

**Perceptions of student nurses regarding ethical  
socialisation into the nursing profession in the  
North West province, South Africa**

**Manana Gladys Leburu**

 [0000-0002-8141-0479](https://orcid.org/0000-0002-8141-0479)

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at the North-West University

Supervisor: Professor LA Sehularo

Co-supervisor: Ms JM Sebaeng

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Student number: 24878499

## Declaration

I Manana Gladys Leburu hereby declare that this dissertation entitled ***“Perceptions of student nurses regarding ethical socialisation into the nursing profession in the North West province, South Africa”*** is my work and that it has not been submitted to this or any other institution of higher education.

Manana Gladys Leburu

Date:

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## **Dedication**

I dedicate this dissertation to my two children Bosa and Mmapitso who were declared to have learning difficulties and had to attend special school and Technical and Vocational Education and Training (TVET) schools. I say to them the sky is the limit.

## **Acknowledgements**

I would like to thank the Lord Almighty for the wisdom and strength to complete this study. I also thank my spiritual parents Pastor Joseph Thebi Moeti and Pastoress Masabata “Lolo” Moeti for their dedication to the work of God. The study was inspired by their guidance to the congregants, especially the “Emmanuel Group” (a group of young girls and boys aged 12 to 23 years old).

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To all of you, may the Almighty God increase His everlasting Grace upon your lives.

## List of Acronyms

ANA	: American Nurses Association
EPP	: Ethos of Professional Practice
HREC	: Health Research Ethics committee
ICN	: International Council of Nurses
NEIs	: Nursing Education Institutions
NWP	: North West province
NWU	: North-West University
NQF	: National Qualifications Framework
SA	: South Africa
SANC	: South African Nursing Council
SAQA	: South African Qualifications Authority
SOP	: Standard Operating Procedure
SONS	: School of Nursing Science

## **Abstract**

Literature shows that research focusing on ethical socialisation of nursing students is scarce. Most studies conducted on this topic have focused on nurses who are qualified and are products of the nursing education socialisation. This study aimed to explore and describe the perceptions of student nurses regarding ethical socialisation into the nursing profession in public nursing colleges in the North West province, South Africa. A qualitative-exploratory-descriptive and contextual research design was used to achieve the main aim of the study. A non-probability purposive sampling technique was used to select participants from level three and four. Four focus group discussions were used to collect and analyse data. Each group consisted of seven participants.

Three themes emerged from the findings of the study namely, dissatisfaction with the teaching of ethos of professional practice module, nurse educators as role models as well as concerns regarding recruitment and selection of nursing students. The findings of this study show that there is a need to align the curriculum guidelines to accommodate the current demographic changes with a program that will build a meaningful faculty-student relationship in order to address issues that are not necessarily academic in nature. Nurse educators need to follow the three categories of creating a context for learning, a context of rehearsal as well as a context for mirroring identity to reconcile their professional identity; the hidden curriculum could be enhanced by attending workshops on the ethics of the nursing profession. During the recruitment and selection process, interviews should identify the standards of competence required for a nursing graduate on completion of the training programme.

**Keywords:** ethical socialisation, nursing education, nursing profession, nursing student

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## **Section 1: Overview of the study**

### **1. Introduction and background**

Ethical and professional responsibilities are central to the success and respect of the nursing profession (Salminen et al., 2016:18). However, research focusing on the professional ethics of nursing students is scarce (Salminen et al., 2016:18). Most of the studies conducted on this topic have focused on nurses who are qualified and are the end products of the nursing education socialisation. Professional socialisation is the process by which a person acquires the skills, knowledge and identity that are characteristic of a member of that profession (Curtis et al., 2012:791). Such socialisation involves an internalisation of the values and norms of the group into the person's own behaviour and self-conception. De Swardt et al. (2016:1) describe socialisation as a process whereby a student learns and applies certain skills, knowledge, norms and values of the nursing profession in order to fit into the culture of nursing. In support of this statement, Crigger et al. (2014:377) argue that professional development is an educational process of converting a lay person into an individual whose values are consistent with those of the profession and who should act consistently on these values in professional practice. Crigger et al. (2014:377) further describe professional identity as an individual's perception of himself or herself as a member of a profession and on this platform the ethical aspects of a profession are paramount. Crigger et al. (2014:378) suggest that nurses are good rule followers and that they conform to the social identity paradigms even though they may lack development in character and application of situational thinking to practice. The researcher identifies such a paucity as a consequence of inadequate socialisation of students into the nursing profession.

In the public eye, the image of the nursing profession is negative (De Swardt et al., 2016:2). The negative perception of the nursing profession is fuelled by negative media reports on professional and individual misconduct, perceived negative attitudes and ill-disciplined nursing personnel in general. Effective socialisation has been discussed by Curtis et al. (2012:791) as a key determinant of professional retention in nursing and a route to preventing the costly attrition of students and qualified nurses from nurse education programmes and the profession. On the other hand, a study by

Curtis et al. (2012:791) found that on completion of their basic education, nursing students have to face the reality of nursing practice pressures while sustaining their expectations which could lead to feelings of personal disappointment and professional dissatisfaction.

The nursing profession worldwide shares a common value system. This value system is clear that with regard to nursing ethics, nurses should be aware of the values and norms that guide professional nursing practice (De Villiers, 2015:238) which should be transferred to students during training. Rushton (2015:397) further emphasises that ethical codes assist care recipients to identify the conduct they can expect nurses to uphold during their delivery of nursing service. For the European countries, Abraham Flexner developed a criterion that distinguished professionals from other persons by means of ethical code (De Villiers, 2015:26). The purpose of the ethical code is to inscribe the fundamental norms and values to which nurses should be committed as well as to assist in the ethical decision making in the nursing practice. As a result, the International Council of Nurses was established in 1899. The ICN is a federation of more than 130 National Nurse Associations and it is basically an organization for health care professionals such as the nurses (Fitzpatrick, 2015:397).

Based on the above arguments the researcher deemed it fit to establish the extent to which teaching and learning of undergraduate nursing students should be guided by the codes of nursing which would assist in the acculturation of nursing ethics required for the nursing practice. Ethics is defined as the extent to which the individual support moral code through conduct (Holtzhausen 2015:2). On the other hand, ethics can be defined as an integral part of the nursing profession, thereby forming the foundation thereof (Nursing Act, 2005:33). Ethics and nursing are seen as one professional continuum because ethics forms an important part of a nursing profession. Lewis (2015:269) supports that ethics is a critical part of everyday nursing practice; nurses in all roles and settings must have the knowledge, skills and tools to uphold their professional values.

The year 2015 was declared the Year of Ethics by the American Nurses Association (ANA) (Rushton, 2015:397). Fitzpatrick (2015:397) also emphasises that it was during this year that the summit was held to support the key role of ethics in safe quality

professional nursing practice. Leaders of the summit aimed at instituting change in the nation's health care culture to strongly support basic ethical values and principles that effectively enable ethical practice among all nurses (Rushton, 2015:397). From this summit, several strategies were identified for addressing moral distress within care delivery (Rushton & Fitzpatrick 2015:397).

Similarly, South Africa as a nation has codes of ethics that guide the practice of nursing. The Code of Ethics established and held by the South African Nursing Council (SANC) reminds all nursing practitioners of their responsibilities towards individuals, families, groups and communities. These responsibilities entail the ethics and practice to protect, promote and restore health, prevent illness, preserve life and alleviate suffering (Nursing Act, 2005:33). Literature also indicates that the Code of Ethics for Nursing Practitioners in South Africa (SA) is based on the belief that nurses value human life, respect, dignity and kindness for oneself and others, the uniqueness of individual healthcare users and also acknowledge the diversity of people in their care (Nursing Act, 2005:33). The ethical code is still a requirement today; thus student nurses in South Africa cannot have isolated socialisation and behaviour from the rest of the nursing world.

SANC is regarded as an education and training quality assurer for all nursing qualifications (Nursing Act, 2005) and this is in terms of Section 5 of the South African Qualification Authority Act (SAQA), 1995 (Act 58 of 1995). According to Nursing Act, (2005), nurse educators undergo training that equips them with knowledge and skills to master core competencies in facilitating student development and socialisation. Nurse educators are also expected to integrate the values of respect, professionalism and caring to build an organizational climate that fosters the development of students. Tamara et al. (2017:1) supports the Nursing Act 33 of 2005 by endorsing that nurse educators are obliged to socialise nursing students to the values of the nursing profession. It is also the nurse educators' prerogative to instill the knowledge and necessary skills for competent nurse practitioners. De Swardt et al. (2016:2) mentions reasons that nurse educators and professional nurses act as socialisation agents for student nurses, preparing them to assume professional roles as nurses. These influences could either be positive or negative. The limitation of negative influence in the socialisation of nursing students goes a long way. This reflection is seen on the

reported cases of professional misconduct as reported by SANC. Reports abound of patients receiving poor nursing care as well as unethical treatment by nurses to patients. De Swardt et al. (2014:2) further states that unethical behaviour of the student nurses leads not only to disciplinary hearings, but also to the decline in health care in South Africa. Such practices have an effect on the country's economy and the image of the nursing profession.

Training of nursing students include foundations in Ethos and Professional Practice (EPP), one of the modules that has learning outcomes and assessment criteria appropriate to the qualification level. This module is endorsed by the South African National Qualifications Framework (NQF). In the nursing curriculum at all levels of qualifications EPP is an in depth foundation module that prepares student nurses for the anticipated conduct and moral behaviour in the profession. In the two public nursing colleges of the North West Province, EPP forms the fundamental introductory and preparation of students for the profession. In the context of this study, EPP is the first socialisation teaching offered to students in their training. The module is further offered to students in an advanced version in the third level of training, a year before the completion of training.

In role modelling, the nurse educator also uses ethical principles and moral reasoning for decision-making with respect to their own professional practice areas (Nursing Act, 2005). Although socialisation of student nurses to this value system is supported (De Villiers, 2015:238), it is apparently challenged in both the education and clinical practice settings. The researcher holds the opinion that ethical socialisation process should be regarded as a critical time in the life span of nursing students; but this does not seem to be the case in the context of North West province (NWP), South Africa (SA). This information led to the researcher's interest to explore and describe the perceptions of student nurses regarding ethical socialisation into the nursing profession in public nursing colleges in the NWP, SA.

## **2. Problem statement**

Nursing profession as perceived by the young people influences the choice of career which is influenced by the public image of nursing (Crigger et al., 2014:378). Nurse educators and professional nurses act as socialisation agents. However, anecdotal

evidence suggests that student nurses enrolled for a programme in the education and training of a nurse (General, Psychiatric and Community,) and Midwife leading to registration (GG regulation No 425 of 22 February 1985 as amended), as future professional nurses display unprofessional behaviour both in class and in the actual clinical settings when they commence offering nursing services. Despite regulations and sound educational foundations in the training, student nurses become professional nurses that do not always demonstrate the desirable levels of knowledge and skills or portray the appropriate values and beliefs of the nursing profession. According to the reviewed literature, it seems there are limited studies conducted on professional socialisation of student nurses regarding the work ethic of the nursing profession in the public nursing colleges in the NWP, SA. The above concerns prompted the researcher to explore and describe the perceptions of student nurses regarding ethical socialisation into the nursing profession in public nursing colleges in the NWP, SA.

### **3. Research question**

- What are the perceptions of student nurses regarding ethical socialisation into the nursing profession in the North West province, South Africa?

### **4. Research aim**

The aim of the study was to explore and describe the perceptions of student nurses regarding ethical socialisation into the nursing profession in two public nursing colleges in the NWP, SA.

### **5. Significance of the study**

The focus of this study was on the perceptions of student nurses regarding ethical socialisation into the nursing profession in the NWP, SA. The study envisaged to add important literature to the body of knowledge in nursing research. For example, other researchers could use the findings of this study to support their individual and institutionally commissioned studies. Research findings might be recommended to the public nursing colleges in the NWP, SA for professional socialisation of student nurses.

Lastly, the results of the study could be utilised to increase self-esteem, image, knowledge, skills, values and beliefs of student nurses in the nursing profession in the context of NWP, SA.

## **6. Research methodology**

Brink et al. (2014:199) defines research methodology as a broad field that is meant to inform practitioners and novices on how research is carried out. Research methodology entails the methods, paradigms, practices and protocols that the researcher uses to solve a specific research problem or answer the research question such as in the present study. Polit et al. (2004:73) defines research methodology as all techniques used to structure a study and to gather and analyse information in a systematic fashion. Methods that are discussed in the following segments are used as procedures to gather knowledge. These methods assist the researcher to explore, describe and predict the phenomena being studied, which is ethical socialisation of student nurses into the nursing profession in the NWP, SA.

## **7. Research approach**

De Vos et al. (2016:63) identifies two well-known research approaches namely, qualitative and quantitative research approaches. These two methodological paradigms differ in that the quantitative method of research is formal and deductive to problem solving. On the other hand, qualitative research approach is an informal, subjective and inductive method. The researcher used qualitative research approach for this study because it is appropriate in answering questions about the complex nature of the phenomena. The researcher sought to establish responses to the questions on the perceptions of student nurses regarding ethical socialisation of the nursing profession in public nursing colleges in the NWP, SA. According to De Vos et al. (2016:64), the work of the researcher using this approach is often exploratory and observation, it is used to build theory from the ground up. The extensive verbal data was collected from a small number of sampled population in two public nursing colleges of the NWP, SA. This data was subjective but upon sifting and coding, this data provides answers to the complex phenomena studied.

## **8.1 Research Design**

De Vos et al. (2016:143) defines research design as the process of focusing the perspective for the purposes of a particular study. The research design focuses on the end product and all steps in the process to achieve the outcomes anticipated. To achieve the main aim of the study, this research followed the qualitative-exploratory-descriptive and contextual research design. According to De Vos et al. (2016:95), exploratory research is conducted to gain insight into a situation, phenomenon, community or individual. An exploratory research has a basic research goal, and it also provides an answer to a “what” question (De Vos et al., 2016:96), such as in the present study. On the other hand, a descriptive research design might be used to identify problems with the current practice, justify current practice, make judgements of what other professionals in similar situations are doing (Brink et al., 2014:112). In this study, the researcher gained a deeper insight as well as identified challenges in the current ethical professional socialisation of students. As explained by De Vos et al. (2016: 96), a description is more likely to refer to a more intensive examination of phenomena and their deeper meanings leading to thick descriptions of the research process and findings. The context of this study comprises two public nursing colleges in the NWP, SA.

## **8.2 Population**

Population as defined by Brink et al. (2014:131) means the entire group of persons that is of interest to the researcher that meets the criteria that the researcher is interested in studying. Student nurses from level three and four in two public nursing colleges in the NWP, SA, were the population of the study.

## **8.3 Sampling**

Brink et al. (2014:132) defines sampling as the process of selecting participants from a population in order to obtain information regarding a phenomena. The sample represents the population of interest. A non-probability purposive sampling method was used to recruit participants for this study. This sampling technique is defined by Brink et al. (2014:141) as a technique that the researcher chooses because participants are knowledgeable about the phenomena being studied. Sample size was determined by data saturation. The participants in this study were level three and level four student nurses from the two public nursing colleges in the NWP, SA. All first and

second years undergraduate as well as post basic students were excluded in this study.

#### **8.4 Data collection**

Collection of data is a phase that follows once the proposal has been approved by relevant bodies and finalised (Brink et al., 2014: 57). Data collection is a phase where the researcher collects actual information and in this case this was done by using focus group discussions. A maximum of eight students in each group from both colleges participated in the study. Two semi-structured questions were prepared for discussion until saturation was reached. Audio tape was used in each focus group, field notes were collected, and the researcher noted gestures and mannerisms and dispositions of the participant student nurses. One classroom was used in the two colleges respectively for data collection. Two audio tape recorders, two sets of spare batteries, two note pads, and two pens were used in the data collection protocol. These requirements were used in both nursing colleges respectively. Two semi-structured questions were used to guide the discussions namely:

What are your perceptions regarding ethical socialisation in nursing training?

What could be done for you to be ethically socialised into the nursing profession?

#### **8.5 Data analysis**

Brink et al. (2014:57) defines data analysis as a process of processing data and further explains that the researcher must examine data for completeness and accuracy. Creswell (2013:245) describes qualitative data analysis as a process that goes hand in hand with other parts of developing the qualitative study. Data in this study was analysed through Tesch's method as suggested in Creswell (2013:245) steps of qualitative data analysis. The following steps were used during data analysis process:

##### **Organising and preparing data for analysis**

This organisation and preparation of data was done through transcribing focus group discussions, typing up field notes, sorting and arranging data into different types depending on the sources of information.

### **Reading or looking at all the data**

This is the step where a general sense was discerned out of information and this provided the opportunity to reflect on the overall meaning of the data collected (Creswell, 2013:245). Audio, visual and written field notes were examined and meanings generated out of them.

### **Coding of data**

Coding is a process of organising data by bracketing chunks and scripting categories in the margins (Creswell, 2013:246). Data gathered was labelled based on the actual language of the participant (called an *in vivo* term).

### **Coding process used to generate a description**

The description of the setting, participants as well as categories or themes for analysis constituted part of the coding process. Creswell (2013:248) amplifies that these themes are the ones that appear as major findings in qualitative studies and are often used as headings in the findings sections. These themes were used to interconnect themes into a story line in the penultimate narrative of the research.

### **Interpretation of data**

Creswell (2013:248) explains that interpretation of data is the final step where a meaning is made by asking “What were the lessons learnt?” Meanings were derived from the comparison of the findings with information from theories and previous literature (See Section 2).

## **8.6 Trustworthiness**

Trustworthiness is defined by Brink et al. (2014: 172) as a way of ensuring quality of qualitative data. Credibility, dependability, transferability and confirmability were maintained to ensure trustworthiness of the study. These criteria are briefly explained below:

### **8.6.1 Credibility**

Brink et al. (2014:172) defines credibility as the confidence in the truth of the data and interpretation thereof. Credibility in this qualitative study was achieved by staying in the field until saturation was reached, ensuring prolonged engagement, and

consistently pursuing interpretations. Different questions were asked and intentionality of the participants were assessed. The researcher has indicated that observation and qualitative focus group discussion are two types of data collection implemented during collection of data. The two methods of data collection could not have been done in the absence of the researcher. Field notes were written and audio data was also collected. The support of all the data collection methods outlined ensured the credibility of data.

### **8.6.2 Dependability**

Brink et al. (2014:172) defines dependability as an alternative of reliability. Again, dependability refers to the stability of data over time, to the extent that if data were to be collected again from the same nursing students in similar context the results would be the same (Brink et al., 2014:172). All methods that were used to collect data including field notes and audio recordings are kept safe even after writing of the research reports.

### **8.6.3 Transferability**

Brink et al. (2014:173) defines transferability as the ability to apply the findings of the study in other contexts with other participants. Other researchers interested in using the research findings may use the findings. The findings of this study may also be of benefit to their studies. Semi structured questions were rotated across all groups of students in the study until such data was saturated and in this way transferability was guaranteed. This qualitative study cannot be generalised to other contexts but can be applied.

### **8.6.4 Confirmability**

Confirmability is defined by Brink et al. (2014:173) as finding out whether the data represents the information provided by the participants. It is also integral in finding out that the data is not fuelled by the researcher's imagination. Data should reflect the voice of the participants and not the researcher's biases (Brink et al., 2014:173). In this study, voice recorder was used to capture the voices of the student nurses as a way of ensuring confirmability. Methods of data collection provides surety that data reflects the voices of student nurses. Steps and methods of data analysis that were

suggested for this qualitative study provided surety that data and its interpretation was not fuelled by the researchers' opinions. The researcher did not impose on the opinion upon the study for the benefit of other researchers, the nursing department and the nursing colleges.

### **8.7 Ethical Considerations**

Ethics is a term defined as preferences that influence behaviour in human relations conforming to a code of principles, rules of conduct, the responsibility of the researcher and the standards of conduct of a given profession (De Vos et al., 2016:114). It is on this rationale that the researcher complied and conformed to the rules of conduct as well as the standards of research. Ethical clearance was requested from the following bodies:

#### **School of Nursing Science Scientific Committee**

This study was first approved by the School of Nursing Science Scientific Committee before application could be made to the North-West University, Faculty of Agriculture Science and Technology (FAST) Health Science Ethics Committee (HSEC).

#### **North-West University (NWU), Faculty of Agriculture, Science and Technology (FAST) Health Science Ethics Committee (HSEC)**

After approval by the School of Nursing Science Scientific Committee, the proposal for this research was submitted for review and it was approved by the NWU FAST HSEC before data collection (Reference number: NWU-00232—18-A9). Brink et al. (2014:45) supports that the submission has to be made because it is governed by policy and because the researcher and the participants need to be protected.

#### **North West Province (NWP) Department of Health (DoH) Research Committee**

After approval by the NWU FAST HSEC, the research proposal was submitted to this committee as the Department of Health is the custodian of the two Nursing Colleges in the NWP. The proposal was approved by the NWP DoH on the 31<sup>st</sup> July 2018.

#### **The Multi-Campus College of Nursing**

From the Department of Health Research Committee, request was made to the Multi-Campus College of Nursing, the Nursing Colleges in Mmabatho (MMACON) and

Klerksdorp (Excelsius). The request was made through a letter accompanied by ethical clearances from the NWU, North West Province and the North West Provincial Department of Health. Approval was given for the researcher to commence with data collection.

### **Participants**

According to the definition provided by the University of Cape Town Standard Operating Procedure (2013), a participant is a living individual or a group of living individuals from whom a researcher obtains data through intervention or interaction with the person. The following ethical issues were considered during interaction with the participants:

### **Informed consent**

De Vos et al. (2016:117) describes informed consent as respect for a person where a person is given an opportunity to choose what shall or shall not happen to them. The author further explains that written informed consent is a necessity after all necessary and complete information has been given to the participant. In this case level three and level four students were participants and the necessary information was discussed with them. Student nurses were given the benefit of bioethics principle where there was no coercion to participate and the autonomy of thought and intention was given first preference by the researcher. Informed consent for the current study was obtained by an independent person. These students were also given seven days to consider whether they want to participate in the study or not. This was done to avoid pressurising the students or biasness.

### **Anonymity**

Anonymity refers to the act of keeping participants' identity nameless (Brink et al., 2014:37). Anonymity is also the researcher's act of keeping participants identities secret with regard to their participation in the research study (Brink et al., 2014:37). During data collection of this study, the researcher kept the students identities in secret especially to the lecturers and management of the two institutions. Students were requested to avail themselves for participation in the study during the hours when lecturers and management were away from the premises. Management and lecturers were informed about the exercise.

## **Confidentiality**

Confidentiality indicates the handling of information in a confidential manner (de Vos et al., 2016:119). Confidentiality can also be viewed as continuation of privacy as further explained by the author which also refers to agreement between two people and that limit others access to private information. In the consent form, had a portion that bound the researcher and participants to not disclosing any information shared or discussed during data collection discussions. A bioethics principle of non-maleficence was applied in that confidentiality prevailed with the intention of protecting students from possible victimisation by lecturers and management.

## **Publication of the findings**

Publication of the findings refers to the act of making the research report available as a way in which the project can be disseminated ethically (De Vos et al., 2016:126). The researcher followed article format in disseminating this study and the manuscript was submitted to Nurse Education Today journal for publication. A meeting was held with participants of the study to share results with them.

## **9. Division of the study**

This research study on the perceptions of student nurses regarding ethical socialisation into the nursing profession in the NWP, SA, is divided as follows:

Section 1: Overview of the study

Section 2: Manuscript (Submitted to Nurse Education Today)

Section 3: Conclusions, limitations and recommendations

## **10. Conclusion**

This section amplified the introduction to the study, problem statement, aim and research question as well as the significance of the study. Research design and methodology and ethical considerations were also briefly examined and clarified. The next section provides the manuscript which has been submitted to Nurse Education Today.

## 11. List of References

- Bickhoff, L., Sinclair, P.M. and Levett-Jones, T., 2017. Moral courage in undergraduate nursing students: A literature review. *Collegian*, 24(1), pp.71-83.
- Brink, Hilla, Christa Van der Walt, and Gisela Van Rensburg. *Fundamentals of research methodology for health care professionals*. Juta and Company Ltd, 2014.
- Charania, N.A.M.A., Ferguson, D.L., Bay, E., Freeland, B.S., Bradshaw, K. and Harden, K., 2017. A professionalism and safety code of conduct designed for undergraduate nursing students. *Journal of Professional Nursing*, 33(6), pp.460-463.
- Council, S.A.N., 2005. Nursing Act, no 33 of 2005. *Pretoria: Government Printer*.
- Crigger, N. and Godfrey, N., 2014. From the inside out: A new approach to teaching professional identity formation and professional ethics. *Journal of Professional Nursing*, 30(5), pp.376-382.
- Curtis, K., Horton, K. and Smith, P., 2012. Student nurse socialisation in compassionate practice: a grounded theory study. *Nurse Education Today*, 32(7), pp.790-795.
- De Villiers, J.E., 2015. The theory and practice of undergraduate nursing ethics education programs in South Africa and Namibia: a critical appraisal (Doctoral dissertation, Stellenbosch: Stellenbosch University).
- Felstead, I., 2013. Role modelling and students' professional development. *British Journal of Nursing*, 22(4), pp.223-227.
- Fitzpatrick, J.J., 2015. 2015: The year of ethics and the National Nursing Summit blueprint for 21st century nursing ethics. *Applied nursing research: ANR*, 28(4), p.397.
- Holtzhausen, D.R., 2015. The unethical consequences of professional communication codes of ethics: A postmodern analysis of ethical decision-making in communication practice. *Public Relations Review*, 41(5), pp.769-776.
- Lee, H., Kim, S., DeMarco, R., Aronowitz, T., Mtengezo, J., Kang, Y., Yang, Y., Touch, C. and Fitzpatrick, J.J., 2015. Recognizing global disparities in health and in health transitions in the 21st century: what can nurses do? *Applied Nursing Research*, 28(1), pp.60-65.
- Lewis, C., 2015. Together nurses have a renewed focus on ethical issues. *Heart & Lung: The Journal of Acute & Critical Care*, 44(4).
- Manea, A.D., 2014. Influences of religious education on the formation moral consciousness of students. *Procedia-Social and Behavioural Sciences*, 149, pp.518-523.

McLeod-Sordjan, R., 2014. Evaluating moral reasoning in nursing education. *Nursing Ethics*, 21(4), pp.473-483. Moen, K. and Middelthon, A.L., 2015. Qualitative research methods. In *Research in medical and biological sciences* (pp. 321-378). Academic Press.

Park, M., Kjervik, D., Crandell, J. and Oermann, M.H., 2012. The relationship of ethics education to moral sensitivity and moral reasoning skills of nursing students. *Nursing ethics*, 19(4), pp.568-580.

Rose, T., Nies, M.A. and Reid, J., 2018. The internalization of professional nursing values in baccalaureate nursing students. *Journal of Professional Nursing*, 34(1), pp.25-30.

Rushton, C.H. and Stutzer, K., 2015. Addressing 21st century nursing ethics: implications for critical care nurses. *AACN advanced critical care*, 26(2), p.173.

Straughair, C., 2012. Exploring compassion: Implications for contemporary nursing. Part 1. *British Journal of Nursing*, 21(3), pp.160-164.

Swardt, H.C.R., van Rensburg, G.H. and Oosthuizen, M.J., 2017. Supporting students in professional socialisation: Guidelines for professional nurses and educators. *International Journal of Africa Nursing Sciences*, 6, pp.1-7.

Trybou, J., Gemmel, P., Pauwels, Y., Henninck, C. and Clays, E., 2014. The impact of organizational support and leader–member exchange on the work-related behaviour of nursing professionals: The moderating effect of professional and organizational identification. *Journal of Advanced Nursing*, 70(2), pp.373-382.

## **Section 2: Manuscript**

# Annexure A: Author Guidelines

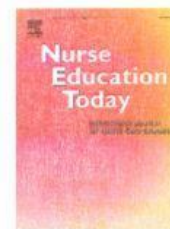


## NURSE EDUCATION TODAY

### AUTHOR INFORMATION PACK

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#### DESCRIPTION

*Nurse Education Today* is the leading international journal providing a forum for the publication of high quality original research, review and debate in the discussion of **nursing, midwifery** and interprofessional **health care education**, publishing papers which contribute to the advancement of educational theory and pedagogy that support the evidence-based practice for educationalists worldwide. The journal stimulates and values critical scholarly debate on issues that have strategic relevance for leaders of health care education.

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MEDLINE®  
Current Contents(Life Sciences/Social and Behavioral Sciences)  
ASSIA  
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## GUIDE FOR AUTHORS

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### Introduction

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Identify the statistical package used.

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**MANUSCRIPT**

**PERCEPTIONS OF STUDENT NURSES REGARDING ETHICAL SOCIALISATION  
INTO THE NURSING PROFESSION IN THE NORTH WEST PROVINCE, SOUTH  
AFRICA**

**Manana Gladys Leburu<sup>1</sup>, Leepile Alfred Sehularo<sup>1\*</sup>, Jeanette Sebaeng<sup>1</sup>**

<sup>1</sup>School of Nursing Science, Faculty of Health Sciences, North-West University, South Africa

## **ABSTRACT**

*Aim:* This study aimed to explore and describe the perceptions of student nurses regarding ethical socialisation into the nursing profession in public nursing colleges in the North West province, South Africa.

*Background:* Literature shows that research focusing on ethical socialisation of the nursing students is scarce. Most studies conducted on this topic focused on nurses who are qualified and are products of the nursing education socialisation.

*Methods:* A qualitative-exploratory-descriptive and contextual research design was used to achieve the main aim of the study. Purposive sampling technique was used to collect data. Four focus group discussions were used to collect and analyse data. Each group consisted of seven participants.

*Results:* Three themes emerged from the findings of the study namely, dissatisfaction with the teaching of ethos of professional practice module, nurse educators as role models as well as concerns regarding recruitment and selection of nursing students.

*Conclusion:* There is a need to align the curriculum guidelines to accommodate the current demographic changes. Nurse educators need to follow the three categories to reconcile their professional identity; the hidden curriculum could be enhanced by attending workshops on the ethics of the nursing profession. During the recruitment and selection process, interviews should identify the standards of competence required to for a graduate on completion of the training programme.

*Keywords:*

Ethical socialisation

Nursing education

Nursing profession

Nursing student

## 1. Introduction

Nursing is a profession that is founded on ethical and moral behaviour. Railton et al. (2015) argue that there is no agreed upon distinction between the terms ethics and morality; they are used in philosophy more or less interchangeably. According to Erkus et al. (2018), values are basic personal convictions that guide behaviour; in nursing, human dignity and respect for patients pertain to all nurses and are core principles. Personal values are further developed under the scientific knowledge of ethics to form standards of behaviour. Erkus further describes professional values as standards of behaviours that provide a philosophical framework for nursing practice and are accepted by practitioners. De Villiers (2015) argues that the nursing profession worldwide shares a common value system and with regard to nursing ethics, nurses should be aware of the values and norms that guide professional practice. De Villiers (2015) further emphasises the significance of values through criteria developed by Abraham Flexner for European countries that distinguish professionals from other persons by means of an ethical code. Similarly, student nurses and qualified nurses in South Africa cannot have an isolated socialisation and behaviour from the rest of the world. The criteria for ethical code is still a requirement today. The interest of this study is on socialisation of student nurses in the two public nursing colleges in the North West province (NWP), South Africa (SA).

Rose et al. (2018) endorse the Nursing Act 33 of 2005 and many other authors ratify the same by indicating that nurse educators are obliged to socialise nursing students into the values of the nursing profession. It is also the nurse educators' prerogative to instill the knowledge and necessary skills for competent nursing practice. Based on this background, we concur that the socialisation process should be regarded as a critical time in the life of student nurses; but this does not seem to be the case within the context of this study. Students are perceived as rebellious; engaging in unethical behaviour that leads to a decline in the health care in South Africa. This has negative implications that smear the nursing profession in general and North West province cannot be an exception.

### *1.1 Aim*

The aim of the study was to explore and describe the perceptions of student nurses regarding ethical socialisation into the nursing profession in two public nursing colleges in the NWP, SA.

### *1.2 Purpose statement*

The nursing profession as perceived by the young people guides the choice of career, which is influenced by the public image of nursing (Crigger et al., 2014). Nurse educators and professional nurses act as socialisation agents. However, anecdotal evidence suggests that student nurses enrolled for a Diploma in Nursing (General, Psychiatric and Community,) and Midwifery leading to registration (GG regulation No 425 of 22 February 1985 as amended) as future professional nurses, display unprofessional behaviour both in class and at clinical services. Despite regulations and sound educational approaches, student nurses become professional nurses who do not always demonstrate the desirable levels of knowledge and the appropriate values and beliefs of the nursing profession. These concerns led to the following

question: is the internalisation of values and beliefs of the nursing profession in the public colleges in the North West Province (NWP), South Africa (SA) still relevant? According to the literature reviewed, it is apparent that there are limited studies conducted on professional socialisation of student nurses regarding the work ethic. This paucity in such studies justifies why it is important to embark on this study.

## **2. Methods**

### *2.1. Setting*

This study was conducted in two public nursing colleges in the NWP, SA. It involved level three and four nursing students registered for the programme in the education and training of a nurse (General, Psychiatric and Community,) and Midwifery leading to registration (GG regulation No 425 of 22 February 1985 as amended).

### *2.2 Design*

A qualitative-exploratory-descriptive and contextual research design was used in this study to explore and describe the perceptions of student nurses during ethical socialisation in the NWP, SA. This design was used to gain insight into the ethical socialisation of student nurses. A descriptive design was used to describe and interrogate problems with the current practice as well as make judgments of what other professionals in similar situations are doing.

### *2.3 Population and sampling*

The target population was all undergraduate student nurses in two public nursing colleges in the NWP, SA. A non-probability purposive sampling method was used to recruit participants who were in level three and four of their training. Participants were selected as they were considered to be at an advanced stage of their training and exhibited experience regarding their socialisation into the profession within the two nursing colleges. The choice of the senior levels of student nurses was informed by the fact that, unlike the first and second year students, these groups had more exposure to training and were deemed experienced to articulate perceptions on the research problem.

### *2.4 Data Collection*

Data was collected through focus group discussions from four groups of students; two groups in level three and two groups in level four. Field notes were used as the primary data collection tool while voice recordings were used as supplementary data. Data was then sorted according to the institutions and level of training. All focus group discussions were conducted in a quiet area. The researcher used her communication skills to conduct focus group discussions. Focus group discussions lasted between forty-five minutes to an hour. Two semi-structured questions were used to guide the discussions namely:

*What are your perceptions regarding ethical socialization in nursing training?*

*What could be done for you to be ethically socialised into the nursing profession?*

## 2.5 Ethical considerations

Permission to conduct the study was obtained from the North-West University (Reference number: NWU-00232-8-A9), the North West Department of Health and the two public nursing colleges in the NWP. Informed consent was obtained from the participants for their voluntary participation in the study. Participants' identities were kept secret with regard to their participation, and numbers were used instead of their actual names during data collection. Participants were assured that confidentiality would be ensured to avoid possible connections of data and the individuals who provided it.

## 2.6 Trustworthiness

Two open-ended questions were prepared for data collection and these prompts were discussed with the second and third authors to ensure quality and accuracy of findings. In this study, consistency was ensured by documenting data accurately and comprehensively, checking transcripts for correctness and comparing with the field notes. Credibility was achieved by staying in the field with the participants until data saturation was reached and confirming interpretations, to assess the genuineness of the responses of the participants. All methods used to collect data (field notes, audio recordings) are kept safe for five years for confirmability. Dependability was ensured by peer review by the colleagues before publication of this article.

## 2.7 Data analysis

Data was analysed through Tesch's method as suggested in Creswell (2013) steps of qualitative data analysis. Data was transcribed from the audio recordings of all the focus group discussions in the analysis in order to get a full understanding of the entire data. Words, phrases and statements were grouped together, then the themes were generated out of these groupings and sub-themes were derived from the themes.

## 3. Results

**Table 1:** Perceptions of student nurses regarding ethical socialisation into the nursing profession

Themes	Sub- Themes
Dissatisfaction on teaching of Ethos of Professional Practice (EPP) module	Inadequate exposure to teaching and learning of EPP module Difficulty in relating EPP theory to practice Inconsistency in allocation of EPP module
Nurse educators as role models	Perceived positive role modelling Perceived negative role modelling
Concerns regarding recruitment and selection of nursing students	Inappropriate selection criteria Need for orientation prior to entry into the nursing profession

### *Dissatisfaction with the teaching of Ethos and Professional Practice (EPP) module*

Dissatisfaction with the teaching of EPP module was the first theme identified in the study. Sub-themes for dissatisfaction with the teaching of EPP module include inadequate exposure to EPP module, difficulty in applying EPP theory into practice and inconsistency in allocation of EPP module.

#### *Inadequate exposure to teaching and learning of EPP module*

Participants reported that EPP is not a major subject and it is only done in level one and three of the entire training. This sentiment is supported by the following quotation from the transcribed focus group discussion:

*(P. B1) Ok, in my view I think it is not enough. As for now we are only doing Ethos of Professional Practice in level one and three and basically in level one it is only introduction to the subject and you go into the other levels you don't actually know what is expected of you as a nurse. You only have a little bit of introduction. So maybe if Ethos and Professional Practice was a subject taught from first level to fourth level. Maybe it would be enough for a person to know what she should expect as a professional nurse.*

#### *Difficulty in relating EPP theory to practice*

Participants indicated that EPP theory would make better meaning to them if further instruction was in a clinical setting. To confirm this sentiment one of the participants said:

*(P. B6) We need to correlate EPP theory with practice, especially when we go to clinical areas, but with ethos, I do not feel like it is enough because we just memorize to pass and go through. If you go to the facilities and you do not meet the same situation that relates to the subject then that subject is just there - you forget about it, there is nothing that reminds you that this was taught in class.*

#### *Inconsistency in allocation of EPP module*

Participants indicated that the changes in lecturers affect their knowledge and expertise of the subject. In this way, the students' learning and mastery of the subject is compromised. This is how one of the participant endorsed this finding:

*(P. D2) I think shifting of lecturers from one subject to the other is a problem. You find that the lecturer spent two years teaching one subject now suddenly the lecturer is shifted to another subject. I think at some point the manner in which the content is taught by the same lecturer towards us ...sometimes it is poor because you will find out that is not good in a certain subject, because one cannot be good in all the subjects there is a specific subject that one is good at. The management will shift the lecturer from one subject to the other. You can see that the lecturer is talking about something that she is not even sure of. Now we as students we are trying to map out on how this lecture is all about, the book is telling us a different information from what the lecturer is telling us, this is what is demoralizing the lecturers. The lecturer is now losing self-esteem.*

### *Nurse educators as role models*

Sub-themes for nurse educators as role models include perceived positive and negative role modelling. These sub-themes are discussed below:

#### *Perceived positive role modelling*

Participants mentioned that some of the lecturers are positive role models, especially the female lecturers. This could be ascribed to the reality that females dominate the nursing profession. However, more research could be done to determine whether male lecturers are also perceived as positive role models towards nursing students. To confirm this finding one of the student nurses said:

*(P. B5) "I have seen lecturers that have a positive role modelling for us, especially female lecturers. Some act as our mothers moreover that we are far away from home, they show us respect, they show us love even the way they behave, they behave well."*

#### *Perceived negative role modelling*

Negative role modelling has a huge impact on students. Students indicated that this behaviour affected them negatively to the extent that they interpreted it as lack of love, negative attitude and it manifests in them as anger. One of the participants mentioned that lecturers should change their attitudes so that they (students) can also change their attitudes. This was evident from the following quote:

*(P. A5) We come from a different environment hoping to be shaped into a better person since we will be nursing people. But here especially in this college, everything is wrong, ethically wrong. We came expecting this, but we are given negative role modelling; for instance there is no love, and yet we are going to work with patients, we have to love our patients but we are trained not to love each other, if I can put it like that. We are trained to have anger; it is as we will be nurses with anger; that is what is happening in this college. When we graduate we will leave this college with anger, and I am afraid we are going to apply that anger to our patients.*

#### *Concerns regarding recruitment and selection of nursing students*

Concerns regarding recruitment and selection of nursing students was the last theme identified in this study. Sub-themes for concerns regarding recruitment and selection of nursing students include inappropriate selection criteria and the need for orientation prior to entry into the nursing profession. These sub-themes are amplified below:

#### *Inappropriate selection criteria*

Participants raised a concern that there are inappropriate selection criteria in the nursing colleges. To support this finding one of the participants said:

*(P. D2) The manner in which the institutions are taking students from different places is not in order. You take somebody into nursing who wanted to do electrical engineering, the manner in which they are trying to absorb somebody into the institution might contradict with the person's ambition, because some just apply because they want jobs or they want to get into higher education. In our institution, they are giving you an aptitude test to write and they would ask health related questions and passing this test does not guarantee that you want to be in the nursing profession.*

### *Need for orientation prior to entry into the nursing profession*

In one of the focus group discussions, one of the participants recommended that there is a need for orientation prior to training. Some nursing education institutions in South Africa, like universities, have well designed orientation programmes prior to admitting nursing students into the profession. To confirm this finding one of the participants said:

*(P. C2) The College is not catering for orientation, because even shadowing is not there. If you look, like medical doctors, after they have applied for training, they go for shadowing. They are already being acclimatized to the environment come the time of training they already have the knowledge. With us, you come from home, you are not told what “Bio science” is, next thing the class commences. At the end of the day, we are told that the new generation is a taboo to the nursing profession. Nevertheless, the way things are facilitated from the ground is not proper that is where it is been facilitated as a taboo.*

### **Discussion**

Three themes emerged from the findings of the study, namely, dissatisfaction with the teaching of Ethos of Professional Practice (EPP) module, nurse educators as role models and concerns regarding recruitment and selection of nursing students. The dissatisfaction amongst nursing students with the teaching of Ethos and Professional Practice (EPP) module is supported by Bah et al. (2018) who argue that nursing ethics and values are usually taught as part of the introductory courses in most of the nursing curriculum in Gambia. It is not sufficient to produce a highly competent and ethically oriented professional nurse. Mathibe-Neke, (2015) supports this finding that the curriculum guidelines for ethical practice are superficially presented for the Diploma in Midwifery and Diploma in General Nursing with reference to the South African Nursing Council (SANC) R425 of 1985. This shows that more nursing education institutions should seriously reconsider teaching EPP modules at all levels of the training.

Students stressed the difficulty of relating EPP theory into practice. Rose et al, (2018) supports this perception and challenge by reasoning that teaching nursing ethics and values should be practice-based in order to ensure contextual competency in their application. Greenawalt et al. (2017) shares the same understanding with Rose, that nurses, including student nurses, face ethical dilemmas on a daily basis which need experience and critical thinking; traditional methods of teaching provide limited classroom and clinical experience.

Students also indicated the inconsistency in the allocation of EPP module. The research conducted by Numminen et al. (2010) indicated that educators who taught ethics had extensive experience; both in the integrated teaching and teaching codes as separate studies. These educators were interested and motivated to voluntarily build their ethical knowledge. The research conducted by Ramos et al., (2013) established that, in relation to nurse educators' experiences in teaching ethics, 34% of the teachers identified themselves as teachers of ethics. A large number (38%) described their experience as non-specific in relation to the content of ethics. Lon et al. (2018) support the two authors by indicating that the initial preparation phase on ethical agenda might have failed through significant omission or by delivery in a manner

that framed ethics as an abstract subject without clear practical application. Mathibe-Neke, (2015) highlights that educators who teach ethics to nursing students are required to have a solid experience in the field of clinical practice and a sound theoretical knowledge base in the field of ethics for them to adequately apply ethics theories to the cases that they use for simulation.

Findings revealed lack of positive role modelling from nurse educators. Salminen et al. (2017) endorses positive role modelling by indicating that nurse educators' strong competence of professional ethics is important in providing ethical role models at a high level to the nursing students. In order to achieve this, Baldwin et al., (2017) suggests that nurse educators need to follow the three categories of creating a context for learning, rehearsal as well as mirroring identity in order to reconcile their own professional identity. De Swart et al., (2017) developed ten guidelines in the socialisation process of student nurses. Guideline number four is of utmost importance as it relates to the nurse educators' role of being admirable and being able to apply innovative teaching and facilitation strategies. De Swart and the team also indicated that the nurse educator should have sound work ethics to facilitate appropriate professional values.

On the other hand, Palumbo (2018) defines unethical behaviour in the nursing profession that makes student nurses and newly qualified ones more susceptible to this behaviour. Palumbo sees this as an act that is "eating our young" and future nurses. Ziefle (2018) is of the opinion that incivility in the classroom might be caused by different generational values and limited experience regarding classroom management. Aul (2017) argues that the expectation is for nurse educators to have positive role modelling behaviour by displaying respectful, collegial behaviour. However, many nurse educators thrive on the feeling of superiority that comes from controlling students. Aul (2017) is also convinced that revealing too much personal information regarding aspects of their personal lives to students in the classroom is another contributory factor of negative role modelling. Palumbo and Ziefle (2018) stated that incivility is a vicious cycle that needs intervention and correction from the entire discipline of nursing education. Palumbo (2018) further suggests introduction of incivility intervention competencies in the curriculum.

Participants raised concerns regarding recruitment and selection of nursing students. Inappropriate selection criteria as well as the need for orientation prior to entry into training was another concern from participants. Ralph et al. (2019) identified a similar concern about the quality of graduates and the safety of those trained in healthcare; this led to a study on entry requirements in Australian Bachelor of Nursing Programme. The opinion was that using entry scores to define the quality of students may be problematic; however, other researchers found that one method that includes mini-interview could be an effective selection tool in British universities. Liaw et al. (2017) say the perception of nursing course has been that it is easy to get into and some perceived it as a dumping course for students who did not achieve sufficient academic grades to enter into their preferred career choices. In the two colleges that are of interest in this study, the selection criteria for acceptance of students is still similar to that utilised in Australia. According to Ralph et al., (2017) factors that are considered in Australia and similar to NWP public nursing colleges are (1) socio-economic status; (2) first in family at the college; rurality; (3) indigenous status; (4) English as a second language; (5) disability status; (6) higher test scores on a pre-admission scholastic aptitude test. According to Perkins et al., (2013), Multiple Mini-Interview (MMI) is a system that Kingston and St Georges universities applied in the interview sessions. The thinking was that MMI had a positive impact on attrition. Perkins and team members strongly believe that selection of candidates using this tool might identify those who exhibit the potential to achieve the standards of competence

(domains) that are knowledge, skills and attitudes (expected to be achieved by a graduate on completion of the programme), professional values, ethical judgment, leadership, communication, interpersonal skills and team working.

Farahani et al., (2017) and ten Hoeve et al., (2017) have identified discrepancies between students' expectations and experiences as a precursor to the decision to drop out. Their finding revealed that students faced disappointments when they were first exposed to the reality of the clinical environment. According to Zimmerman et al, (2017) First Year Experience is a programme that was introduced to explore the first year student engagement, development, retention and educational environment. The results of this programme were positive as it improved retention rates of students. Students experienced feelings of resourcefulness, capability and connectedness and had a better understanding of academic culture. However, Prymachuk et al., (2019) suggests that induction in the academic domain should be threaded through the curriculum rather than once off and stand-alone first term activity. Mooring (2016) supports Prymachuk and team also suggest that retention programs should be woven into the curriculum; the program identifies at-risk students early, find resources to overcome student's stressors, create a positive learning environment, and build a meaningful faculty-student relationship. Schrum (2015) endorses the opinion that the retention specialist is useful intervention where students could attend either the weekly class or additional tutoring.

#### **4. Limitations**

In this study, the first author is a lecturer at one of the public nursing colleges where the study was conducted. As a result her insider-outsider position might could have influenced what the student nurses reported during focus group discussions. However, students were reassured of privacy and confidentiality before data collection and they were informed that they have the right to choose to participate in the study or not. Another limitation was that students were only available during classroom academic sessions and when they were at clinical placement, it was difficult to access them; as a result, collection of data was prolonged.

#### **5. Conclusion**

There is a need to align the curriculum guidelines to accommodate the current situation of the demographic changes. The curriculum guidelines also need to provide and enhance nurses' critical thinking. Ethos and Professional Practice (EPP) module can be taught across all levels of training. Ethics is an abstract subject; traditional methods of teaching and facilitation needs modification so that nurse educators are capacitated with the new methods of teaching. To reconcile their own professional identity, nurse educators need to follow these three categories which are; creating a context for learning, creating a context for authentic rehearsal and mirroring identity. The hidden curriculum could also be enhanced by allowing nurses in training colleges to attend ethical workshops and summits, as they are products of the very same curriculum they are facilitating to nursing students. During the recruitment and selection process, interviews have to answer the standards of competence that are required to be achieved by a graduate on completion of the program. The First Year Experience is a very important programme that assists in successful transition, retaining students as well as building up the educational foundation for academic success. The Multiple Mini-Interview programme could

be implemented mainly during selection and interview processes to assist in the transition and retention of students.

### **Funding**

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### **Conflict of interest**

None declared.

### **Acknowledgements**

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## References

- Aul, K., 2017. Who's uncivil to who? Perceptions of incivility in pre-licensure nursing programs. *Nurse education in practice*, 27, pp.36-44.
- Bah, H.T. and Sey-Sawo, J., 2018. Teaching and practicing nursing code of ethics and values in the Gambia. *International journal of Africa nursing sciences*.
- Baldwin, A., Mills, J., Birks, M. and Budden, L., 2017. Reconciling professional identity: A grounded theory of nurse academics' role modelling for undergraduate students. *Nurse education today*, 59, pp.1-5.
- Basak, T. and Cerit, B., 2019. Comparing Two Teaching Methods on Nursing Students' Ethical Decision-Making Level. *Clinical Simulation in Nursing*, 29, pp.15-23.
- Brink, H., Van der Walt, C. and Van Rensburg, G., 2014. *Fundamentals of research methodology for health care professionals*. Juta and Company Ltd.
- Crigger, N. and Godfrey, N., 2014. From the inside out: A new approach to teaching professional identity formation and professional ethics. *Journal of Professional Nursing*, 30(5), pp.376-382.
- Creswell, J.W. and Creswell, J.D., 2017. *Research design: Qualitative, quantitative, and mixed methods approaches*. Sage publications.
- De Swardt, H.C.R., van Rensburg, G.H. and Oosthuizen, M.J., 2017. Supporting students in professional socialisation: Guidelines for professional nurses and educators. *International Journal of Africa Nursing Sciences*, 6, pp.1-7.
- De Villiers, J.E., 2015. *The theory and practice of undergraduate nursing ethics education programs in South Africa and Namibia: a critical appraisal* (Doctoral dissertation, Stellenbosch: Stellenbosch University).
- Erkus, G. and Dinc, L., 2018. Turkish nurses' perceptions of professional values. *Journal of Professional Nursing*, 34(3), pp.226-232.
- Farahani, M.A., Ghaffari, F., Oskouie, F. and Tafreshi, M.Z., 2017. Attrition among Iranian nursing students: A qualitative study. *Nurse Education in Practice*, 22, pp.98-104.
- Greenawalt, J.A., O'Hara, P. and Little, E., 2017. Undergraduate Nursing Students' Ability to Apply Ethics in Simulated Cases. *Clinical Simulation in Nursing*, 13(8), pp.359-379.
- Ion, R., DeSouza, R. and Kerin, T., 2018. Teaching ethics: Intersectionality, care failure and moral courage. *Nurse Education Today*, 62, p.98.
- Liaw, S.Y., Wu, L.T., Chow, Y.L., Lim, S. and Tan, K.K., 2017. Career choice and perceptions of nursing among healthcare students in higher educational institutions. *Nurse Education Today*, 52, pp.66-72.
- Mathibe-Neke, J.M., 2015. *The role of the South African Nursing Council in promoting ethical practice in the nursing profession: a normative analysis* (Doctoral dissertation).

- Mooring, Q.E., 2016. Recruitment, advising, and retention programs—Challenges and solutions to the international problem of poor nursing student retention: A narrative literature review. *Nurse Education Today*, 40, pp.204-208.
- Numminen, O.H., Leino-Kilpi, H., van der Arendt, A. and Katajisto, J., 2010. Nurse educators' teaching of codes of ethics. *Nurse Education Today*, 30(2), pp.124-131.
- Palumbo, R., 2018. Incivility in nursing education: An intervention. *Nurse education today*, 66, pp.143-148.
- Perkins, A., Burton, L., Dray, B. and Elcock, K., 2013. Evaluation of a multiple-mini-interview protocol used as a selection tool for entry to an undergraduate nursing programme. *Nurse Education Today*, 33(5), pp.465-469.
- Peter Railton and Alex Silk Arbor. 2015. *Ethics and values*. Elsevier Ltd.
- Prymachuk, S., McWilliams, C., Hannity, B., Ellis, J. and Griffiths, J., 2019. Transitioning to university as a nursing student: Thematic analysis of written reflections. *Nurse Education Today*, 74, pp.54-60.
- Ralph, N., Graham, C., Beccaria, L. and Rogers, C., 2019. Entry requirements in nursing: Results from a national survey of nurse academics on entry requirements in Australian bachelor of nursing programs. *Collegian*, 26(1), pp.140-145.
- Ramos, F.R.S., de Pires, D.E.P., de Farias Brehmer, L.C., Gelbcke, F.L., Schmoeller, S.D. and Lorenzetti, J., 2013. The discourse of ethics in nursing education: Experience and reflections of Brazilian teachers—Case study. *Nurse Education Today*, 33(10), pp.1124-1129.
- Rose, T., Nies, M.A. and Reid, J., 2018. The internalization of professional nursing values in baccalaureate nursing students. *Journal of Professional Nursing*, 34(1), pp.25-30.
- Salminen, L., Rinne, J., Stolt, M. and Leino-Kilpi, H., 2017. Fairness and respect in nurse educators' work—nursing students' perceptions. *Nurse education in practice*, 23, pp.61-66.
- Schrum, R.A., 2015. Nursing student retention in an associate degree nursing program utilizing a retention specialist. *Teaching and Learning in Nursing*, 10(2), pp.80-87.
- ten Hoeve, Y., Castelein, S., Jansen, G. and Roodbol, P., 2017. Dreams and disappointments regarding nursing: Student nurses' reasons for attrition and retention. A qualitative study design. *Nurse Education Today*, 54, pp.28-36.
- Ziefle, K., 2018. Incivility in nursing education: Generational differences. *Teaching and Learning in Nursing*, 13(1), pp.27-30.
- Zimmerman, P.A., Eaton, R. and van de Mortel, T., 2017. Beyond orientation: Evaluation of student lifecycle activities for first-year Bachelor of Nursing students. *Collegian*, 24(6), pp.611-615.

## **Section 3: Conclusions, limitations and recommendations**

### **3.1 Introduction**

The focus of this study was on the perceptions of student nurses regarding ethical socialisation into the nursing profession in the NWP, SA. The first two sections were an overview of the study and the manuscript respectively. Three themes emerged from the findings of the study namely, dissatisfaction with the teaching of ethos of professional practice module, nurse educators as role models as well as concerns regarding recruitment and selection of nursing students. This study ends in section three which focuses on conclusions, limitations and recommendations.

### **3.2 Conclusions**

Conclusion of this study is made on the basis of previous literature, field notes and data collected from the four focus group discussions in the two nursing colleges of the NWP in SA. These conclusions provide significant understanding of the perceptions of student nurses regarding ethical socialisation into the nursing profession in the context of NWP, SA. Perceptions that qualify for dissatisfaction with the teaching of EPP module, nurse educators as role models as well as concerns regarding recruitment and selection of nursing students are discussed separately in the following sections:

#### **3.2.1 Conclusions regarding dissatisfaction with the teaching of Ethos in Professional Practice (EPP) module**

Dissatisfaction with the teaching of EPP module was the first identified theme from the findings of the study. Sub-themes include inadequate exposure to EPP module, difficulty in relating EPP theory to practice and inconsistency in allocation of EPP module. A curriculum guideline in the programme of the Diploma in Nursing (General, Psychiatric and Community), and Midwifery leading to registration (GG regulation No 425 of 22 February 1985 as amended) guides the facilitation of EPP module and

students indicated that there is inadequate exposure to the EPP module as well as difficulty in relating EPP theory into practice. Students indicated inconsistency in allocation of EPP module. Mathibe-Neke, (2015:64) established that educators who teach ethics to nursing students are required to have solid experience in the field of clinical practice and expert theoretical knowledge in the field of Ethics for them to adequately apply ethics theories to the cases selected for simulation. This shows that nurse educators should have adequate qualifications and experience to teach EPP module in colleges in the NWP. The National Strategic Plan recommends 0.5% of personnel budget for educator development on ethics and other related subjects.

### **3.2.2 Conclusions on nurse educators as role models**

Nurse educators as role models was the second theme identified in this study. Sub-themes include perceived positive role modelling and perceived negative role modelling. Participants in the study perceive nurse educators as their role models. Personal values and professional values make a combination that amounts to individual behaviour. Mathibe-Neke (2015:67) supports this conclusive statement on perceptions by arguing that the hidden curriculum is reflected through role modelling as it comprises aspects of exemplary behaviour. It is however thought that role modelling can either be positive or negative. Felstead et al. (2016:69) argues that it is important to identify and capitalise on the positive influences of role modelling while recognising the impact of negative role modelling and the influence it can have. Felstead et al., (2016:69) also argue that leading by example is a key role modelling trait. However there is the potential that role modelling can be telling others what to do or how to behave without demonstrating the willingness to do these things and this can perpetuate a learning environment that is not conducive owing to limited role modelling. This information shows that nursing students are looking up at the nurse educators.

### **3.2.3 Conclusions on concerns regarding recruitment and selection of nursing students**

Concerns regarding recruitment and selection of nursing students was the third theme identified in this study. Sub-themes include inappropriate selection criteria as well as the need for orientation prior to entry into the nursing profession. Ten Hoeve et al. (2017:24) argues that student's changing perceptions of nursing are important as such perceptions may be predictive of withdrawal from the programme. The team further suggests that knowledge of the perceptions of students from the very beginning may be vital to study success especially in the first and second year of training. During group discussion sessions, one participant highlighted that selection and enrolment of students into the correct career is very important. On the other hand, Perkins et al. (2013:465) argue that it has not always been clear whether traditional interviewing methods reveal the key competencies expected for the program as opposed to the Multiple Mini Interview (MMI). The MMI system as explained by Perkins et al. (2013:465), entails interviewing which comprises a circuit with a number of interview stations. The stations are designed to investigate the candidates' capacity for interpersonal skills, empathy, ethical judgement and the overall communication skills. Perkins and the team believe that these are attributes that are valued and required within the programme and in the profession of nursing itself.

The results of the study also indicated need for orientation prior entry to the nursing profession in two nursing colleges in the NWP. According to van den Boogaard et al. (2019:130), at the start of nursing students' training, they feel positive towards nursing expertise, caring, advocacy and empathy as well as nursing aspects of the profession. Boogaard et al. (2019:130), stated that after five months of their study, students were more life oriented, while orientation towards nursing expertise, caring and the attitude towards advocacy and empathy decreased. Prymachuk et al., (2019:55) argue that students' preparedness is linked to satisfaction and it is achieved when students fit in the institution when they understand and learnt the institution's rules, processes and discourse. Prymachuk et al., (2019:54) further argue that preparedness and belongingness tend to be dealt with during induction and this could also assist students in fitting in easily with the academic life.

In support of this argument, Boogaard et al. (2019:130), students perceive more stress and demotivation and are more likely to withdraw from their training when confronted with experiences that do not match their views. Pryjmachuk et al., (2019:58) therefore comment that addressing student's expectations and developing a realistic image of nursing is of vital importance. Boogaard et al. (2019:129) further stresses that the changing perceptions may be predictive of withdrawal from the training programme. When these expectations are not met, this may lead to disappointments and even attrition. Pryjmachuk et al. (2019:59) suggests that induction in the academic domain should be threaded through the curriculum rather than once off and stand-alone first term activity.

Mooring (2016:207) is of the opinion that retention programs should focus on the student as an individual, working on spiritual and emotional maturity, psychological education and student's true academic ability. Schrum (2015:86) supports this opinion in that the retention specialist can be a useful intervention where students can attend either the weekly class or additional tutoring.

### **3.3 Limitations**

The researcher is a lecturer at one of the public nursing colleges where the study was conducted. As a result her insider- outsider position might have influenced what the student nurses reported during focus group discussions. However, students were reassured of privacy and confidentiality before data collection and they were informed that they have the right to choose to participate in the study or not. Some of the participants were also not relaxed during focus group discussions. Another limitation was that students were only available during classroom academic sessions. Access to students was limited to times when classes were not in progress, arrangements had to be done with individual students by individual telephone contact and conference calls. During the end of the month students would not avail themselves in spite of prior arrangements. During clinical placement, students were not available because of different work time schedules and different accommodations. Data collection was delayed and prolonged because of the two reasons mentioned above.

### **3.4 Recommendations**

From the findings and literature control of the study, recommendations were made for nursing education, practice and research.

#### **3.4.1 Nursing education**

EPP as a subject should be mainstreamed in all undergraduate and postgraduate nursing programmes. Undergraduate nursing students should do EPP from first year till final year. Nurse educators teaching EPP should have advanced qualifications in any ethics related programme. In-service training and nurse educator development should be done using the 0.5% of personnel budget. The suggestion of Mathibe-Neke, (2015:64) is supported because educators who teach ethics to nursing students are required to have a solid experience in the field of clinical practice and a sound theoretical knowledge base in the field of ethics for them to be able to adequately apply ethics theories to the cases they use for simulation. There is a strong recommendation that nursing colleges need to market nursing programmes through use of other methods. Selection of students should be done in such a way that the candidates' capacity for interpersonal skills, empathy, ethical judgment and the overall communication skills are identified. Orientation of students in the academic domain should be threaded and woven into the curriculum. A retention specialist can be a useful intervention where students can attend either the weekly class or additional tutoring. A program could be developed by a retention specialist at-risk students early, find resources to overcome student's stressors, create a positive learning environment, and build a meaningful faculty-student relationship.

#### **3.4.2 Nursing practice**

Participants indicated that they have difficulty in relating EPP theory to practice. As a result, it is important for nurse practitioners in the clinical field to assist nursing students in integrating theory and practice in the two public nursing colleges in NWP. Nurse practitioners should also assist nursing students with any challenges related to the teaching of EPP module. At times nursing students understand better when they are

taught by the nurses at clinical services. Nurse practitioners should assist nurse educators with orientation of the nursing students prior to entry into the nursing profession. This is because of the concerns raised by the participants of the study regarding the recruitment and selection of the nursing students.

### **3.4.3 Nursing research**

From the research findings and literature control of this study, it is evident that more research should be conducted on this topic to socialise nursing students effectively and ethically into the nursing profession, particularly in two public nursing colleges in the NWP. These methods include quantitative and mixed methods. These research methods would allow for generalisation. There is also a need to develop a framework, guideline for ethical socialisation of the nursing students into the nursing profession in the NWP, SA.

### **3.5 Conclusion**

The discussions in this section focused on the conclusions based on the themes and sub themes that emerged from the qualitative data collected during the study. The section also discussed the limitations encountered during the study. Recommendations were based solely on the findings made in this study.

### 3.6 References

De Swardt, H.C.R., van Rensburg, G.H. and Oosthuizen, M.J., 2017. Supporting students in professional socialisation: Guidelines for professional nurses and educators. *International Journal of Africa Nursing Sciences*, 6, pp.1-7.

DOH, 2013. Strategic Plan for Nursing Education, Training and Practice 2012/13–2016/17.

Felstead, I.S. and Springett, K., 2016. An exploration of role model influence on adult nursing students' professional development: A phenomenological research study. *Nurse education today*, 37, pp.66-70.

Glerean, N., Hupli, M., Talman, K. and Haavisto, E., 2017. Young peoples' perceptions of the nursing profession: An integrative review. *Nurse Education Today*, 57, pp.95-102.

Mathibe-Neke, J.M., 2015. *The role of the South African Nursing Council in promoting ethical practice in the nursing profession: a normative analysis* (Doctoral dissertation).

Mooring, Q.E., 2016. Recruitment, advising, and retention programs—Challenges and solutions to the international problem of poor nursing student retention: A narrative literature review. *Nurse education today*, 40, pp.204-208.

Perkins, A., Burton, L., Dray, B. and Elcock, K., 2013. Evaluation of a multiple-mini-interview protocol used as a selection tool for entry to an undergraduate nursing programme. *Nurse education today*, 33(5), pp.465-469.

Prymachuk, S., McWilliams, C., Hannity, B., Ellis, J. and Griffiths, J., 2019. Transitioning to university as a nursing student: Thematic analysis of written reflections. *Nurse education today*, 74, pp.54-60.

Schrum, R.A., 2015. Nursing student retention in an associate degree nursing program utilizing a retention specialist. *Teaching and Learning in Nursing*, 10(2), pp.80-87.

Ten Hoeve, Y., Castelein, S., Jansen, W.S., Jansen, G.J. and Roodbol, P.F., 2017. Nursing students' changing orientation and attitudes towards nursing during education: A two year longitudinal study. *Nurse education today*, 48, pp.19-24.

van den Boogaard, T.C., Roodbol, P.F., Poslawsky, I.E. and ten Hoeve, Y., 2019. The orientation and attitudes of intermediate vocational trained nursing students (MBO-V) towards their future profession: A pre-post survey. *Nurse Education in Practice*.

## **APPENDICES**

## **APPENDIX C: REQUEST TO THE NORTH-WEST UNIVERSITY FOR PERMISSION TO CONDUCT RESEARCH**

The North-West University

North West Province

South Africa

Dear Sir/Madam

### **REQUEST TO THE NORTH-WEST UNIVERSITY FOR PERMISSION TO CONDUCT RESEARCH**

I am currently studying for M Cur (Community Nursing Science) degree at the North-West University, Mahikeng Campus. I am working on a research project for completion of my studies.

I hereby request permission to conduct research on: **Perceptions of student nurses regarding ethical socialisation into the nursing profession in the North West province, South Africa.** This study has been approved by the School of Nursing Science.

The purpose of this research is:

To explore and describe the perceptions of student nurses regarding ethical socialisation into the nursing profession in two public nursing colleges in the North West Province, South Africa.

In order to achieve the above purpose, two semi-structured questions will be asked as follows:

- How do you perceive ethical socialization in your training as a nurse specifically in the nursing college?
- What do you think can be done for student nurses to be ethically socialized in the nursing college?

A maximum of eight students in each group of level three and four from both colleges respectively will participate in the study.

Your permission to conduct this study will be greatly appreciated.

Yours faithfully

---

Ms M.G. Leburu (MCur Candidate)

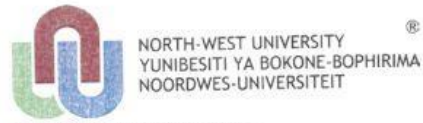
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Prof LA Sehularo (Supervisor)

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Ms J Sebaeng (Co-supervisor)

## APPENDIX D: APPROVAL FROM THE NORTH-WEST UNIVERSITY FOR PERMISSION TO CONDUCT RESEARCH



Private Bag X6001, Potchefstroom,  
South Africa, 2520  
Tel: (018) 299-4900  
Faks: (018) 299-4910  
Web: <http://www.nwu.ac.za>

**Research Ethics Regulatory Committee**  
Tel: +27 18 299 4849  
Email: [Ethics@nwu.ac.za](mailto:Ethics@nwu.ac.za)

### ETHICS APPROVAL CERTIFICATE OF PROJECT

Based on approval by the Health Science Ethics Committee (FAST-HSEC) on 03/03/2018 after being reviewed at the meeting held on 27/02/2018, 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.

<b>Project title:</b> Perceptions of student nurses regarding ethical socialization into the nursing profession	
<b>Project Leader:</b> Dr LA Sehularo	
<b>Student:</b> Leburu	
<b>Ethics number:</b>	N W U - 0 0 2 3 2 - 1 8 - A 9
	<small>Institution      Project Number      Year      Status</small>
	<small>Status: S = Submission, R = Re-Submission, P = Provisional Authorisation, A = Authorisation</small>
<b>Application Type:</b> Single study	
<b>Commencement date:</b> 2018-03-01	<b>Expiry date:</b> 2021-03-31
<b>Risk:</b>	Minimal

#### Special conditions of the approval (if applicable):

- Translation of the informed consent document to the languages applicable to the study participants should be submitted to the HSEC (if applicable).
- Any research at governmental or private institutions, permission must still be obtained from relevant authorities and provided to the HSEC. Ethics approval is required BEFORE approval can be obtained from these authorities.

**General conditions:**

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

- The project leader (principle investigator) must report in the prescribed format to the NWU-RERC via HSEC:
  - annually (or as otherwise requested) on the progress of the project, and upon completion 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.
  - Annually a number of projects may be randomly selected for an external audit.
- 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 HSEC. Would there be deviation from the project protocol without the necessary approval of such changes, the ethics approval is immediately and automatically forfeited.
- The date of approval indicates the first date that the project may be started. Would the project have to continue after the expiry date, a new application must be made to the NWU-RERC via HSEC and new approval received before or on the expiry date.
- In the interest of ethical responsibility the NWU-RERC and HSEC retains the right to:
  - request access to any information or data at any time during the course or after completion of the project;
  - to ask further questions, seek additional information, require further modification or monitor the conduct of your research or the informed consent process.
  - withdraw or postpone approval if:
    - any unethical principles or practices of the project are revealed or suspected,
    - it becomes apparent that any relevant information was withheld from the HSEC 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.
- HSEC can be contacted for further information via [Lesetja.Motadi@nwu.ac.za](mailto:Lesetja.Motadi@nwu.ac.za) or 018 289 2598.

The RERC 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 RERC or HSEC for any further enquiries or requests for assistance.

Yours sincerely

**Prof Refilwe Phaswana-Mafuya**  
Chair NWU Research Ethics Regulatory Committee (RERC)

## **APPENDIX E: REQUEST TO THE NORTH WEST DEPARTMENT OF HEALTH FOR PERMISSION TO CONDUCT RESEARCH**

The Department of Health

North West Province

South Africa

Dear Sir/Madam

### **REQUEST TO THE NORTH-WEST UNIVERSITY FOR PERMISSION TO CONDUCT RESEARCH**

I am currently studying for M Cur (Community Nursing Science) degree at the North-West University, Mahikeng Campus. I am working on a research project for completion of my studies.

I hereby request permission to conduct research on: **Perceptions of student nurses regarding ethical socialisation into the nursing profession in the North West province, South Africa.** This study has been approved by the School of Nursing Science.

The purpose of this research is:

To explore and describe the perceptions of student nurses regarding ethical socialization into the nursing profession in two public nursing colleges in the North West Province, South Africa.

In order to achieve the above purpose, two semi-structured questions will be asked as follows:

- How do you perceive ethical socialization in your training as a nurse specifically in the nursing college?
- What do you think can be done for student nurses to be ethically socialized in the nursing college?

A maximum of eight students in each group of level three and four from both colleges respectively will participate in the study.

Your permission to conduct this study will be greatly appreciated.

Yours faithfully

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Ms M.G. Leburu (MCur Candidate)

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Prof LA Sehularo (Supervisor)

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Ms J Sebaeng (Co-supervisor)

# APPENDIX F: APPROVAL FROM THE NORTH WEST DEPARTMENT OF HEALTH FOR PERMISSION TO CONDUCT RESEARCH



## POLICY, PLANNING, RESEARCH, MONITORING AND EVALUATION

Name of researcher : Ms. M.G. Leburu

North West University

Physical Address

(Work/ Institution)

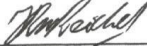

MMABATHO COLLEGE OF NURSING  
UNIT 2 ALBERT LUTHO DE VUE  
MMABATHO, 2790

Subject : Research Approval Letter- Perceptions of student nurses regarding ethical socialization into the nursing profession.

This letter serves to inform the Researcher that permission to undertake the above mentioned study has been granted by the North West Department of Health. The Researcher is expected to arrange in advance with the chosen facilities, and issue this letter as proof that permission has been granted by the Provincial office.

This letter of permission should be signed and a copy returned to the department. By signing, the Researcher agrees, binds him/herself and undertakes to furnish the Department with an electronic copy of the final research report. Alternatively, the Researcher can also provide the Department with electronic summary highlighting recommendations that will assist the department in its planning to improve some of its services where possible. Through this the Researcher will not only contribute to the academic body of knowledge but also contributes towards the bettering of health care services and thus the overall health of citizens in the North West Province.

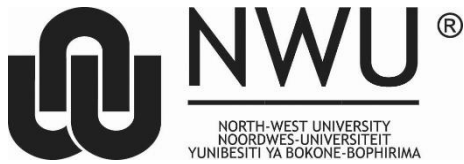
Kindest regards

 Dr. F.R.M. Reichel Director: PPRM&E	LEPAPHA LA BOITEKANELO DEPARTMENT OF HEALTH Kgetswana Post Office Bag 20088 Mmabatho, 2735  31 JUL 2018  NORTH WEST PROVINCE REPUBLIC OF SOUTH AFRICA	31/07/2018 Date
 Researcher		3. 08. 2018 Date



Healthy Living for All

## APPENDIX G: INFORMED CONSENT

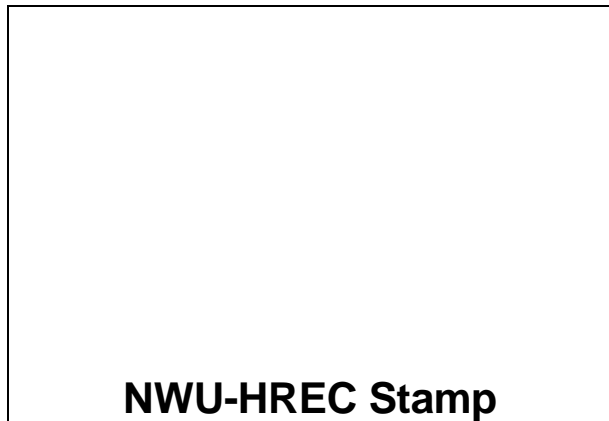


Private Bag X1290, Potchefstroom  
South Africa 2520

Tel: +2718 299-1111/2222

Fax: +2718 299-4910

Web: <http://www.nwu.ac.za>



## INFORMED CONSENT DOCUMENTATION FOR STUDENT NURSES

**TITLE OF THE RESEARCH STUDY:** Perceptions of student nurses regarding ethical socialisation into the nursing profession in North West province, South Africa

**ETHICS REFERENCE NUMBERS:** NWU – 00232 -18-A9

**PRINCIPAL INVESTIGATOR:** Prof L.A. Sehularo

**POST GRADUATE STUDENT:** Ms M.G. Leburu

**ADDRESS:** Mmabatho College of Nursing, Dr Albert Luthuli Drive Unit 2.

**CONTACT NUMBER:** 076 500 6588

You are being invited to take part in a **research study** that forms part of my Masters Degree in Nursing Science. Please take some time to read the information presented here, which will explain the details of this study. Please ask the researcher or person explaining the research to you any questions about any part of this study that you do

not fully understand. It is very important that you are fully satisfied that you clearly understand what this research is about and how you might be involved. Also, your participation is **entirely voluntary** and you are free to say no to participate. If you say no, this will not affect you negatively in any way whatsoever. You are also free to withdraw from the study at any point, even if you do agree to take part now.

This study has been approved by the **NWU-Health Research Ethics Committee of the Faculty of Health Sciences of the North-West University (NWU- 00232-18-A9)** and will be conducted according to the ethical guidelines and principles of Ethics in Health Research: Principles, Processes and Structures (DoH, 2015) and other international ethical guidelines applicable to this study. It might be necessary for the research ethics committee members or other relevant people to inspect the research records.

#### ***What is this research study all about?***

- *We plan to explore and describe the perceptions of student nurses regarding ethical professional socialization.*
- *To describe recommendations for improving student nurses ethical professional socialization.*
- *This study will be conducted in the college and will be done by experienced health researcher. 8 participants will be included in this study.*

#### ***Why have you been invited to participate?***

- *You have been invited to be part of this research because you have more exposure to training as a student nurse and are deemed experienced with the ability to articulate on the topic at hand.*
- *You will unfortunately not be able to take part in this research if you are not in level three and level four of your training.*

#### ***What will be expected of you?***

- *You will be expected to participate once in this study for a period of not less than 30 minutes.*

#### ***Will you gain anything from taking part in this research?***

- *The gains for you if you take part in this study there will be no direct gains for you in the study.*
- *The other gains of the study is for the nursing colleges and students generally.*

**Are there risks involved in you taking part in this research and what will be done to prevent them?**

- *The risks to you in this study will be limited.*

**How will we protect your confidentiality and who will see your findings?**

- *Anonymity of your findings will be protected by not mentioning your name during audio recording. Your privacy will be respected by not disclosing your name in the results. Your results will be kept confidential by not writing your name anywhere in the report. Findings will be kept safe by locking hard copies in locked cupboards in the researcher's office and for electronic data it will be password protected. (As soon as data has been transcribed it will be deleted from the recorders.) Data will be stored for 5 years.*

**What will happen with the findings or samples?**

- *The findings of this study will only be used for this study.*

**How will you know about the results of this research?**

- We will give you the results of this research when the report is written and during publishing. You will be contacted telephonically to arrange a meeting in order to share the results.
- You will be informed of any new relevant findings by myself or my supervisor.

There will thus be no costs involved for you, if you do take part in this study.

**If there anything else that you should know or do?**

- You can contact me at 076 500 6588 if you have any further questions or have any problems.
- You can also contact the NWU-Health Research Ethics Committee via Mrs Carolien van Zyl at 018 299 1206 or [carolien.vanzyl@nwu.ac.za](mailto:carolien.vanzyl@nwu.ac.za) if you have any concerns that were not answered about the research or if you have complaints about the research.
- You will receive a copy of this information and consent form for your own purposes.

## APPENDIX H: DECLARATION BY PARTICIPANT

By signing below, I ..... agree to take part in the research study titled: perceptions of student nurses regarding ethical socialization into the nursing profession in the North West province, South Africa.

I declare that:

- I have read this information/it was explained to me by a trusted person in a language with which I am fluent and comfortable.
- The research was clearly explained to me.
- I have had a chance to ask questions to both the person getting the consent from me, as well as the researcher and all my questions have been answered.
- I understand that taking part in this study is **voluntary** and I have not been pressurised to take part.
- I may choose to leave the study at any time and will not be handled in a negative way if I do so.
- I may be asked to leave the study before it has finished, if the researcher feels it is in the best interest, or if I do not follow the study plan, as agreed to.

Signed at (*place*) ..... on (*date*) ..... 20....

.....  
**Signature of participant**

## APPENDIX I: Declaration by person obtaining consent

I (*name*) ..... declare that:

- I clearly and in detail explained the information in this document to  
.....
- I did/did not use an interpreter.
- I encouraged him/her to ask questions and took adequate time to answer them.
- I am satisfied that he/she adequately understands all aspects of the research, as discussed above
- I gave him/her time to discuss it with others if he/she wished to do so.

Signed at (*place*) ..... on (*date*) ..... 20.....

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**Signature of person obtaining consent**

## APPENDIX J: DECLARATION BY THE RESEARCHER

I (*name*) ..... declare that:

- I explained the information in this document to student nurses.
- I did not use an interpreter

Signed at (*place*) ..... on (*date*) ..... 20....

.....  
**Signature of researcher**

## **APPENDIX K: EXAMPLE OF AN INTERVIEW**

### **Transcription Level 3 students' interview: 30 November 2018**

Researcher:

Good Morning ladies

All participants:

Good Morning

Researcher:

My name is Mando Leburu I am a lecturer from Mmabatho College of Nursing, I am also a student with the University of North West. I am doing masters and am here today to collect data, the title of my study is perceptions of student nurses regarding ethical socialization into the nursing profession in Nursing Education Institutions. I am looking at your views on how you perceive ethical socialisation into the nursing profession. You know as tabularazas from home, or from wherever you were especially that lecturers and professional nurses at the clinical areas are the key people playing an important role in your socialization into the profession. I know that more than often you are placed at clinical areas for development of your skills, but I would like us to concentrate in the college, the classroom and the environment at the college. Before we proceed I have some information to share with you. We are aware that in one you were taught about Ethos of Professional practice as well as in level three. When we talk about socialization we talk about a process that is been followed to make a writing which can be called a nursing writing that is been done into you people that come from home and having no clue about nursing as a profession, this writing is done to prepare you, to socialise you to become professionals, so that at the end of the day when this writing has been done into you, you become professionals that are able to face the world. Usually what happens during the process of socialization is that there is role modelling, there is nursing curriculum that is been used to shape you, there are nursing standards, code of conduct is used, we are also more than often taught about respect and respect will be amongst yourselves as students, respect amongst you students and lecturers and respect toward the community, you know that professional ethical socialization takes place in the Nursing

Education Institutions. You are socialised into the nursing profession through all these concepts that I have just mentioned to you. During socialization you are also enabled to identify values, attitudes that influence your moral and ethical beliefs. So, I am requesting that our conversation be around this information, I am not denying the fact that there are challenges in the clinical area but for now let us forget about these challenges and confine ourselves to the environment of the class and college as a whole, is that alright with you. Is there any question up to so far. Now the question I have for you is, how do you perceive ethical socialization that is been done to you, how do you feel about it. I have earlier on explained about the consent form and the instructions, so I would like us to address ourselves as participant one, two, three in that order up to seven. What are your perceptions, are lecturers doing enough socialization that prepares you to be morally and ethically independent to face the professional world out there. Yes participant number one.

Participant 1:

Ok, in my view I think it is not enough as for now we are only doing Ethos of Professional Practice in level one and three and basically in level one it is only introduction of the subject and you go into the other levels you don't actually know what is expected of you as a nurse. You only have a little bit of introduction. So maybe if Ethos and Professional Practice was a subject taught from first level to fourth level. Maybe it would be enough for a person to know what she should expect as a professional nurse.

Researcher:

Ok, thank you participant number one any other input from the group. Yes participant number two.

Participant 2:

I also think it is not enough because here in the college, lecturers are exchanged, so you will find that this lecturer is not well familiar enough with the subject. So you will find that the lecturer just gives us the topic and say 'you have to read the book'. I was posed with the subject like it is there in the book go and read. So I don't know when I get to clinics how should I socialise.

Researcher:

Ok, thank you, any other input.

Participant 3:

Yes she is right most of the time the lecturers that are not familiar with the content makes us not to understand the subject, because there is lot of work and the time is limited. So most information that she said we must look out in the book. Maybe like new students that are not familiar with nursing most of them they don't know how ethos is applied to work because information you must study it from the book, while there is no one to interpret the information for you.

Researcher:

Ok, thank you. How do you feel about moral and ethical socialization? Input from any group member.

Participant 5:

I think us as students we are taught the theoretical part but the practical, we are not taught about the morals, how should you behave as a professional nurse.

Researcher:

Ok, thank you, so if you say you are not been taught how you should behave. Do you have any expectation, based on your level now because you are at level four, do you have any expectation to say maybe this should have been taught like this or that.

Participant 5:

It is not to say we are not taught but the emphasis on you should wear your epaulets, your student card, everywhere you go, but they don't emphasize the moral behaviour. The respect that we should have for each other in the class and in the practical setting.

Researcher:

Thank you participant five. Any other input from the group. Ok Participant number six.

Participant 6:

Ok, what I would like to say is about the environment. I think that when you are from high school you are used to forty five students in the classroom, but when we come here we are like eighty in the class and there is only one lecturer and like she does not have enough time to attend to us group by group, and other groups are suffering, the time is limited and the workload is too much. Like according to the study guide it will say this content must be taught for eighty hours and it's been taught in one day and there is another work that has to be covered and by Friday the work that was supposed to be taught in two hundred hours is taught in forty hours, so at the end of the day we end up missing ethics like you will find out that like in the morals you will be taught about uniform dressing appropriately but there will be that thing that they miss to teach us about the attitude that you are supposed to use when you are with patients or even amongst ourselves when we are in class which attitude to use.

Researcher:

Thank you participant number six, coming to the attitudes, do we think that attitude is something that needs to be taught.

Participant 6:

No you don't need to teach somebody attitude, but I feel that if its emphasised then that particular person will be able to see that this is good and this is bad, because we don't get enough time to socialise amongst ourselves so we end up not caring what is happening around our surrounding and even when you are with patients you just care about during that time when you are with one if one comes out asking about something you feel irritated because you are not used to interact with many people at once.

Researcher

Ok, thank you. When it comes to curriculum because I heard say that the concentration is more on ethics but not on moral behaviour, do you think the curriculum is missing out on something there.

Participant 1:

Yes I think so. I think with morals we learn more from what you see so being a student you learn more from your lecturers. The behaviour of lecturers and how they perceive themselves it's what we are going to learn from them. Then if they have such low

morals and you find them walking in the street you are even ashamed to say that is my lecturer then as a student it depends where you have been, you also think for yourself to say is this something that I should be copying. Is it how the nursing professionals are behaving, is this what I should be following so, for them whether they are in class or at home or in town their way of socialising should be of the nature that they know that somebody is copying what I do, I should always do the right things.

Researcher:

Thank you participant number one, so you say that is like role modelling.

Participant 1:

Yes.

Researcher:

Now, do you think there is enough role modelling from lecturers? Do we perceive our lecturers as good role modellers for ethical socialisation and moral behaviour?

Participant 1:

Not all of them. Others are good role modelling and others not.

Researcher:

Ok, now that we have these two groups, let's speak about those that have positive role modelling first. Those that have positive role modelling, what is that they are displaying is.

Participant 5:

I have seen lecturers that have a positive role modelling for us especially female lecturers, some act as our mothers moreover that we are far from home, they show us respect, they show us love even the way they behave, they behave well.

Researcher:

Ok, participant number seven I see you would like to add.

Participant 7:

I can say others are positive role modelling lecturers, they should treat us as one they must not treat other students like this and other students like this. They have to treat us like we are one. Like she has said those lecturers that show the positive attitude towards us are the ones that if they have done something in the class they include all of the students, they don't take other students and tell other information different from others so that when we come in class others have different information from the rest of the class.

Researcher:

Ok participant number seven. Any other addition from the group.

Participant 4:

So with regard to the lecturers with negative role modelling, some of them like if you did something they don't want, they will threaten you, instead of showing you how to do it. I have seen some of the lecturers, like if you are wearing uniform you should behave in a certain way but they don't do that, they disregard what they have taught us.

Researcher:

Thank you, participant number three would you like to say something.

Participant 3:

On the positive side of role modelling as participant number seven has said they are very good they make sure that everybody gets the same information and even if you consult privately with this lecturer, she will come and address the matter formerly in class, unlike those that have negative role modelling if one consults with them they threaten you and don't address the matter in class.

Researcher:

What I would like to know is that some of you, when you came here you did not have a clue about nursing. So what I want to know is do you feel that the writing that has

been done in you about nursing ethics and profession is enough to make you face the professional world

Participant 2:

For me I think it is enough, because the challenges that I have met during the process, I have learned from them, and if a negative situation comes my way, I don't feel them as challenges I take them as learning situation. So in all that I have been taught I feel it is enough for me to face the professional world.

Researcher:

Ok, alright, thank you. Participant number one.

Participant 6:

Ok, for me I don't feel like it is enough, the practical part is fine is it no that when we learn theory we need to correlate it with practica especially when we go to clinical areas, but with ethos I don't feel like it's enough because we just memorise to pass and go through. If you go to the facilities and you don't meet the same situations that relates to the subject then that subject is just there you forget about it, there is nothing that reminds you that this was taught in class.

Researcher:

Thank you very much. Anyone who would like to add. Participant number six would you like to talk more because you said you feel it is not enough.

Participant 6:

We are talking about ethics and moral behaviour. I have taught myself that there are lecturers that are displaying positive role modelling and those that are displaying negative role modelling. I have acquired the positive ones because from back home we are taught that this is right and this is wrong.

Researcher:

Would you like to explain a bit more as you are mentioning that back home you were taught the good and bad behaviour.

Participant 6:

We are talking ethical socialisation it does not only mean like ethical practice and professionalism it also means socialisation amongst us, so if like let's say I don't understand biological science it is a subject that you cannot change so what I am going to do is just memorise that content to pass. Then comes midwifery, with midwifery you can understand some parts at practica but with others you just memorise to pass because time in class is also limited. So you just study for the test.

Researcher:

Thank you. Participant number five would you like to add.

Participant 5:

I support her statement

Researcher:

Yes would you like to elaborate on why you support her?

Participant 5:

You see when it comes to ethical subjects, in our college the ethical subject is not major it is a minor subject and we don't practise what we learn from the book. It has nothing to do with us, its like I am not going to be a manager, I am not going to get a post of manager. I just do ethos to write not to serve at the facility. I will just do it when I want to be a manager.

Researcher:

What is your opinion is ethos necessary or not necessary in the curriculum.

Participant 5:

I think EPP is necessary but if it will be a major subject we will take it serious.

Researcher:

Ok, I see. Thank you.

Participant 1:

Not even major, but maybe if we have lecturers who will explain it, make it easier who has a lot of insight into the subject, maybe we will have love to it.

Researcher:

How do you perceive the teaching that you have acquired in class as compared to role modelling?

Participant 1:

You get to know and internalise what you see more often, yes I can read it from the book but if don't see what I have read from the book being in practise then I get to learn it more easily, but 'eh' what I see as role modelling, like when I first came into the college as a first year student, looking at my lecture who is wearing her uniform nicely and she is communicating with the student and communicating with the patients you see that person likes, has passion for what she is doing, that actually motivates you. So, you get to learn more from role modelling but by just studying from the book like 'ah' this is how a nurse is supposed to behave and you don't see it, you don't learn more.

Researcher:

Ok. Thank you. Participant three, do you want to add.

Participant 3:

Yes like we are doing ethos of professional practice in first year and third year. In first year I just did it and you can't even relate the content to practice but from third year that one I can relate it to practice because they are real life problems because the lecturer presented it right and it was easy for me to apply it to practice. Even her she is well respected when she is a mother when you do something wrong she can put you in the right place and when we are at the facilities and she is there she is respectable.

Researcher:

Thank you for that information. Now what I would like to know is since you say that you tend to copy the behaviour that what is written in the book, from here do you feel proud to be a professional nurse?

Participant 2:

I don't feel proud, it's like nurses have anger truly speaking, and it's like they are always shouting. As a student and I go to the facility, it is like nurses don't want to show us, you cannot study something and go straight to practice it someone must show you so, they don't have that thing to show you they shout, shout, so for me professional nurse, I can just do something in department of health than being a professional nurse.

Researcher:

Is that the feeling of all of you? Yes number three you say you differ from number two.

Participant 3:

I can say I enjoy nursing because I care for patients and if I don't understand procedures I will go and ask other people but if differs from facilities where I am allocated, other facilities they always complain about shortage of staff and no equipment.

Researcher:

Ok, thank you, number three

Participant 5:

I can say I try to be a nurse, because of the lectures they have taught us everything. It is just for us to apply the knowledge that have taught us, and those lecturers most of them they have told us they are not going to leave us to walk independently as the facilities, we can call them anytime we need them that shows that they care for us

Researcher:

Ok thank you, participant number five. Another information that I would like to know is ethos and moral behaviour that we are been taught, although you say there is little of moral behaviour, 'em' do you feel that at the end of the day it makes us proud

professional nurses, to say I am putting on my uniform, I am looking forward to go to work and you can proudly go around in the street with your uniform.

Participant 1:

You know what I would like to say is that it depends on the lecturers who are teaching like a lecturer who loves her subject when she comes to class you all will be happy because you can feel her that she is in the mood for class, like even when she comes to you in the clinical area she will come in in full uniform then you will see that she is proud to be a nurse and then you will take it from her. A lecturer who lacks morale, she comes to clinical area just to sit and say continue there, she does not give you that morale that you must be proud of your profession.

Researcher:

Thank you, participant number three would you like to add.

Participant 3:

Laughs and says she said a mouthful.

Researcher:

Ok. Participant number 4:

Participant 4:

Ok what I can say is that 'eh' things that make us not to be proud is the things that the lecturers are saying to us like 'no me I don't want to be in your hands one day, meaning that she does not want to be nursed by us. We are hazards. These comments make you say that 'I can't be a nurse because my lecturer has told me that I cannot be a nurse.

Researcher:

Ok thank you. Participant number one I can see you would like to say something.

Participant 1:

Yes I think another thing that 'eh' that will make us to be proud to be nurses, it all starts from the lecturer that you got, if the lecturers are there just to teach, you will also be

there just to listen, but if the lecturer is giving you information to be becomes someone, like I am giving you this information to be a better professional nurse, that is what you are going to be, if I am just giving you information you can just sleep on the information throw it away then there is no use in that, so if you get a lecturer that wants you to have a future in the nursing profession, then from the start you would want to be a nurse and be proud to be a nurse. I think the socialization into the nursing profession has to start from first year because I might have applied for nursing without even knowing what is happening there. If I get to first year and find this lecturer who is also demoralised I am going to be demoralised and think what was I doing here, why am I even here, but if I find someone who is in love with the nursing profession then even if I just applied to be in school I will start to develop the love for nursing, want to learn more and at the end of the day I will an excellent professional nurse with good morals and the one who is motivated to be a nurse.

Researcher:

Thank you very much. No one other thing that I would love to hear from you is about the curriculum especially when you mention that you are been taught ethos but then over and above been taught ethos you prefer to have positive role modelling. Do you think the curriculum meets the current life era situation?

Participant 1:

I think we should do away with the old nightingale morale, because things have changed, so much has developed and from nightingale morale nurses were just taken as people who were just there to take care of people more to the fact that nurses were poor people who were helping people. Now we want nursing to be a profession just like your engineers and everything. I think the way the country is taking the nursing profession is the reason that the nursing profession is taken lightly. It's not just the behaviour of nurses they just react to the way they are been taken. If nurses can also be treated like the doctors and engineers then the nursing profession will be at its highest and the people will be encouraged and motivated to be nurses.

Researcher:

Ok, thank very much participant number one. Any addition from group members. Yes number four. Ok participant number three would you like to assist number four.

Participant 3:

It is like number one said, from nightingale era, things have changed now, I think in our school they should have more equipment, the videos and have a common teaching method unlike every lecturer having his own approach.

Researcher:

Ok, participant number 3, thank you very much. Can we talk more about the current ethical socialisation and the era of nightingale socialisation? Ok participant number five would you like to add.

Participant 5:

What I can say is that the current socialisation and the old one are so different. In twenty years back nursing was a calling, but now people do it just to work to get a salary so that they can take care of themselves and their families. So nursing is no more taken as interesting you can see even when they are working they do not have a passion they are just working, but in twenty years back people were not getting a salary they were just doing nursing out of their hearts and they were enjoying.

Researcher:

Thank you participant number 5. You know what I would like know is because you say nursing was a calling then, but today it is regarded as a profession. In a profession you need to be ethically socialised into the profession. Do we feel that ethical socialisation into the profession is enough, I like the statement when you say nursing was a calling, but now it's a profession, when you come to a nursing profession and you never have wanted to be a nurse, will I be socialised and prepared to like nursing at the end of the day, do we think that the socialisation is enough.

Participant 1:

It is not enough because there is not even career guidance.

Researcher:

Ok, but now we are talking about socialisation. You have applied already and now you are training, you came to nursing because it is a profession and not because you were called.

Participant 1:

Ok, I feel that socialisation into the nursing profession is not enough because when you first come into the nursing profession if maybe there was something like orientation period whereby each and every first year student will be going through intensive orientation, like for us in the college, orientation was for three days. Only ten percent of what is happening in the nursing profession was covered and ninety percent was not covered. So if maybe there can be a month to two of orientation whereby we will be learning about where the profession started from SANC and all that, and then you are taken into facilities where you will be shown what is going to happen as a student nurse that you will be doing theory in class and then you will have to collaborate it with practica in the facilities. Then after that one month of orientation then a person will decide that I don't think that this profession is for me then they can like leave before they even start because if you go into the profession already you get three days orientation then the classes start then you go to the facilities, when you get to the facilities you see things that you cannot even handle people will just start drinking alcohol just to forget about what they saw in the facilities. You end up going into bad habits trying to 'ah' trying to overcome the stress that you have, but if you were already prepared mentally and physically before you even start then you would know how to socialise easily into the profession.

Researcher:

Thank you for the input participant number one. Another question that I would like to pose is say you undergo this orientation process that you are talking about to go into the facilities, but then you realise that this profession is not meant for you. On the other hand you 'eish' given the situation that I come from at home there is no way that I can leave now and look for another job because here at least I am getting a stipend and I am assisting them at home. What I want to know is, ethical socialisation in the class will it be able to transform and change your mind set to say 'eight' I thought I don't like nursing but I think I have developed the liking for nursing now. Do we think it is enough?

Participant 2:

It is not enough because you in the class, ethics and moral behaviour content has lot of information but the time is limited. All this content you cannot process it all at once so, you won't be able to say you love nursing.

Researcher:

Ok thank you. Is there anyone who would like to add something? At the end of it all, can we say we should carry on with the way in which ethical socialization is being done?

Participant 5:

I think there need to be a change. I think the curriculum needs to change at first year we must be taught social approach to ethics and in higher levels ethics can be taught deeper.

Participant 6

My input is like, I think it will be best like you know in primary and high school a lecturer is given a chance to teach what subjects they want to teach. I think our lecturers should be given a chance to choose what they want to teach and not be allocated with subjects. Sometimes the lecturer is given to teach ethos and professional practices whereas she does not like to teach it, then she will not enhance participation amongst students, she will just teach the subject because she was given the subject to teach. If it is someone who loves the subject she will be able to enhance participation amongst students.

Researcher:

Thank you very much. Over and above what she has said do you other members of the group think that there is something else that can be done to enhance ethical socialization?

Participant 1:

I think 'eh' except for longer orientation periods, maybe they should bring about something like the fresher's ball whereby level one students get to meet with level two,

three and four. In that way a person who is in the level above yours will like tell you what's going on in the college what you should expect then that way through this type of socialization, your life gets easier into the situation, because at least there is someone who has told you what to expect and how things are in this profession.

Researcher:

Ok, thank you very much. Participant number five, do you want to say something.

Participant 5:

I think if we can have student lecturers. The ones that will teach the lower level than they are, it will motivate other students.

Researcher:

'Oh' ok thank you very much. Participant number six earlier on you said you will be taught about uniform dressing appropriately, would you like to talk more about it.

Participant 6:

I take it as a theme, like blue and white everybody can wear that colour.

Participant 7:

I think uniform will enhance the way we feel about nursing, and also us as nurses even if we the same uniform like correctional services and police they have their own uniform. Maybe with us nurses if we can be made to have our own uniform not like the care giver wear like us or the cleaners wear like us.

Researcher:

Thank you very much. My last question will be do you feel proud to be a nurse.

Participant 6:

I am so proud to be a nurse.

Researcher:

What makes you proud?

Participant 6:

We have been to practical in the facilities and I have realised that most of the things I know how to perform and how to cater for patient's needs, that's why I say I feel proud to be a nurse.

Researcher:

Ok, thank you. Participant number five.

Participant 5:

I can say theoretically and practically I perform well and that is what makes me proud.

Participant 1:

I can say I am proud to be a nurse because being in this profession I am going to bring a lot of change, helping the patients and the community at large. My one wish is that if only we can remove this perception of our communities thinking that we are bad people then we will achieve a lot.

Researcher:

Thank you participant number one. What do you think can be done to remove this perception from the community?

Participant 1:

Our attitude, if we can treat people as they we want to be treated then that can be done.

Researcher:

Thank you participant number one. What do you think can improve or make our attitude better.

Participant 1:

Getting paid for the work we are doing.

All participants:

They all laugh.

Participant 1:

It will definitely improve our moral.

Researcher;

But you are getting paid.

Participant 1:

Not enough.

Researcher:

Do you mean your attitude is enhanced by salary?

Participant 1:

No not just the salary. The appreciation of work.

Researcher:

By who?

Participant 1:

By the government, the government is not appreciating nurses that is where the problem starts.

Participant 4:

With regard to attitudes I don't think, I don't think they can be changed it depends on how a person is and how a person has been raised up, if you have good morals then your attitude will be positive but if maybe you were raised up in a negative way then you will also behave in a negative way. So good salary or working in a good facility won't change your attitude, it depends on a person.

Researcher:

Ok, thank you very much. Participant number four. Do you think ethical socialization over and above being raised up in good morals; do you think that ethical socialisation will improve our attitudes.

Participant 4:

Yes, because 'eh' if you were raised in a positive way then you will be able to pass that positive behaviour to other people. Let us take the people you are working with, they will see that this one is not like the others.

Participant 1:

If you have a negative lecturer and from the bad attitude that you have it will be worse, and if you have a positive lecturer then your attitude will change.

Researcher:

Ok, thank you, participant number two I would like to hear your voice.

Participant 2:

I am not happy to be a professional nurse. Firstly there is a lot of work.

Researcher:

Ok, let us confine ourselves to ethical socialisation. There is no way that you are going to change the workload.

Participant 2:

The communication, socialization among lecturers and students it is not satisfying, for me it is like there is anger 'man'. I think we need anger management for all nurses, they always shout, I don't like to be shouted at, I like you to show me when I have done something wrong.

Researcher:

Participant number two, the anger, what do you think is contributing to the anger.

Participant 2:

The pressure, of work.

Researcher:

What is your take in ethical socialisation and management of anger?

Participant 2:

If you are taught by a person who has the love of teaching us ethics and moral behaviour.

Researcher:

Ok, thank you very much.

Thank you very much I thank you for participating. Do you have any question or any additional information for me around what you think can be done to improve ethical socialisation.

Participant 1:

Rotation of lecturers to be limited. If you are a lecturer doing a good job in your subject remain there. This should start from the foundation, level one if they get good moral and ethics foundation it will be good.

Researcher:

Thank you very much. I have enjoyed being with you. Please don't forget to sign the consent form. Bye.

## APPENDIX J: CERTIFICATE OF LANGUAGE EDITING



Office: 0183892451

FACULTY OF EDUCATION

Cell: 0729116600

Date: 25<sup>th</sup> August, 2019

TO WHOM IT MAY CONCERN

CERTIFICATE OF EDITING

I, **Muchativugwa Liberty Hove**, confirm and certify that I have read and edited the entire mini-dissertation, **Perceptions of student nurses regarding ethical socialisation into the nursing profession in the North West province, South Africa**, by **Manana Gladys Leburu**, [Orcid.org/0000-0002-8141-0479](https://orcid.org/0000-0002-8141-0479), submitted in partial fulfilment of the requirements for the degree **Master of Nursing Science (MNSc)** at the **North-West University**.

Manana Gladys Leburu was supervised by **Professor LA Sehularo** and **co-supervised** by **Ms. JM Sebaeng**

I hold a PhD in English Language and Literature in English and am qualified to edit such an academic dissertation for cohesion and coherence. The views expressed herein, however, remain those of the researcher/s.

Yours sincerely

**Dr M.L. Hove (PhD, MA, PGDE, PGCE, BA Honours – English)**