shortage. It is against this background, coupled with the large number of first-year students who drop out of training programmes, that it was decided to explore the experiences of nursing students during their first year of study. The research question that guided this research is: "What are the dimensions of well-being as expressed by nursing students?" This is an important question since professional nurses are expected to promote the well-being of the people entrusted to them. The situation prevailing in the nursing community today is reflected in the training given to nurses. For example, factors such as supervision, exhaustion, procedural inconsistencies and stress are experienced in the training of nurses as well as in the nursing profession itself.

RESEARCH OBJECTIVES

AIM

The aim of the research is to explore the different dimensions of well-being as described by nursing students.

PURPOSE

The purpose of the research is to promote the well-being of nursing students during their training. They are expected to promote the well-being of people and also to enter the workforce to alleviate the serious staff shortage.

RESEARCH METHOD AND DESIGN

A secondary analysis of the qualitative data obtained during 2008 was conducted, and the findings were later complemented by a qualitative, exploratory and inductive research design that explored the experiences of the same students in the same context two years later in 2010, to explore the different dimensions of well-being as described by nursing students.

Research design

An intrinsic case study method was used to explore the experiences of the nursing students (Whitley, 2002:37). An intrinsic case study was chosen because it enabled the researcher to conduct an in-depth investigation of the students' experiences with particular focus on the student nursing community at the North-West University (Stake, 1995:4).

Research context and participants

The research context was the North-West University, Potchefstroom Campus. For the purposes of the study, the group of nurses was defined as a relational community. According to Dalton, Elias and Wandersman (2007:172), a relational community is a group of individuals who share a more abstract common interest or belief. The same group of first-year nursing students as in 2008 participated in the second phase of data collection at the beginning of their third year. Due to dropout, only 18 of the 32 original students commenced their third year of training in 2010. These remaining 18 students included two students who had declined to participate in the original study bringing the study population to 16 students. Of these 16 students, four white, female students agreed to participate in the second phase of data gathering.

Data collection

Secondary data

Qualitative data gathered during the study in 2008 were used as data. Textual data were obtained through in-depth interviews, focus group discussions and personal diaries. Visual data-gathering methods included collages and the Mmogo-method™ (Roos, 2008; 2010). During the first phase of data collection, focus group discussions were held as an inductive method of collecting information on the experiences of the nursing student

participants during their first year of nursing studies. Semi-structured individual interviews were held with several students in order to further data collection and to clarify statements that were made during the focus groups. Interviews were recorded with the use of a digital voice recorder and were then transcribed verbatim. The interviews were used to gain a better understanding and to learn from the participants what they view as important factors during their training and how they understand their own experience (Morse & Richards, 2007:93). Participants were asked to make collages that represent their dream for their nursing profession. The objective was to explore the student's motivation for studying nursing and possibly identify factors that may contribute to the drop-out rates of nursing students. The participants grouped themselves for the purpose of the focus group in the following manner: The five English speaking participants grouped themselves together (group 1); and the 23 Afrikaans speaking participants divided into three groups:- one group with four participants (group 2) another with nine participants (group 3) and the last group (group 4) consisting out of 10 participants. Discussions during the focus group were centred on collages. The Mmogo-method™ research method involves the construction of the participants' lived experiences. This projective method allows meaning to emerge from the participants' reflections on the social structures of which they are a part (Roos, 2010).

In addition to the secondary data, focus group discussions were held as an inductive method of collecting information on the experiences of the nursing student participants up to 2010. These discussions allowed the participants to interact and contribute valuable data and insights regarding their experiences of well-being. A focus group discussion is a socially oriented research method that facilitates the acquisition of data in a social environment (Babbie, 2007:308). The participants were given an open-ended instruction:

“Please tell us how you are experiencing your training as a nursing student at present and reflect on your first year of training.”

Data analysis

The secondary data gathered during 2008 were analysed thematically to find common themes and identify salient issues (Green & Thorogood, 2004:177). An inductive approach was adopted, and the themes were coded. The following phases of thematic analysis suggested by Braun and Clarke (2006:87-93) guided the data analysis: 1) Becoming

familiar with the data. During this phase, audio recordings of the interviews were listened to a number of times so that the researcher could familiarise herself with the content and start formulating possible themes. 2) Generating initial codes. Coding involved taking chunks of text and placing them in specific categories in such a way as to enable later analysis of the data (Babbie, 2007:384). Data were organised into meaningful clusters that became salient during Phase 1, and the clusters were colour coded on the transcribed data sets; 3) Searching for themes. Codes were grouped into themes that were arranged in a mind map with particular attention paid to codes that linked up with the research question; 4) Reviewing themes. Some themes from Phase 3 were grouped together, and some less important themes fell away. Data were re-read to ascertain whether the themes represented the data adequately; 5) Defining and naming themes. Each theme was defined and explained (Braun & Clarke, 2006:82); 6) Producing the report. The report identified the emergent themes and related the analysis to the research question and the literature review.

RESULTS

Themes that emerged from the data gathered during the first and the second phase of the study relate to the three sites of well-being as described by Prilleltensky and Prilleltensky (2006:12), namely personal, relational and collective well-being. Well-being in this study refers to the complexity inherent in the multifaceted profession of nursing and is understood as optimal functioning of the person in relation to other people as well as the in the broader context of the nursing community.

A visual presentation of the themes and sub-themes is given in Table 1.

Table 1: Visual presentation of the themes and sub-themes of nursing students' experiences of their training

Theme 1: Personal well-being	Lack of autonomy
	Feelings of uncertainty
	Feeling under pressure
	Disillusionment with the nursing

	profession and the training
	Dispositional optimism
	Sense of purpose and deeper meaning
Theme 2: Relational well-being	Friendship
	Family
	Lecturers
Theme 3: Collective well-being	Challenging working environment
	Lack of role models in clinical practice
	Incongruency between theoretical and practical training

THEME 1: PERSONAL WELL-BEING

In this study, personal well-being means that individuals have the autonomy to make decisions in their lives, feel a sense of control over the pressures and experience optimism and meaning in life. The following sub-themes emerged during the thematic analysis.

Lack of autonomy

The data indicated that the participants did not experience autonomy in their first year of training. Autonomy is defined here as independent judgment by people to effect a desirable outcome (Keenan, 1999:561). The participants had no autonomy or say over their practical training hours. They believed that they should have been given the freedom to allocate their own training times so that they could decide when they could go home over weekends and when they could not. They also believed that they were not allowed to use their own initiative when faced with difficult situations in their practical training. They felt as though all they were allowed to do was stand back, observe and let things happen to them and around them. The following extracts illustrate their experience of a lack of autonomy.

Our lecturers want to organise everything for us. They want to plan from what time to what time we have to work, when we must study, when we must do our assignments. It's as though they want to organise every aspect of our lives and that irritates me immensely.

You do just what you have to do, because someone else above you makes decisions for you.

The old man gasps, but you just have to stand and watch until he dies, because there's nothing we can do for him.

The focus group with the third-year participants confirmed the lack of autonomy they had expressed during their first year although it appears they were granted more autonomy in their third year. The participants still experienced a lack of autonomy in government hospitals but reported they had more responsibility in private hospitals, which made them feel more empowered.

By your third year you are given greater responsibility, now you have to do something and that makes it more enjoyable.

In the government you can't take the initiative and do something yourself, because they will find fault with it.

Feelings of uncertainty

The participants reported feeling uncertain about how to handle some of the situations they faced during training. This was especially evident in their practical training where they described numerous unfamiliar situations they did not know how to handle. They often felt that they were thrown in at the deep end and that they were expected to cope with situations that, realistically, they could manage only with time and more experience. They lacked a sense of competence in dealing effectively with the variety of stressful situations they were exposed to, which left them feeling overwhelmed and uncared for.

We didn't know what to do. It was terrible.

We just had no idea what to do and the nurse was carrying on so much that we literally and figuratively just ignored her.

At the beginning we felt as though we had been thrown in at the deep end, and we can't swim.

The participants reported that their third year was emotionally stressful for them:

The emotional stress was too much for us at that stage because we didn't really know how to work with the cadavers or with people or patients dying.

We didn't know how to handle it.

Feeling under pressure

Many of the participants reported that the emotional, time and academic pressures they had to contend with made them feel stressed and often unable to cope. These feelings were exacerbated by their practical working hours and participation in first-year activities.

You are actually so tense because there are so many people around you and they expect that you already know how to do it when you get there.

However, it also seemed that the participants devised ways of dealing with their stress. For example, they realised that they had to plan and prioritise, which made it easier for them to handle the various pressures they were subjected to.

Some people do not allocate their time correctly enough and this becomes a problem, and they just feel like giving up, because I can't take the pressure.

Through that journey it was so hectic and all that, but it helped me manage my time, it helped me to work under a lot of pressure.

Now it is a part of our lives, we are used to the work load, you don't get the time to really be yourself... you have a headache and a stomach ache...but no one asks you how you are feeling.

Disillusionment with the nursing profession and training

The participants reported not knowing, and being unprepared for, what the nursing profession and the training entailed prior to their commencing the BCUR course. The interviews with the participants revealed that what they had expected did not correspond with the reality. Some of the participants said that they had consulted the internet about the course but could not find any clear outline of the course and the hours they would have to spend on practical work on top of the academic load. Some of the participants were not aware that practical training was part of the first-year curriculum, and others mentioned their disappointment when they found out they would not be able to go home every second weekend and for a portion of the university recess because of the compulsory practical hours. The participants expected the profession to be one of a caring and nurturing, but they found that the reality was a harsh environment where they had to abandon tenderness in order to manage the tough challenges that confronted them. They expressed themselves as follows:

I personally feel that no one prepared us and told us what the course really is about.

The idea that a person has when you get to the hospital and you see the nurses, is very different from the way you experience it when you get there and work.

The participants also expressed their disappointment with the state of the hospitals as well as the manner in which patients were treated in hospital.

None of us expected that shock of the dirty, gross place.

The other day I wiped an alcohol swab on a patient's arm it was brown.

On reflecting on their experiences, the participants compared where they were now in their training and expressed some relief in realising that some of their expectations about nursing had been confirmed. They realised now they could indeed make a difference to patients' lives, which was not their experience in their first year.

The picture you have in your mind (of nursing) you only get to see now.

I had the satisfaction of the things I could do.

Dispositional optimism

Dispositional optimism refers to an attitude where positive outcomes are generally expected – a mindset that has been linked to a range of positive psychological and emotional benefits (Gillham, 2000:165). It seems as though the participants focused on the positive aspects of nursing rather than on the negative, which might have been difficult in their first year of training:

Yes, I also remember the negative, but I just focus on the positive.

It's doesn't only concern the negative things because in every negative thing, there's a positive thing that can be taken from it.

I think you make it pleasant for yourself.

During your first year, you only see the unpleasant. That's why everyone quits.

Sense of purpose and deeper meaning

Having a purpose in life and seeing a deeper meaning in life means pursuing worthwhile goals and achieving a sense of fulfillment (Recker & Wong, 1988:221). Mascaro, Morey and Rosen (2004:845) refer to meaning in life as the intentions that underlie behaviour, that is, the reasons for doing something. The participants described their experiences during their training with a sense of knowing they had an important contribution to make as

nurses. They conveyed the realisation that they had a specific role to fulfil regardless of their own personal challenges:

God is the light in our lives because He leads us to do His will in the hospital.

I want at the end of it, when I'm 75 or 80 to stand in front of God and say: With all that You have given me, I have not kept for myself. I have given all that I could to the people to the best of my ability, in the service of men.

The knowledge of higher meaning for yourself that there is somebody, a bigger presence.

Nursing is not just a job, it's a love you have, for the work, the people and to help people.

I see it as another challenge to prove to them that I am here for a reason.

We are going to be touching lives on a minute by minute basis. In that we will be building lives.

I want to make a difference.

THEME 2: RELATIONAL WELL-BEING

Relational well-being refers to the care and support the participants experienced in their relationships.

Friendship

Friendship occurs where two or more people are involved in a relationship that requires loyalty and trust, that involves close and frequent interaction and that is regarded as social support (Bukowski, Newcomb & Hartup, 1996:2). Social support is the protective role that a friendship relationship can play in mitigating the effects of stress and in contributing to the psychological and physical health of an individual (Marsh, 1992:62). Close personal relationships play a significant role in the lives of most people. The nursing students formed close personal relationships with one another and supported each other during their studies.

My one friend with whom I am studying, we help each another a lot.

Everyone in our group is friends.

Through death and pain and heartache we remain the support for one another.

Your family may perhaps be far away, so your friends are your only support.

It's those bonds that we have created when we work together that are going to make us forever friends.

We support each other, we motivate each other.

You search for that special friend that accepts you the way you are.

You have at least one friend that pulls you through en shares in your heartache and anger and frustration.

An important thing that we are missing is that you have at least one friend that pulls you through.

Family

The participants reported that their family, particularly their parents, gave them support and encouragement. Many of the participants had to move away from their families and were unable to visit them regularly. They missed spending time with their families and placed a high value on staying in touch with their parents, particularly their mothers:

So if I have a problem I can immediately go to my mom and ask her what to do. Then she will first tell me to calm down, because then I am usually worked up.

My mom isn't a nurse, but she still gives the best advice.

I still miss home a lot...my parents are getting older... I miss their company...because I hardly speak to them anymore.

So I e-mail my mom and we mxit and we talk to each other daily.

Especially my mom, she was the driving force that made me feel I keep going.

Lecturers

The participants reported being very close to their lecturers and being able to talk to them and discuss problems with them.

They are supportive and let's say, helpful, if you have problems you can go and talk to them about it.

Nice, because the lecturers know your name and your results, they know you intimately.

However, it seems some of the lecturers became too involved with the participants. A number of the participants said that the lecturers and fellow nursing students gossiped about one another and that nothing remained confidential. Other participants believed that the lecturers did not always respect their own personal space and did not always maintain their role as lecturers:

I know of lecturers who spread stories about us amongst one another.

Sometimes it gets too personal in our faculty.

Everyone knows everything about everyone and your personal things are never your... if you are grumpy today, everyone wants to know why.

THEME 3: COLLECTIVE WELL-BEING

Collective well-being here refers to the larger nursing community of which the nursing students formed a part. Collective well-being enables the attainment of personal goals because such goals are achievable only when necessary resources and support are available within the nursing community.

Challenging working environment

The environment that the participants were exposed to during training could be described as challenging because of a lack of equipment or equipment that did not function properly. The participants mentioned instances where they could not assist patients because of the inadequate resources available to them. They also said that in their view some of the patients could have been saved had the appropriate resources been available.

In the following extract, a student describes a situation where she did not receive assistance from any of the nurses on duty because of staff shortages and consequently had no option but to do her best for the particular patient.

I remember in ward eight, there was a patient that needed oxygen, but there wasn't any at her bed so I had to run down the hall looking for oxygen for the patient. The emergency trolley wasn't ready so I had to run to get the stuff. We had to call the doctor to come and shock her with those things, but there weren't any in the ward. Who knows, maybe she would have survived if there were. By the time I had everything and got back to her room, she was already dead.

Other extracts tell a similar story:

He (the patient) fell out of his bed because he was confused . The nurse was told that he was confused and she was meant to put the sides of his bed up so that he wouldn't fall off. But there weren't any, she should have rather put him on the floor then he wouldn't fall.

Another participant adds:

Later she was on the phone with the doctor. She told him: Doctor I am a student and there's no one else here to help me, you'll have to tell me what to do over the phone, we can't just leave the patient like this.

Lack of role models in clinical practice

A role model is someone who knowingly or unknowingly acts as a model for someone else. Role models hold certain positions in the nursing system, but the participants reported that their role models did not always act in a way that was consistent with their supervisory role (Searle & Pera, 1995:198). Although nurse role models are meant to motivate student nurses in a clinical setting (Chabeli, 1999:27), the participants often did not see the nurses in a positive light (Searle & Pera, 1995:253). Some of the participants cited instances where the nurses who were meant to guide them did not follow the right procedures but merely tried to get through the work as opposed to doing a thorough job:

You get staff that are just not interested in teaching you anything.

They refuse to help you from first year to fourth year.

In the government hospital there is no support. There is nothing. You feel like if you go to the hospital today, what is going to happen today, will I make it.

These participants felt ill equipped to deal with the challenges of the harsh training environment:

I remember STUDENT X and I looking at each other, and we really want to help the man, but we don't know what to do and she [nurse] just kept screaming about things that had no relevance to the situation.

Many of the participants said that the nurses had become hard and had somehow lost their compassion and their 'heart' for nursing. Exposure to such attitudes had a negative effect on the participants' vision of becoming nurses:

Our first cadaver, they just left, they didn't even pack him.. He died eight o' clock that morning and no one packed him until seven o' clock that evening.

The staff working there no longer have the love for it that they had at the beginning. The patients are just another person to them.

At that stage I thought it was okay and everything, but it feels as though I have to become tough on the inside in order to study nursing.

Incongruency between theoretical and practical training

The participants reported that clinical situations did not always match the descriptions in their textbooks. The real-life situations that nurses and nursing students encounter cannot always be resolved or explained through the linear application of theories but, rather,

involve more complex processes requiring the juggling of demands, intuitional experience and knowledge (Kim, 1999:1206). Since the lecturers do not accompany the participants in the practical training, the participants are not able to have them as role models and mentors during practical work. The result is that participants face an incongruency between what they are taught during the theoretical training and the actual procedures they are told to follow in the practical training.

I also know that our text books say one thing and what happens in practise is a totally different thing.

It is really like that because on the one hand you have what the books say and on the other hand you have what happens in the hospital.

The participants also expressed a need for help from the lecturers on how to deal with the gap between their training and actual nursing practice.

The lecturers are only in the classroom and teach us there. But in practise there is no one to teach and help us. We actually want them there.

ETHICAL CONSIDERATIONS

This study constitutes part of a project entitled: "An exploration of enabling contexts" for which ethical permission was granted (# 05K14) and extended to the present study. The participants were told about the research project, and their informed consent was obtained. The participants were also advised that they could withdraw from the research at any point and that there were intern psychologist available to them should they desire to talk to someone at any time during their training or the study. Confidentiality and anonymity of the source material were maintained.

Verification and trustworthiness

The guidelines suggested by Lincoln and Guba (1985:219) were used to ensure the trustworthiness of the research process. The credibility of the findings was maintained through the focus group discussion held two years later. The findings from this focus group were added to the secondary data that had been gathered from the same participants two years previously (Conrad & Serlin, 2006:414). Transferability of the data was ensured through detailed descriptions of the culture of the participants, of the research context and of the data collection and analysis process (Graneheim & Lundman, 2004:109). The

experiences of the participating nursing students were illustrated through verbatim quotes (Padgett, 1998:92). Dependability of the data was ensured through code-recode procedures of the data (Krefting, 1991:15). Confirmability of the data was ensured through the triangulation of data collection methods and theories as well as through the inclusion of a detailed account of the data collection and analysis process (Stommel & Wills, 2004:288).

DISCUSSION OF FINDINGS

The findings in this research should be seen against the background of the many adverse circumstances that student nurses had to contend with during their first few weeks of training. A number of the students were away from home, often for their first time, and they had to adapt to academic workloads and practical training hours as well as acquire the coping skills to manage the new challenges.

The students reported high levels of stress and anxiety during their training and described feeling under pressure because of the long hours and heavy workloads. Similar findings are reported by Jones and Johnston (1997:480) as well as by Evans and Kelly (2004:479). The cumulative effect of these new experiences might have affected the adaptive resources of the students and left them feeling overwhelmed and disempowered (Linley & Joseph, 2004:523). The loss of control and the pressure the nursing students experienced, especially during their first year, might have impacted on their self-efficacy and made them particularly vulnerable when faced with stressor events (Dolan, 2007:105). Self-efficacy is closely linked to the belief that one is able to achieve a difficult task and also acts as a buffer against the negative impact of stressors (Linley & Joseph, 2004:245). Especially during the initial stages of the training, the students reported their loss of control and the high demands made on them.

Despite the pressures the nursing students mentioned, many of them maintained a positive attitude and the desire to become nurses. Choosing to see situations positively and consequently experiencing more positive emotions over time can improve a person's psychological resilience and personal well-being (Csikszentmihalyi & Csikszentmihalyi, 2006:95, Huppert, Baylis & Keverne, 2005:230). Students with a positive disposition will be more inclined to transform external events that may appear negative into something that

has meaning regardless of the current negative impact (Cooper, Duggleby & Penz, 2009:2381). There is evidence that an optimistic attitude and problem-solving behaviour helps nursing students deal with stress more effectively (Sheu, Lin & Hwang, 2002:174).

The majority of the student nurses in their first year reported that the nursing science course did not fulfil their expectations of nursing as a profession. Similar results are mentioned by Wright (2005:67), and, according to Montmarquette, Mahseredjian and Houle (2001:479), students may drop out if they become disillusioned with their career choice. The students in the study started out wanting to help people or wanting to work in a medical field, but, apart from this, they did not have a real idea of what would be expected of them as nursing students and ultimately as nurses. The students expressed disappointment at choosing a study direction they experienced as being different to what they had expected. Although this sentiment usually changed during the students' progression in their studies, it is a factor that requires attention.

Many of the students expressed the hope that they would make a contribution as nurses, which kept them focused on achieving their goal (Csikszentmihalyi, 2003). Hopefulness and optimism are also found among individuals who have identified a purpose in their lives (Bronk, Hill, Lapsley, Talip & Holmes, 2009:506). According to Lopez and Snyder (2002:610), a sense of purpose involves the intention to achieve a goal that has personal significance as well as a positive impact that is external to the self. The nursing students in this study expressed a desire to look after sick patients and make a contribution. Identifying their own purpose might thus have contributed to their ability to persevere in the achievement of their goals (Corey, 2008:100).

Relational well-being includes support from friends, family members and lecturers. The students' reports indicated that the relationships they developed during the course of the training as well as the relationships with their families were important sources of comfort and encouragement. The social support the students experienced contributed to their ability to cope with stress (Pierce, 1997:141, Hobfoll, 1986:233, Fink, 2000:481). The findings also indicated that the students' social support had a beneficial effect on their psychological well-being (Huppert, Moser, Gershuny, Riggs, Spokas, Filip, Hajcak, Parker, Baer, & Foa, 2005:509). The communal sense experienced by the nursing students

contributed to their feelings of membership, needs fulfilment and shared emotional connection – factors that have been found to contribute to personal coping ability and overall health (Farrell, Aubty, Coulombe, 2004:21). This is consistent with the findings of Manning, Cronin, Monaghan and Rawlings-Anderson (2009:170) as well as Roberts (2009:370).

Collective well-being seemed to be challenged the most and, the nursing students were outspoken about the unhealthy broader context in which they had to function. In terms of the behaviour-setting theory of Barker (1968:137), student nurses who enter new settings in their first year have to adapt without knowing exactly what is expected of them. According to this theory, a social setting is a well-defined spatial area, a boundary zone, and when it is entered, it causes people to change or adapt their behaviour in a more or less conscious way (Barker & Schoggen, 1973:49). The nursing environment, which includes the nurses in the clinics and hospitals as well as the lecturers and fellow students, affects students in different ways.

The staff shortages and the conditions in hospitals lead to a situation where nurses are exhausted, frustrated and stressed. These nurses now have the added pressure of creating a positive image of nursing for the students they have to train. As a consequence of the current state of nursing in South Africa, professional nurses may appear to have a negative attitude that first-year nursing students interpret as lack of consideration toward patients. They may conclude that nurses no longer have a passion for nursing because of their failure to do their work thoroughly in hospitals. Oermann (1998:197) and Thomas & Hume (1998:41) argue that unsupportive staff and the failure to provide students with support are stressors for the students.

The practical component of nurses' training is a vital part of students' training. Their first contact with practical training comes as a surprise, and the environment they have to work in may not be what they expected. What they deal with and experience at the outset of their training is a reflection, to a large extent, of the nursing profession in general, namely heavy workloads, high stress levels, poor working conditions, low autonomy and limited free time. Shortages of staff and equipment are also mentioned by Makupu and Botha

(2000:14) who state that the lack of equipment and poor working conditions make it difficult for student nurses to achieve meaningful learning.

Students experience confusion when a discrepancy exists between what is taught to them in their academic training and what is actually experienced in the clinical environment (Carlson, Kotze & van Rooyen, 2003:36). This theory-practice gap is a source of stress for many students, which may contribute to the emotions nursing students often describe as exhaustion and pressure (Lindop, 1999:971). The findings of the present study mirror those of a study conducted at the University of Port Elizabeth, namely that factors that contribute to student anxiety are shortages or the absence of equipment needed to fulfil nursing duties as well as the unavailability of support from experienced nurses because of time constraints (Carlson, Kotze & Van Rooyen, 2003:30).

LIMITATIONS OF THE STUDY

The limited sample size means that the research results cannot be generally applied to all nursing students in South Africa. A major limitation was that many of the students dropped out of the study, and many did not take part in the focus group meeting during their third year. The second round of data gathering was also representative only of students who progressed to the third year. The experiences of students who dropped out were not taken into account during the second phase, and the research was done in a continuously changing environment. Intakes in other years may not have the same experiences as the research sample in the present study. Further studies should focus on student nurses from colleges.

Recommendations

An orientation session should be held before the start of the first-year programme. Senior students should share their experiences, answer questions and give advice to new students. A clear outline of the academic as well as the practical requirements of the course should be made available to students on the internet. Information should be provided on holidays and weekends, how many hours the students will be expected to work in clinics and hospitals and the demands of the course.

Prospective nursing students should spend some time in a clinical environment to see firsthand what nursing involves and to expose them to the conditions they will be expected to train and work in once they are registered nurses.

The course should be rescheduled to allow students more time to practise crucial skills before applying them in the practical environment. With more time allocated for simulation of clinical tasks, students should be able to carry out more tasks sooner during their practical training, and they should be exposed to different aspects of nursing from early on in the course.

Senior and first-year students should be allocated to the same wards and work together during shifts. The presence of more experienced nursing students will make the practical training less stressful for the newer students.

Nursing students have to undergo 4 000 hours of clinical training during their studies. Granting them more freedom to decide on their own study times may improve their levels of autonomy and self-determination. If students are allowed to work the hours they prefer, they may work in more hours during the semester so that they can go home during the holidays and spend time with their families who are a valuable support system for them.

Most students enter the world of nursing when they are very young and inexperienced, and they are exposed to difficult situations and a high-stress environment. Teaching students stress management techniques as part of the course may help them cope with the pressures and demands faced by them. Weekly group sessions, where students can share experiences outside the classroom environment, may also be beneficial to the students. Such sessions could even be incorporated into the more senior students' timetable so that all nursing students can get to know one another in a relaxed setting and the younger students can receive guidance from the more senior students on an ongoing basis.

An intern psychologist should be available to students if they require counselling. Students should not have to consult with their lecturers or make arrangements for counselling through them.

The nurses in charge of supervision during clinical training often make students feel uncomfortable and unwelcome. Since these nurses are going to be responsible for the practical training of the students, they should be alerted to their influence on the students and the nurturing needed by the newcomers. Nurses involved in training should be encouraged to be positive in their interactions with the students, to build the students' self-esteem and to reinforce the value of nurses in hospitals.

CONCLUSION

The well-being of student nurses is crucial as they enter the workforce and face the accompanying challenges. Students often find it difficult to adjust to the pressures of the training and the lack of autonomy during their first year. Being optimistic and finding a sense of purpose in their nursing studies helps them deal with stress more effectively. Also, the relational well-being of student nurses contributes to their eventual adjustment in the nursing profession. In line with community psychology's approach of studying people in their contexts, this research highlighted serious concerns about a collective environment that is not conducive to the holistic well-being of student nurses as well as patients.

REFERENCES

- Alacacioglu, A., Yavuzsen, T., Dirioz, M., Oztop, I. & Yilmaz, U., 2009, 'Burnout in nurses and physicians working at an oncology department', *Psycho-Oncology* 18(5), 543-548.
- Babbie, E., 2007, *The practice of social research*, 11th edn., Thomson/Wadsworth, Belmont.
- Barker, R.G., 1968, *Ecological psychology: Concepts and methods for studying the environment of human behaviour*, Stanford University Press, Stanford, CA.
- Barker, R.G. & Schoggen, P., 1973, *Qualities of community life: Methods of measuring environment and behavior applied to an American and an English town*, Jossey-Bass, San Francisco.
- Brannigan, E., 2009, 'Task shifting', *Nursing Update*, 37, 36-37.
- Braun, V. & Clarke, V., 2006, 'Using thematic analysis in psychology', *Qualitative Research in Psychology*, 3(2), 77-101.
- Bronk, K.C., Hill, P., Lapsley, D., Talib, N. & Holmes, W.F., 2009, 'Purpose, hope, and life satisfaction among adolescents', *Journal of Positive Psychology*, 6(4), 500-510.
- Brown, J.M., Miller, W.R. & Lawendowski, L.A., 1999, 'The Self-Regulation Questionnaire', in Van de Creek, L. & Jackson, T.L. (eds.), *Innovations in clinical practice: A source book* (17), 281-292. Professional Resource Press, Sarasota, FL.
- Brysiewicz, P. & Bruce, J., 2008, 'Emergency nursing in South Africa', *International Emergency Nursing*, 16(2), 127-131.
- Bukowski, W.M., Newcomb, A.F. & Hartup, W.V., 1996, 'Friendship and its significance in childhood and adolescence: Introduction and comment', in Bukowski, W.M., Newcomb, A.F. & Hartup, W.V. (eds.), *The Company They Keep: Friendship in childhood and adolescence*, Cambridge University, New York.
- Carlson, S., Kotze, W.J. & Van Rooyen, D., 2003, 'Accompaniments needs of first year nursing students in the clinical learning environment', *Curatonia*, 26(2), 30-39.
- Chabeli, M., 1999, 'Students nurses' learning needs and expectations in the clinical learning units', *Curatonia*, 22(4), 24-28.
- Conrad, C. & Serlin, R.C., 2006, *The Sage handbook for research in education: engaging ideas and enriching inquiry*, Thousand Oaks: California.
- Cooper, D., Duggleby, W. & Penz, K., 2009, 'Hope, self-efficacy, spiritual well-being and job satisfaction', *Journal of advanced nursing*, 65(11), 2376-2385.

- Corey, G., 2008, *Theory and practice of psychotherapy and counselling*, Brooks Cole, Pacific Grove, CA.
- Corsini, R.J., 1999, *The Dictionary of Psychology*. Taylor & Francis, Florence.
- Csikszentmihalyi, M., 2003, *Good Business: Leadership, Flow, and the Making of Meaning*, Viking Press, New York.
- Csikszentmihalyi, M. & Csikszentmihalyi, I.S., 2006, *A life worth living: Contributions to positive psychology*, Oxford University Press, New York.
- Dalton, J.H., Elias, M.J. & Wandersman, A., 2003, *Community Psychology: Linking Individuals and Communities*, Wadsworth, Stamford, CT.
- Dolan, S.L., 2007, *Stress, self-esteem, health and work*, Palgrave Macmillan, New York.
- Evans, M.D.R. & Kelly, J., 2004, *Australian Economy and Society 2002. Religion, Morality and Public Policy in International Perspective 1984-2002*, The Federation Press, Sydney, Australia.
- Farrell, S.J., Aubty, T. & Coulombe, D., 2004, 'Neighborhoods and neighbors: Do they contribute to personal well-being?', *Journal of community psychology*, 32(1), 9-25.
- Fink, G., 2000, *Encyclopedia of Stress*, Academic Press, London.
- Frisch, M.B., 1994, *Manual and treatment guide for the Quality of Life Inventory*, Pearson Assessments, Minneapolis, MN.
- Gillham, J.E., 2000, *The Science of Optimism and Hope: Research Essays in Honor of Martin E.P. Seligman*, Templeton Foundation Press, Philadelphia.
- Graneheim, U.H. & Lundman, B., 2004, 'Qualitative content analysis in nursing research: concepts, procedures and measures to achieve trustworthiness', *Nurse Education Today*, 24(2), 105-112.
- Green, J. & Thorogood, N., 2004, *Qualitative methods for health research*, SAGE, Thousand Oaks, California.
- Hobfoll, S.E., 1986, *Stress social support and women*, Hemisphere, Washington DC.
- Huppert, J.D., Moser, J.S., Gershuny, B.S., Riggs, D.S., Spokas, M., Filip, J., Hajcak, G., Parker, H.A., Baer, L. & Foa, E.B., 2005, 'The relationship between obsessive-compulsive and posttraumatic stress symptoms in clinical and non-clinical samples', *Journal of Anxiety Disorders*, 19(1), 127-136.
- Huppert, F.A., Baylis, N. & Keverne, B., 2005, *Science of well-being*, Oxford, New-York.
- Jacobs, E. & Roodt, G., 2008, 'Organisational culture of hospitals to predict turnover intentions of professional nurses', *Health SA Gesondheid*, 13(1), 63-78.

- Jones, M.C. & Johnston, D.W., 1997, 'Distress, stress and coping in first year student nurses', *Journal of Advanced Nursing*, 26(45), 475-482.
- Kim, H.S., 1999, 'Critical reflective inquiry for knowledge development in nursing practice', *Journal of advanced nursing*, 29(5), 1205-1212.
- Keenan, J., 1999, 'A concept analysis of autonomy', *Journal of advanced nursing*, 29(3), 556-562.
- Krefting, L., 1991, 'Rigor in qualitative research: The assessment of trustworthiness', *The American journal of occupational therapy*, 45(3), 214-222.
- Lincoln, Y.S. & Guba, E.G., 1985, *Naturalistic Inquiry*, SAGE Publications, Newbury Park, California.
- Lindop, E., 1999, 'A comparative study of stress between pre- and post-Project 2000 Students', *Journal of Advanced Nursing*, 29(4), 967-973.
- Lopez, S.J. & Snyder, C.R., 2002, *Handbook of Positive Psychology*, Oxford University Press, New York.
- Makupa, M.B. & Botes, A., 2000, 'The community health clinics as a learning context for student nurses', *Curationis*, 23(3), 12-19.
- Manning, A., Cronin, P., Monaghan, A. & Rawlings-Anderson, K., 2009, 'Supporting students in practise: An exploration of reflective groups as a means of support', *Nurse Education in Practise*, 9(3), 176-183.
- Marsh, H.W., 1992, 'Content specificity of relations between academic achievement and academic self-concept', *Journal of Educational Psychology*, 84(1), 35-42.
- Mascaro, N., Rosen, D.H. & Morey, L.C., 2004, 'The development, construct validity, and clinical utility of the spiritual meaning scale', *Personality and Individual Differences*, 37(4), 845-860.
- McDonald, D.A. & Crush, J., 2000, 'Understanding skilled migration in South Africa', *Africa Insight*, 30(2), 10-20.
- McGrath, S.A., 2003, 'Sectoral insights into the scarce skills debate', *HSRC review*, 1(2), 10.
- Minnaar, A. & Selebi, C., 2009, 'Our greatest loss', *Nursing Update*, 33(6), 29-35.
- Montmarquette, C., Mahseredjian, S. & Houle, S., 2001, 'The determinants of university student dropouts: a bivariate model with sample selection', *Economics of Education Review*, 20 (5), 475-484.

- Nelson, G. & Prilleltensky, I., 2005, *Community psychology. In pursuit of liberation and well-being*. Palgrave Macmillan, China.
- Oermann, M.H., 1998, 'Differences in clinical experiences of AND and BSN students', *Journal of Nursing education*, 37(5), 197-201.
- Oosthuizen, M. & Ehlers, V.J., 2007, 'Factors that may influence South African nurses' decisions to emigrate', *Health SA Gesondheid*, 12(2), 14-26.
- Pierce, G.R., 1997, *The Sourcebook of Social Support and Personality*, Plenum Press. Lippincott Williams & Wilkins, New-York.
- Prilleltensky, I. & Prilleltensky, O., 2006, *Promoting well-being. Linking personal, organizational and community change*, John Wiley & Sons, New Jersey.
- Recker, G.T. & Wong, P.T.P., 1988, 'Aging as an individual process: Toward a theory of personal meaning', in Birrer, J.E. & Bengtson, V.L. (eds.), *Emergent theories of aging*, 214-246, Springer Publishing Company, New York.
- Roberts, D., 2009, 'Friendship fosters learning: The importance of friendships in clinical practice', *Nurse education in practice*, 9(6), 367-371.
- Roos, V. & Van Der Walt, E., 2010, *Psychosocial adjustment of first year nursing students at the North-West University*, [Article submitted for review].
- Roos, V., 2010, 'The Mmogo-method™: An Exploration of experiences through visual Projections', *Qualitative Research in Psychology*, [Accepted for publication].
- Roos, V., 2008, 'The Mmogo-method™ discovering symbolic community interactions', *Journal of Psychology in Africa*, 18(4), 659-668.
- Searle, C. & Pera, S.A., 1995, *Professional practice: A South African perspective*, Butterworths, Durban.
- Sheu, S., Lin, H.S. & Hwang, S.L., 2002, 'Perceived stress and physio-psycho-social status of nursing students during their initial period of clinical practice: the effect of coping behaviors', *International Journal of Nursing Studies*, 39(2), 165-175.
- Stake, R.E., 1995, *The art of case study research*, SAGE Publications, Inc., California.
- Stommel, M. & Wills, C.E., 2004, *Clinical research: Concepts and principles for advanced practise nurses*, Lippincott Williams & Wilkins, Philadelphia.
- Thomas, S. & Hume, G., 1998, 'Delegation competencies: Beginning practitioner's reflections', *Nurse Educator*, 23(1), 38-41.
- Whitley, B.E., 2002, *Principles of research in behavioral science*, 2nd edn., McGraw-Hill, New York.

Wright, S.C.D., 2005, 'Student satisfaction', *Unpublished research*, Tshwane University of Technology, Pretoria.