PROFESSIONAL SOCIALIZATION AS A CURRICULUM COMPONENT FOR TRAINING OF BLACK NURSING STUDENTS AT THE UNIVERSITY OF BOPHUTHATSWANA

BOTHUTU ANGELINA MOKWENA

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PROMOTOR: PROF. F.M.J. DE VILLIERS

CO-PROMOTOR: DR J.E. BORNMAN

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This work is dedicated to my mother, Mrs Mary Mokwena and my children, Lungi and Tshepo

SUMMARY

PROFESSIONAL SOCIALIZATION AS A CURRICULUM COMPONENT FOR TRAINING OF BLACK NURSING STUDENTS AT THE UNIVERSITY OF BOPHUTHATSWANA

The outcome of any nursing education system has a considerable impact on the everyday working lives of nursing students, as this influences their career prospects. Hence, this study was undertaken to determine whether the existing elements in the nursing curriculum at the University of Bophuthatswana provide for optimal professional socialization of the modern nursing students during their education and training, and to reach conclusions by means of which recommendations can be made for inclusion in the nursing curriculum.

The aims of this study were achieved by analysis of the professional socialization of nursing students. The influence the clinical professional nurse, nursing lecturer, clinical instructor, peer group, medical practitioner and the patient, as socializing agents on the content of the nursing curriculum was also analysed. Professional culture was placed in perspective and concepts culture, characteristics of the professional culture and the climate in the nursing culture were explored.

Through empirical research, where a scientific structured and standardized questionnaire was used for collection of data, it was discovered that there were serious problems as far as the preparation of the nursing student is concerned. The views as

expressed by respondents, namely nursing students enrolled for Bachelor of Nursing Science degree at the University of Bophuthatswana, confirmed that the nursing student is not properly assisted and guided along the path of professional socialization to professional maturity for professional role-taking.

It has transpired that poor interpersonal relationship, lack of emotional support, poor communication system and inadequate teaching-learning processes that prevail have a negative influence on the nursing student's professional image and consequently to the entire profession resulting in counter-productive professional socialization.

In the light of the foregoing, recommendations have been made with the main objective of preparing the nursing student to become a fully fledged, competent nurse practitioner who is committed to a calling with the purpose of rendering service to mankind without discrimination on the basis of nationality, race, belief, colour, economic status, friendship or enmity; and capable of applying independent ethical judgement in any situation.

OPSOMMING

PROFESSIONELE SOSIALISERING AS 'N KOMPONENT IN DIE OPLEIDING KURRIKULUM VIR DIE OPLEIDING VAN DIE SWART STUDENTVERPLEEG-KUNDIGES BY DIE UNIVERSITEIT VAN BOPHUTHATSWANA

Dit is die uitvloeisel van enige onderwysstelsel vir verpleeg-kundiges dat dit 'n groot invloed het op die alledaagse werk-kende lewe van die student, omdat die verwagting wat hulle koester oor die loopbaan daardeur beinvloed word. Derhalwe is hierdie studie onderneem om te bepaal of die bestaande elemente in die kurrikulum vir verpleging van die Universiteit van Bophuthatswana voldoende voorsiening maak vir professionele sosialisering van die moderne studentverpleegkundiges gedurende hulle onderrig en opleiding. So kan gevolgtrekkings bekom word na aanleiding waarvan aanbeveilings gemaak kan word oor wat in-gesluit behoort te word by die betrokke kurrikulum.

Die doel van hierdie studie is bereik deur die professionele sosialisering van die studentverpleegkundiges te analiseer om die invloed wat die kliniese professionele verpleegkundige, dosent, kliniese instrukteur, mede-studente, mediese praktisyn en die pasient as middel tot sosialisering het op die inhoud van die kurrikulum vir verpleging. Professionele kultuur is ook in perspektief geplaas en aspekte soos kultuur, karaktereienskappe van die professionele kultuur en die klimaat in die verpleegkultuur is ook nagevors.

Deur empiriese navorsing, waar 'n wetenskaplik-gestruktureerde, gestandaardiseerde vraelys gebruik is vir die insameling van data, is daar vasgestel dat daar ernstige probleme is wat die voorbereiding van die studentverpleegkundige betref. Die opinies gelug deur die respondente - - studentverpleegkundiges ingeskryf vir die graad Baccalaureus van Verpleegwetenskap aan die Universiteit van Bophuthatswana - - het bevestig dat hulle nie behoorlik bygestaan en begelei word op die pad van professionele sosialisering tot professionele volwassenheid vir professionele dienslewering nie.

Die navorsing het getoon dat swak interpersoonlike verhoudings, gebrek aan emosionele ondersteuning, 'n swak kommunikasie-stelsel en 'n onbevredigende onderrig - leerproses, 'n negatiewe invloed het op die student verpleeg - kundige se professionele selfbeeld. Dit benadeel die hele professie en is teenproduktief wat betref professionele sosialisering.

In die lig van die voorafgaande is aanbevelings gemaak met die uitsluitlike doel om die studentverpleegkundige voor te berei om 'n volwaardige, bevoegde verpleegkundige te word, toegewy aan die roeping om diens te lewer aan die mensdom, sonder diskriminasie, op grond van nasionaliteit, ras, geloof, kleur, ekonomiese status, vriendskap of vyandskap en wat bekwaam is om eties en onafhanklik te oordeel in enige situasie.

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CHAPTER 1

INTRODUCTORY ORIENTATION

CHAPTER OVERVIEW

The purpose of this chapter is to give an overview about the course of the study.

This purpose is achieved by :

- setting in perspective a brief historical overview;
- stating the nature of the problem;
- giving the purposes of the research;
- explaining terms used in the investigation;
- describing the limitation of the study;
- reviewing of previous research ; and
- giving the organization of the study.

1.1 BRIEF HISTORICAL PERSPECTIVE

Initially the training of Black nursing students was informal and done on-the-job. This was hospital based with health services predominantly curative. Mellish (1978:21 and 27) states that in 1856 Dr Fritzgerald, superintendent of hospitals in British Kaffraria taught Black men the art of hospital nursing in the first Black civil hospital established at King Williams Town. According to Mashaba (1985:92) , Mrs C. Burgers was appointed in 1866 to train Black women elementary nursing but in effect all she did was to train ward maids in domestic service. This was continued by Martha Porter who succeeded her. However the training of Black women changed when Mrs Ellen Parsons took over in 1869.

The rudimentary training of Black nursing maids in general nursing work started in 1869 by Mrs Ellen Parsons at Grey Hospital. No certificate was awarded and from 1872, instruction in the lying-in care was offered. She continued for 22 years. This was a breakthrough in the training of Black professional nurses (Mashaba, 1985:92). Searle (1965:268) states that for half-a-century Black women received on-the-job training as nurse-aids at King Williams Town Hospital owing to a shortage of candidates with an adequate education.
Between 1903-1907, Cecilia Makiwane trained as a general nurse and in 1908 she was admitted to the Colonial Medical Council Register as the first Black professional nurse in Africa (Mashaba, 1985:97).

Beatrice Msimang started training at McCords Zulu Hospital in 1924 and by the end of 1927 she enrolled in midwifery course under the Natal Medical Council. She became the first Black professional nurse and midwife (Mashaba, 1985: 104-105).

Before 1944, progress of training of Black nurses was very slow. It is clearly stated by Searle (1965:163-164) that the nursing profession gained legal recognition in 1891 under the Medical and Pharmacy Act No.34 of 1891. This was campaigned for by Sister Henrietta Stockdale, assisted by the medical practitioners, for state registration of professional nurses and midwives. She wanted legislation of the nursing profession to fall within the scope of the legislation controlling that of the medical profession. This was due to the small numbers of nurses with limited professional knowledge in the Cape. Sister Stockdale had a holistic concept of the medical profession. In the Kimberley Hospital annual report submitted to Parliament, she wrote: "... the care and thought given by the medical profession generally throughout the Cape Colony to the subject, and their willingness to see trained nurses legally registered, should encourage nurses to perfect themselves in their own art as the handmaidens and servers of medical science".

The training of Black nurses was largely under the control of medical practitioners who trained them as their handmaidens and servers. The medical practitioners were assisted by small numbers of nurses not fully knowledgeable about professional affairs at that point in time.

The Nursing Act No.45 of 1944 as amended vested the statutory control of the profession in the South African Nursing Council (SANC) which in turn has consistently and systematically updated and improved regulations for basic professional nursing courses. The Nursing Act has required Black nurses to become compulsory members of the South African Nursing Association (SANA) (Searle, 1965:273 and Samson, 1978:48).

With the implementation of a comprehensive health services for the total population of the Republic of South Africa (RSA) as prescribed by the Health Act No.63 of 1977, the health team was provided with the welcome challenge of giving practical implementation to modern health thinking. A new and revolutionary approach in the health service delivery system in South Africa inclusive of self-governing national states and independent states had brought a major breakthrough of lasting significance in the nursing profession. Roscher (1983:67) and Searle (1983:4) assert that the nursing profession had achieved status visualised by nurse leaders over many decades as far back as 1889. In that point in time, Sister Henrietta Stockdale assisted by Dr John Mackenzie made repeated representations to the Superintendent-General of Education in the Cape to place nursing education in the mainstream of post-seconday (tertiary) education system as accorded to teacher education. This would keep nursing education related to the continuously expanded national needs.

The role of the professional nurse as a member of the health team gained recognition in all sides. This has been made possible by the introduction of comprehensive basic nursing education course as decided by the South African Nursing Council in 1982. This made it imperative for the shift in emphasis from curative to comprehensive health services so that the health needs of the population could be met. The control of nursing education is separated from the control of nursing services and nursing education is placed within the sphere of the stream of the National post-secondary education system in the Republic of South Africa including self-governing national states and independent states. The departments of nursing were established at universities for education and training for nursing at degree level, and by linking nursing colleges with universities for education and training at diploma level (Searle, 1983:4-5).

Mashaba (1986: 1-4) stated in 1986 that nursing education and training should be revolutionised to such an extent that entry into professional nursing should constitute extensive preparation. This should take place through a comprehensive basic course encompassing general, psychiatric and community health nursing inclusive of midwifery as complete disciplines conforming to sound educational principles and standards with scientifically evolved learning theories.

In 1986 this recommendation became consolidated when a 4 year comprehensive basic nursing education course was commenced at

diploma and degree level. All the nursing colleges for different population groups in the R S A, self-governing national states and independent states became associated to universities. In Bophuthatswana, the Bophuthatswana National College of Nursing (BOPCON) was established, with five nursing colleges afilliated to it, i.e. Bophelong, George Stegmann, Jubilee, Moroka and Taung. BOPCON is associated to the Department of Nursing Education at Witwatersrand University. As early as 1981, the Medical University of South Africa (MEDUNSA) introduced a four and half year Bachelor of Nursing Science and Art (B Cur) degree program for nursing students, followed by University of Zululand in 1984. The University of Bophuthatswana (UNIBO) introduced the Bachelor of Nursing Science (BNSc) degree program in 1986 and started with 32 nursing students.

1.2 STATEMENT OF PROBLEM

Preparation for the nursing profession is regarded as a socialization process as well as an educational process whereby the beginners acquire knowledge and skills by developing values, attitudes and beliefs supportive of their roles as nurse practitioners. Siegel (1968:403) points out that by using the theoretical model of professional socialization, the nursing student's expected outcomes would include:

- the displacement of inconsistent or vague conceptions by legitimized professional views;

- the development of professional perspectives and related values in keeping with those held by nursing professional members and peers; and

- the resolution of inner conflict or uncertainty concerning the profession.

Part of the professional socialization task in nursing education is directed towards lessening the discrepancy between the nursing students' idealistic views of the nursing profession and the actual reality. However, the successful achievement of professional socialization according to standards laid down by the profession is not always possible for nursing students, largely because of :

- disillusionment with the profession;

- the attrition rate among nursing students;

- the temporary career commitment of many nurses;

- the limited participation of many nurses in professional matters; and

- the inconsistent images of the nursing profession held by both nursing students and nurse practitioners (Siegel, 1968: 403).

In support of this stated problem, Fry et al. (1982 :23-24) report in their study that 40% of respondents indicated that they abandoned their training due to poor interpersonal relationships, humiliation in the presence of patients, deaths and other stressful situations beyond their personal coping mechanisms. They further report that 42,1% felt that nursing did not meet their expectations.

This is also supported by van Zyl (1989:6) who states that in the clinical situation, nursing students are expected to learn and at the same time work in order to acquire clinical experience. At times it is difficult to integrate theory and practice since the emphasis is placed more on work demands than the acquisition of learning experiences. Many nurse tutors regard theory and practice as separate entities which indicate that nursing students are not properly prepared for their roles as professional nurses. In Van Zyl (1989:6) study, she notes that the newly qualified professional nurse very often has negative feelings towards the new role she has to perform. During her adjustment period as a professional nurse, she consequently portrays a negative effect on nursing students and the entire profession. Van Zyl (1989:185) concludes that many young nurses after completion of their training often abandon their training hospitals for the private sector in order to escape from anxiety, frustration and conflict. This indicates that the nursing student is not prepared for her role as a ward sister. She has negative feelings toward herself and the profession.

In the light of the stated problem, it seems that profesional socialization of the nursing student plays a vital role in her education and training. Therefore, it is necessary that the Bachelor of Nursing Science degree curriculum at the University of Bophuthatswana should be critically evaluated to determine whether it provides for optimal professional socialization of nursing students during their education and training.

1.3 PURPOSES OF THE STUDY

The purpose of the study is of three kinds in nature, namely :

- to identify the elements in the nursing curriculum at UNIBO that contribute to professional socialization of nursing students during their education and training;

- to question whether the present nursing curriculum at UNIBO is sufficient for professional socialization of the modern nursing students during their education and training; and

- to make recommendations arising from research findings of the study to be included in the nursing curriculum.

To arrive at the purpose of the study the following was done :

- literature review on

* professional socialization of nursing students; and

* professional culture : the path to professional maturity in nursing

- Structured scientific questionnaire for empirical research.

1.4 DEFINITION OF TERMS

Professional socialization : Process by which the nursing student acquires knowledge, and skills through internalisation of values, norms, attitudes and beliefs associated with those of the professional nurse.

Education and training : Education and training must concentrate on the scientific principles of learning which lead to change in cognitive, affective and behavioural areas of the nursing student's functioning through active participation in order to develop her personally and professionally. She must also be analytical, critical, creative and scientific with an evaluative mind and use of independent judgement (SANC Directive of R425 of 1985 as amended:2).

Nursing student : The student enrolled at UNIBO for the Bachelor of Nursing Science (BNSc) degree program in the Department of Nursing Science.

She : Throughout this thesis the word 'she' will be used for

nursing student, nurse, nurse practitioner, professional nurse or nurse tutor as most nurses are females.

University of Bophuthatswana (UNIBO) : A multi-racial Institution of higher tertiary education, in existence since 1980, is situated in Mmabatho, the capital city of Bophuthatswana.

1.5 DELIMITATION OF THE SCOPE OF STUDY

The descriptive survey was undertaken by the researcher at UNIBO. The population involved in the study was confined to nursing students enrolled in the BNSc degree program at UNIBO. The investigation group consisted of nursing students in their first, second, third, fourth and fifth year of training which make a total of 64 respondents.

1.6 REVIEW OF PREVIOUS RESEARCH

A review of contemporary health professional literature provides evidence that a considerable amount of research on the socialization process has been done overseas. Becker, 1977 and Coombs, 1978 presented studies on socialization of medical students. Their studies tend to concentrate on general aspects of professional socialization. Major studies that focused on the socialization process of nursing students were conducted by Davis and Olesen in 1964 and Siegel, 1968. Their work served as a stimulus for a number of studies on socialization,

and was also used as a major reference in a number of other studies. In the Republic of South Africa, Bezuidenhout, 1982 conducted ''A sociological investigation on professional socialization of nursing students''. Fry et al. in 1982 studied the abandoment of nursing students. Although a number of researchers have investigated the socialization process on Whites, certain population group seem to have been negelected. One of them concerns the Black population group in particular. Thus far, it can be established that there is no official research conducted on professional socialization as a curriculum component for training of Black nursing students both in Bophuthatswana, the Republic of South Africa and overseas.

1.7 ORGANIZATION OF THE STUDY

The study is organized into six chapters which are as follows :

Chapter 1 : Introductory orientation

Chapter 2 : Professional socialization : The professional role-taking process of nursing students

Chapter 3 : Professional culture : The path to professional maturity in nursing

Chapter 4 : Research methodology

Chapter 5 : Data analysis and discussion of research findings

Chapter 6 : Conclussions, recommendations and conclusive summary.

This is a nursing research with a scientific perspective.

CHAPTER 2

PROFESSIONAL SOCIALIZATION: THE PROFESSIONAL ROLE-TAKING PROCESS OF NURSING STUDENTS

CHAPTER OVERVIEW

The purpose of this chapter is to present selected concepts and a theoretical framework of professional socialization of nursing students.

This purpose is achieved by:

- a review of selected theoretical and research literature pertinent to the professional socialization of nursing students into the role of the professional nurse;

- an analysis and discussion of the concepts of socialization, nursing curriculum and professional socialization;

- an outline of goals of professional socialization of nursing students;

- a description of socialization cycles;

- an explanation of developmental stages of professional socialization of nursing students;

- a description of social influence during professional socialization;

- an outline of types of socialization experience; and

- a description of socializing agents influencing professional socialization of nursing students.

2.1 INTRODUCTION

During their education and training period, nursing students learn the competencies and skills needed to fulfill a professional role as well as the values, ethical and professional standards of the nursing profession. Socialization is regarded as the induction of beginners into a professional role (Holloway and Penson, 1987:235).

Steele and Harmon (1983:78) state that the professional role can contribute to the nurse practitioner's welfare because of :

- mutual interactions with a variety of individuals and

- participation in significant life events of others like the birth of a newborn or the final cessation of life which offers an emotional magnitude.

Once the nursing student has registered with the Bophuthatswana Nursing Council, she must behave and act in accordance to the South African Nursing Council prescribed regulations relating to the scope of practice for registered persons i.e. R2598 of 1984 as amended.

The professional nurse as a role model provide opportunities for the nursing student to develop cognitive, psychomotor and affective skills and technological proficiency, to integrate her existing ideas and expectations into the professional

nursing role. She must be developed into an analytical, creative and scientific thinker who is sensitive to the community's needs and respect for human life.

2.2 THE CONCEPT' SOCIALIZATION'

The concept 'socialization', is viewed by Lovell (1980:88) as a continuous lifelong process beginning in childhood and initiated by the family. The child first imitates the behaviour she sees and then internalizes the values, norms, ideals underlying the behaviour. Consequently these are adopted as her own.

Socialization is further considered by Lopez (1982:31) as an important process of imposing controls and initiation into a particular cultural lifestyle. Through this process the individual grows and develops into a full human being who realizes her potential. The individual learns to adopt attitudes, norms, values and ways of thinking held by the members of the group to which she belongs. This implies that socialization as a process transforms an individual into someone who possesses a sense of identity through interaction. She internalizes the knowledge, beliefs, values, norms and behaviour with other personal yet social attributes deemed appropriate to the society.

In the final analysis socialization is viewed as a lifelong and dynamic process of learning whereby a person becomes an able

member of the social or professional group.

Williams (1983:399-402) defines socialization as a transmission of cultural heritage from infancy stage throughout lifespan process. Williams describes the structure of the socialization process as follows :

2.2.1 Personal agents

Initially cultural transmission occurs between parents and their infants through direct personal contact. Gradually as the child grows, personal contact becomes broader and more systematic since transmission of particular cultural knowledge is offered by special trained adults possessing special skills, knowledge and abilities in schools and churches in the community.

2.2.2 Impersonal agents

An individual readily acquires a great amount of cultural information through books, radio, television and motion pictures.

2.2.3 Formal social groups

The family, clans, church, school and clubs form different social groups with different types of authority. Children are expected to conform regularly to the goals and standards of

behaviour of each group.

2.2.4 Informal social groups

These comprise of working team, play group, age group and sex group. Informal social groups function without controls for the behaviour of its members and are organized for brief periods only for the accomplishment of limited aims. They provide repeated access to ideas and behavioural standards of culture in which the group exists.

2.2.5 A social conceptual system

In each culture, adults know of the norms, standards, ideas and beliefs concerning the whole socialization process. Through regular exchange of information between children and adults concerning cultural transmission process, children are able to apply this as a guide for their own cultural learning.

2.2.6 Total human biological equipment

In the course of human development, an individual through interaction, acquires social and cultural experience. Consequently the socialization process is brought into operation.

2.2.7 Internal conditions of culture

The socialization process occurs when there is frequent mutual feedback interaction between the human being and culture in the environment.

During the socialization process the individual is assisted to conform to role expectations and role obligations by the exertion of social control through the application of positive and negative sanctions as determined by the community within a specific cultural context. Subsequently as the individual matures, she learns to control her own behaviour in terms of specific roles in a socially acceptable way (Akers, 1985:6 and 68-69).

From the foregoing viewpoints on the concept 'socialization' as speculated by different authors, a deduction can be made that the nursing student actively make selective modification of her behaviour through interaction with members of the profession through the socialization process. Socialization is the basis of professional socialization.

2.3 THE NURSING CURRICULUM

The curriculum as defined by Farrant (1988 : 12 and 24) is a set of wide decisions about what is taught and how it is taught and that determine the general framework within which lessons are planned and learning takes place. It is further described

as all that is taught in a school including the timetabled subjects and all those components of it that influence the life of the student.

The curriculum is also considered as the learning activities and experiences a student has under the guidance of the school which may be counted as a constructive credit for graduation (Finch and Grunkilton, 1984:9.)

Butterfield (1985: 101-102) views a curriculum as the holistic feature of various parts and factors which together enable the achievement of nursing goals.

Bearing in mind the above-mentioned criteria, the nursing curriculum must be designed for the purpose of preparing the nursing student to develop the necessary cognitive, psychomotor and affective skills to meet the challenge of contemporary and future health needs of the society. This will also enhance the nursing student's success in the technological knowledge and skills bases of professional development (Sullivan and Brye, 1983:1).

Mellish and Brink (1986;255) state that a curriculum means many things to different people. This is true because the rationale behind common knowledge is the occurence of socialization of the nursing student involved in that particular curriculum.

For the purpose of the research theme, the nursing curriculum means the Bachelor of Nursing Science (BNSc) degree program at the University of Bophuthatswana (UNIBO). The nursing curriculum at UNIBO is designed within the parameters of the South African Nursing Council (SANC) regulations i.e. R425 of 1985 as amended and with its program objectives. It is also designed in accordance with the aims of the university training in general and with those of UNIBO, which took into account the set requirements for graduate training as determined by the South African National Education policy for post-secondary educational system. The main aim of the university training is the provision of high-level professional preparation which enable the student to be self sufficient human being. This involves the widening of the student's cultural and intellectual horizons with scientific inquiry and critical mind (South African Post-Secondary Education report-116:1).

The nursing curriculum at UNIBO has been approved by the SANC and was implemented in 1986 when the program started with 32 nursing students. Presently the SANC regulations are applicable in Bophuthatswana except that since 1987 nursing students register with the Bophuthatswana Nursing Council (BONC) under the Health and Related Professional Act No. 33 of 1985.

According to Davis (1987:285) nursing should be the essence of any nursing curriculum.

Nursing education and quality patient care is the central aim of the curriculum and a special feature of professional socialization for the maintenance of professional progress.

Through the active participation of the nursing student in the education and training program, analytical, critical, scientific and evaluative skills are developed as well as creative thinking, and the ability to exercise independent judgement of Scientific data (SANC Directive of R425 of 1985 as amended :2.)

De Jager (1985 : 40-41) makes a similar assertion and adds that through nursing education as part of the tertiary education system, the nurse practitioner is prepared to be professionally competent in problem-solving and decision making skills, to think independently, be accountable for her actions and omissions, to meet and if necessary, initiate the challenge of change characteristic of modern nursing practice.

In developing the nursing student into what the SANC and De Jager have described above, Mellish and Brink (1986:6) state that she must be directed, helped and provided with the means that enable her to learn the art and science of nursing care of those in need of such care.

2.4 PROFESSIONAL SOCIALIZATION OF NURSING STUDENTS

Professional socialization according to Searle (1987:168) is the attainment of accepted professional competencies of diverse kinds and motivated commitment to effective practice throughout the individual's working life. This occurs through nursing education, a central aim of the curriculum and one of the major tasks of the nursing profession.

Professional socialization is considered as a complex process whereby the nursing student acquires the knowledge and skills required for positive professional identity by internalizing the norms and values of the professional group. This starts as soon as the individual decides on a career by devloping certain expectations concerning the profession (Basson, 1986:1).

Eli (1984:297) and Boughn (1987:1) assert that professional socialization as part of adult socialization involves getting rid of the old roles and self-conceptions with subsequent acquisition of new roles. This occurs through nursing education during which change is spontaneous.

Socialization of the nursing student differs from that of the school pupil in the sense that she is on the path of adulthood. This is a dynamic process demanding the responsive participation and willingness of the nursing student and the socializing agent (Bezuidenhout, 1982b:12).

From the foregoing, it may be decided that professional socialization involves a series of challenging learning experiences necessary to equip the nursing student with the knowledge, skills, behaviour traits, attitudes, values and norms expected of the accomplished nurse practitioner. She is socialized within the parameters that apply to the professional nurse being prepared to function as a competent and ethically motivated professional nurse within the scope of practice for registered persons as determined by the SANC R2598 of 1984 as amended. She must understand the regulating mechanisms of her profession by abiding by the norms and values of the profession.

2.4.1 GOALS OF PROFESSIONAL SOCIALIZATION OF NURSING STUDENTS

The goals to be achieved by the nursing student involved in the education and training process are as follows:-

2.4.1.1 First Goal

Cohen (1981:15) identifies this as the acquisition of the technology of the profession, Bezuidenhout (1982a:92-93) refers to it as the development of theoretical insight and technical skills. Both writers imply that during education and training, the nursing student must learn the facts, theories and skills of the profession and develop a scientific attitude through which influence towards change is made possible.

2.4.1.2 Second Goal

Cohen (1981:15) and Bezuidenhout (1982a@93-95) term the second goals as the internalization of the professional culture. Cohen states that during educational process which is part of professional socializaion, the nursing student internalizes the professional culture which enables her to deal with nakedness, death and the demands of scientific knowledge and to place the patient's needs first before hers.

2.4.1.3 Third Goal

Cohen (1981:15) identifies the third goal as the finding of a personally and professionally acceptable version of the professional role. This implies that the nursing student must behave in a socially and professionally acceptable manner. Bezuindenhout (1982a:95-96) refers to the third goal as the acceptance of the nursing role. There is conformity to the set nursing role expectations and obligations which indicate the degree to which the nursing student has internalized these.

2.4.1.4 Fourth Goal

Cohen (1981:15-16) and Bezuidenhout (1982a:98-99) refer to this as the integration of the professional role into all other life roles. The nursing student on entry into the nursing profession, has already acquired and interpreted role expectations outside the profession. In order to achieve goals

of professional socialization, this emergent nursing student who is on the way to become a mature professional nurse but still has many traits of late adolescence, is to be assisted to integrate her existing role expectations in a meaningful way with the new knowledge, values, skills, norms and role expectations of the professional role.

To sum up the above discussion, McCain (1985:181) describes professional socialization by adopting Jacox's and Moore's definition that through interaction, the individual integrates into her self-concept a professional role by acquiring and internalizing the knowledge, skills, values, norms and attitudes of the profession.

The nursing student interacts with members of the profession as well as other health team members who have already been through the same process and who can therefore help her to adjust to the professional socialization experience. In this way professional members as well as health team members can have a major impact on the nursing student and can significantly influence the socialization system.

2.4.2 SOCIALIZATION CYCLES

Peters (1989:125-128) in her research adopts Sherlock and Mooris's socialization cycles to discuss the general process of the doctoral students enrolled in the U.S. programs for higher education.

2.4.2.1 The Commitment Cycle

This cycle denotes the initial involvement of the student in the program including potentials and prospects.

2.4.2.2 The Professionalization Cycle

In this cycle the student acquires technical skills, knowledge and the ethical conduct of a professional role.

2.4.2.3 The solidarity cycle

The student accepts the influence of the professional culture through internalization of the attitudes, norms, beliefs and expectations of the profession she has let herself be orientated to. Here a team spirit reigns amongst members of the profession.

2.4.2.4 The occupational identity cycle

Van Gennep's Rites of passage language is adopted by Peters (1989:126) to explain this cycle. They are separation, transition and incorporation.

(a) Separation

Separation takes place when the student learns the ethical and technical aspects of the profession by shedding her previous

identity and taking up a new identity.

(b) Transition

The student acquires theoretical expertise and simultaneously becomes more tolerant.

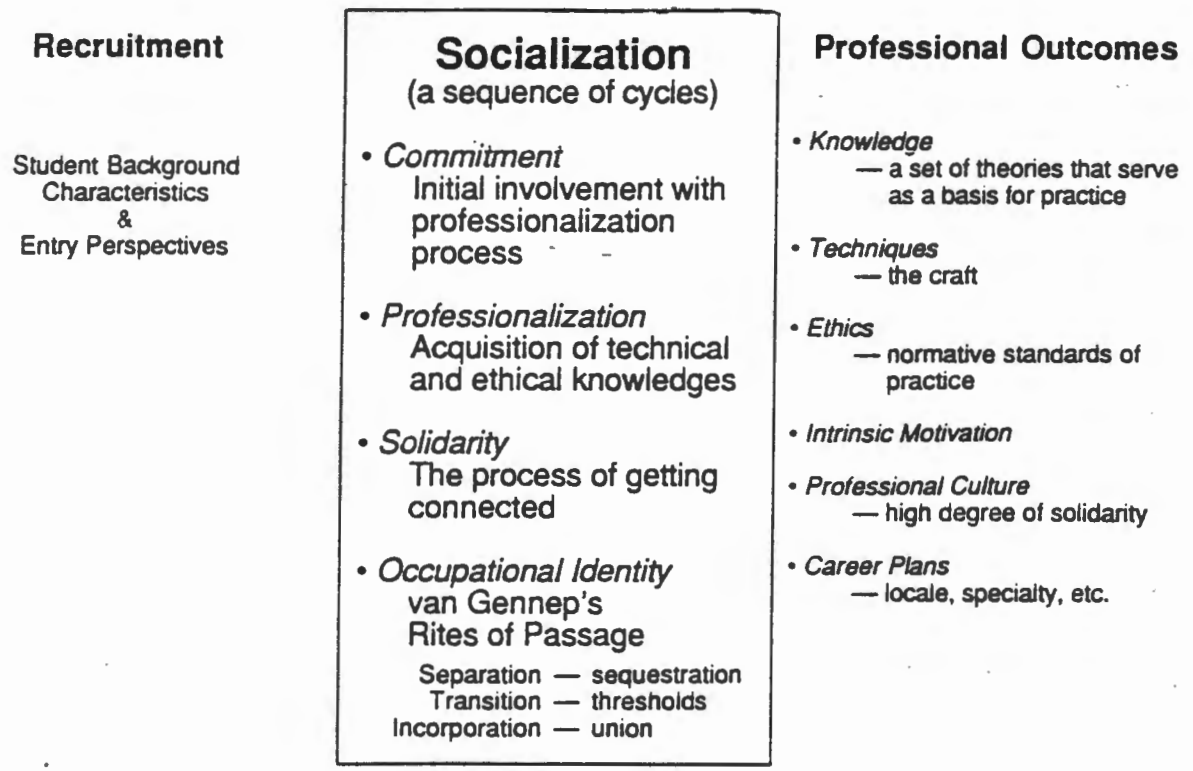
(c) Incorporation

This occurs when the student becomes a practising professional with a firm professional direction.

FIGURE 2.1

A MODEL FOR PROFESSIONALIZATION

(According to Peters, 1989:123)



Peter's socialization cycles are explicit and interrelated with the goals of professional socialization of the nursing student as discussed by Cohen (1981:15-16) and Bezuidenhout (1982a:92-99). These cycles also denote the developmental process of the socialization of the nursing student into a professional culture. It is worth here explaining the developmental stages for the professional socialization of nursing students.

2.4.3 DEVELOPMENTAL STAGES FOR PROFESSIONAL SOCIALIZATION OF NURSING STUDENTS

A nursing student is an adolescent on the way to becoming an adult. On entering the nursing profession, she is inexperienced and incompetent to function alone. She is equipped with sterotyped ideas and expectations about the nursing profession. Some of nursing students entering the nursing profession grew up in the political revolutionary climate. They have internalized values and norms that are unrealistic and incongruent to those found in the nursing profession.

Hoy et al. (1986:51) confirm the above statement by stating that in the beginning nursing students are a potentially divided and heterogenous group. They are brought together as a unified group bound by a common purpose and a common sense of identity through nursing education. Mellish and Brink (1986:6) support this by stating that through nursing education, nursing students are helped, guided and provided with the means enabling them to learn the art and science of nursing so that they can apply their knowledge to those under their care.

Cohen's developmental model for professional socialization of nursing students as stated by McCain (1985:181) are as follows:

2.4.3.1 Stage 1 : Unilateral dependence

The individual relies on the external controls with adherence to the authorities' set limits because of lack of necessary experience and knowledge. In the nursing context, this implies that the nursing student complies with the set expectations and obligations of the professional role since she is inexperienced and not knowledgeable.

2.4.3.2 Stage II : Negative/independence

In this stage the nursing student attempts to free herself of external controls and starts to find facts on her own.

2.4.3.3 Stage III : Dependence/Mutuality

The nursing student is analytical and evaluative in thinking and integrates others' ideas objectively.

2.4.3.4 Stage IV : Interdependence

During this stage, the nursing student integrates a professional role identity into her own personality and exercises independent judgement. McCain (1985:183) however, does not support Cohen's (1981) developmental model which states that stages progress in accordance with the level of educational training. McCain concludes that there is no

relationship between the professional socialization developmental stages and the level of training in the educational program.

The rationale behind McCain's (1985:183) statement is that the professional socialization developmental stages are not occuring concurrently with the level of the educational training program. This implies that they are independent of each other.

2.4.4 SOCIAL INFLUENCE DURING PROFESSIONAL SOCIALIZATION

In the nursing professional context, social influence plays a vital role in the professional socialization of nursing students. Social influence can be viewed as a learning process through which nursing students' attitudes and behaviour change resulting in professional role acceptance manifested by their willingness to be influenced.

In explaining the social influence of attitude and behaviour change, Cohen (1981:19-20) uses the three process of 'Kelman's theory of social influence'. Luthans (1981:398-399) terms the social influence as 'Kelman's overall contigency model for power'. The three processes are compliance, identification and internalization.

2.4.4.1 Compliance

Compliance according to Cohen (1981:19) means that the individual accepts the influence from other group members with the hope of achieving a favourable response. The individual adopts the induced behaviour not just because she believes in it but simply because she expects to gain specific reward or approval. If the norms and values of the socializer are legitimate and appropriate the individual will learn from the socializer, but if her expectations are not met, she can easily be disillusioned.

In contrast to Cohen's (1981:19) contention, Schmalenberg and Kramer in McConnell (1982:45-47) propose that values, norms and behaviours learned in school are incongruent to those required in the work situation. These discrepancies result in reality shock with subsequent role transformation. For role tranformation to be effective, the new nurse must change conceptions and role performance by taking some of the work-valued behaviours without giving up the existing idealism. This is termed biculturalism. In turn the nurse displays collaborative behaviour and simultaneously she establishes her own identity and becomes more creative and professionally competent.

Luthans (1981:398) views compliance in an organizational setting. The subordinate will comply in order to gain approval or avoid punishment from the supervisor. For compliance to

occur, the supervisor must be able to reward and punish as well as keep an eye on the subordinate.

Cohen's (1981:19) and Luthans' (1981:398) ideas are similar and are applicable to the nursing profession. This implies that there is a form of conformity, which refers to nursing students changing their beliefs or behaviours so that they become more similar to those of other professional group members. The individual change may result from actual acceptance of the group's beliefs and behaviour as right which means the group's beliefs become their own. On the other hand conformity may simply take the form of compliance which means going along with group pressure while one's beliefs remain unchanged.

2.4.4.2 Identification

Identification implies that the individual accepts influence because she wants to establish a satisfying self-defining relationship with another person or group. The nursing student through interaction with a socializer will try to become like her by imitating her behaviour. Consequetly she devotes careful and conscious attention to new values and behaviour before these are added to her existing ones in order to store what she perceives in symbolic form as personally and professionally acceptable (Cohen, 1981:19-20).

Luthans (1981:398) states that people identify with another person or group since it is self-satisfying. For the process

of identification to work, the socializer must have referent power that is be very impressive, warm and prominent to the socializee.

2.4.4.3 Internalization

This is the process whereby the individual accepts the induced behaviour because it is congruent with her value system. According to Cohen (1981:20) the individual accepts the influence because she believes in it. The nursing student adopts the appropriate behaviour as part of her self-concept which is inherently rewarding.

Luthans (1981:399) also considers that people internalize certain behaviour because of compatibility with their own value structure. This implies that for the individual to internalize, the socializer must have expertise or credibility and be relevant. This has a lasting impact on the socializee.

Bezuidenhout (1982:12) regards internalization as the process by which the nurse accepts the influence of the professional culture because she believes in it and is thus willing to perform her role in accordance to the role expectations and obligations of the profession.

The three processes of social influence as discussed above, represent three various ways of accepting influence for behaviour and attitude change during the professional

socialization of nursing students.

2.4.5 TYPES OF SOCIALIZATION EXPERIENCE

Socialization during childhood is the building blocks for adult socialization. This process is not a passive moulding process of a socially unformed child but is a complementary fitting together of the individual and his social community through mutual relationship and provision of mutual feedback. The process may occur formally or informally (Akers, 1985:68-69.)

2.4.5.1 Anticipatory Socialization

Anticipatory socialization is the preparatory process for change in role or status which means that before the actual transition could take place, new norms and expectations associated with new roles or status must be assumed and the new roles or status attempted (Akers, 1985 : 69-70.)

Cohen (1981:35) uses Merton's explanation and states that this process happens once a person wishes to take a new status, learns the necessary behavioural patterns, attitudes and role orientations prior to formally making modification.

Initially during education and training, the nursing student learns something different everyday. She is at first working under supervision and then steadily works alone learning how to

take responsibility of everyday working life. She is repeatedly receiving the opportunity to assume the role of the professional nurse before she actually becomes a professional nurse.

Dear and Keen (1982:33 and 1983:183-186) describe the curriculum designed to prepare the baccalaureate nursing students in the final semester of the program to adjust successfully to the professional role which is critical to professional role enactment. The purposes of the curriculum are as follows :

- to assist nursing students to integrate acquired knowledge and experience in previous courses through multidisciplinary analysis of clinical, human, ethical, professional and organizational forces influencing health care delivery;

- to clarify and/or plan appropriate responses towards the goal of health promotion for group of patients;

- to promote the role transition of the nursing student to that of becoming a professional nurse capable of exercising responsibility and authority and of being accountable to a group of patients and a health care team;

- to assist the nursing student in clarifying and integrating a nursing theory and professional value system into a

patient-centered nursing practice in a bureaucratic health care system.

According to Ammon and Shroll (1988:85-86) anticipatory socialization occurs during peer team leadership. This peer team leadership experience leads to peer group cohesiveness, closeness and support among peer group members. With the nursing student assuming a peer team leadership role, there is:

- enhancement of personal and professional growth,

- heightening of a sense of responsibility for others and for herself;

- sharing of decision-making affecting the group and patient; and

- gain in confidence from fulfilling the responsibilities of the peer team leadership role.

The emphasis is placed on excellence in nursing practice implying intelligent and scientific application of the nursing process in the humanistic care of patients. The opportunity is created for the sharing of responsibility for health care delivery based on the patients' needs and their ability for self-care and recognition of other health team members.

2.4.5.2 Resocialization

Akers (1985:70) defines resocialization as a process that occurs when the role or status has already started. The degree of role transition will depend on the difference between the previous role and the new one. During adult years, a series of resocialization experiences with many changes takes place.

In the light of the above definition, resocialization in the nursing profession context could be viewed as a dynamic learning process which demands every category of nurses to continuously acquire new and appropriate norms, values and standards as a way of coping with changes such as a change in disease profiles, scientific and technological development due to knowledge explosion or political revolution. The degree of professional role transition will depend on the difference between one's existing role and the new role to be acquired.

Van Zyl (1989:19) asserts that the afore-mentioned types of socialization experience are ways which could overcome role-conflict and professional disillusionment.

2.4.6 SOCIALIZING AGENTS INFLUENCING PROFESSIONAL SOCIALIZATION

Socializing agents are people who enforce social control by means of reward or punishment to those entrusted to them so

that they become professionally competent. Social control could be formal or informal ways created by the professional community to ensure conformity to the norms and values in order to preserve professional culture. Socializing agents during education and training are the key figures in the professional socialization process. Their influence whether negative or positive has a lasting impact on nursing students throughout stages of the program which could retain them in the profession or cause professional disillusionment.

According to Holloway and Penson (1987:236), socializing agents influence the content of the nursing curriculum by regulating the amount of theory in relation to practice. Theory complements practice to gain professional status.

Socializing agents involved in the professional socialization of nursing students must be role models in order to guide them through the path of professional culture. A role model is someone the nursing student observes and imitates her behaviour and actions, integrating what she has perceived into her own self-image. Through interaction with other members of the nursing profession and other health team members, she will internalize the professional culture, ethical and professional standards by accepting the influence of the nursing profession.

2.4.6.1 Clinical professional nurse

The clinical professional nurse according to Thompson (1983:11-13) as a role model with knowledge expertise, clinical nursing proficiency including nursing research, interpersonal skills and observation of professional attributes is the key figure of greatest influence on professionalism.

The clinical professional nurse upon whom nursing students model their image of professional practice :

- is actively involved in continuous learning to serve as an inspiration to nursing students;
- is enthusiastic, interested and inspired in all she does;
- has professional competence and knowledge based on practice and continuous learning;
- possesses professional and personal integrity;
- has fairness in all her dealings ;
- has respect for human dignity, human life and worth for all people ;

- is sympathetic and has empathy in her dealings with patients and their relatives, colleagues and the community;

- has an understanding of the problems of patients and learners;

- is dedicated to her work and to God; and

- has ability to guide, teach, and communicate (Mellish and Brink, 1986:172-173).

Kotze' (1984:17-22) states that the nursing student could be developed into a true professional nurse through professional socialization which is a continous process originating from her existing experiences which motivated her to enter into the nursing profession. Before she can adequately perform her professional role, she needs a role model so that she:

- attains professional nursing expertise with a strong knowledge base and professional competence so that her cognitive, psychomotor, affective and religious aspects be developed;

- develops leadership skills nurtured by independence which is manifested by a healthy, positive self-evaluation and maintenance of balance between professional and personal life including good working relationships amongst personnel; and

- develops a well-rounded personality exhibited by consistency in thinking and actions with self-identity, self-control, self-discipline and self-directedness.

Kotze'(1984:17-22) further asserts that the nursing student must be given opportunities for sharing her ideas and for using her initiative.

In support of Thomposon's (1983:11-13), Mellish's and Brink's (1986:172-173) description of a clinical professional nurse, Searle (1987:58) speculates that a professional nurse as a role model :

- is competent, concerned and compassionate;

- can provide comprehensive nursing within legal and ethical parameters;

- is able to remain calm and dignified under stress;

- is a good teacher and supervisor ;

- provides a healthy environment conducive for the patient's recovery and the nursing student's learning;

- is concerned with the patient's safety and general well-being;

- is concerned with patients and learners in the situation;

- keeps accurate records of the work of subordinates; and

- is trusted by the society since she is a professional nurse.

The description given above by various authors, clearly indicates that the clinical professional nurse as a role model is essential for and fundamental to the professional socialization of nursing students.

2.4.6.2 Nursing lecturer

The nursing lecturer is a professional nurse with knowledge expertise. She serves as a facilitator of learning and teaching who helps nursing students to become self-actualized and Christians. The nursing lecturer demonstrates a genuine interest in nursing students as individuals. She creates a positive, creative and supportive climate to enable nursing students to be self-directed learners. The nursing lecturer involves nursing students in planning of their instruction. She accepts their ideas and opinions. She jointly designs the plan and learning activities with nursing students to achieve the goals of professional socialization. As a role model, the nursing lecturer exhibits the characteristics as discussed under the clinical professional nurse pp 42-43 and pp 44-45 of this chapter. She provides nursing students with learning opportunities and activities for creative and analytical

thinking and to exercise independent judgement. She plans her teaching in consultation with the nursing curriculum and organizes in terms of the educational program in order to meet the objectives of professional socialization.

According to De Jager (1985: 57-58) the nurse educator as a role model by virtue of her status as a teacher, has a special and privileged relationship with the nursing student. She is a counsellor and facilitator of learning and teaching.

2.4.6.3 Clinical instructor

During the education and training of nursing students, the clinical instructor as a role model creates learning opportunities for nursing students in order to meet their specific needs. She guides and supports each nursing student in the clinical nursing situation.

A knowledgeable and clinically competent clinical instructor will generally be an effective role model in promoting professional socialization and competence of nursing students. She should consciously identify those professional attributes she wishes to model such as ethical conduct, self-confidence, empathy, respect for human life and respect for patients and colleagues. If she fails to model positive professional behaviours, nursing students may imitate and identify with other professionals observed in the clinical situation, who may or may not demonstrate professional behaviour consistent with

the nursing curriculum objectives. If these other professionals do not demonstrate appropriate professional behaviour, nursing students will experience counter-productive socialization (Van Hoozer et al, 1987:200).

According to Mellish and Brink (1986:252) the clinical instructor provides clinical instruction so that nursing students :

- develop technical skills;
- develop interpersonal and communication skills;
- develop skills in problem-solving and decision-making ;
- develop independent judgement regarding nursing needs and care;
- develop skills in rendering quality patient care; and
- internalize professional ethics, standards and behavioural patterns to become mature professional adults.

In addition to the afore-mentioned skills, Coetzee et al. (1985:30) describe the purposes of clinical instruction as follows:

- to integrate theoretical knowledge with practice ;

- to offer the nursing student the opportunity for problem-solving ;

- to create the opportunity for the nursing student to develop as a professional person accountable for her acts or omissions.

2.4.6.4 Peer group

According to Ammon and Shroll (1988:85-86) the peer group as a socializing agent influences the socialization system. The socialization process may :

- be significantly enriched or otherwise altered because nursing students can arrive at collective solutions to their problems ;

- lead to collective actions that provide emotional support for nursing students when they are threatened or otherwise confronted with difficulty;

- encourage nursing students to learn as much from each other;

- facilitate collective consciousness or social climate which sets the overall feeling and tone through which formal socialization objectives are accomplished ;

- bring about a source of support and comfort; and

- lead to peer group cohesiveness and closeness.

In addition to the above viewpoints, Lovell (1980:162-163) states that a member of the peer group, identifies with the group and the group in turn forms a reference-group. Through which the individual identifies with the goals and norms of the group and adopts the values, attitudes of its members.

Mellish and Brink (1986:194-195) state that through peer group teaching :

- nursing students learn to pay particular attention to observation;

- they learn to assess and to exercise judgement;

- they become independent and learn thoroughness;

- the foundation for future teaching by the professional nurse in the nursing practice is laid;

- nursing students learn to accept constructive criticism and to evaluate their own performance and that of others, and

- they develop good communication skills.

]2.4.6.5 Medical practitioner

The medical practitioner is a socializing agent with broad knowledge expertise. Through constant interaction with the nursing student, he or she is able to assist, direct and guide the nursing student to acquire the necessary knowledge, skills, and to internalize norms and values of the profession.

2.4.6.6 The patient

Since the patient is the consumer of the health care delivery system, the nursing student will learn a great deal from the patient for example the disease processes through observation, supervision, history taking and by caring for him. The patient is able to influence the existing expectations of the nursing student.

2.5 RESUME

In this chapter a theoretical framework of professional socialization as the professional role-taking process of the nursing student has been presented. Following the viewpoints of different authors, an inference can be made that professional socialization is a dynamic, interactive and lifelong process which starts as soon as the nursing student decides on a career. Once she enters into the profession of

nursing, she becomes a professional person by registering with the Bophuthatswana Nursing Council and becomes a member of the Bophuthatswana Nursing Association. She becomes a legally recognized professional. By so doing, she accepts the influence of the profession and is accountable for her acts or omission. Her existing ideas and expectations are integrated with the new expectations in order to develop a professional identity. She internalizes the norms, values, behaviours, professional and ethical standards of the profession.

CHAPTER 3

PROFESSIONAL CULTURE : THE PATH TO PROFESSIONAL MATURITY IN NURSING

CHAPTER OVERVIEW

The purpose of this chapter is to set in perspective professional culture as the path to professional maturity in nursing.

This purpose is achieved by:

- an analysis of the concept culture;
- a perspective on internalization of professional culture;
- an overview of the components of the nursing culture;
- a description of professional characteristics such as commitment, responsibility and accountability;
- an overview of the climate in the nursing culture.

3.1 INTRODUCTION

On entering into nursing, the nursing student should display commitment to the profession, which means observing ethical, legal and professional standards and norms and accepting responsibility to care for those in need of care. Beare (1985:75) states that the nursing student has strengths and weaknesses, goals and motivations; therefore, she must be assisted to maintain her strengths and to realize her weaknesses in order to reach professional maturity.

Bezuidenhout (1982b:12) speculates that through interaction with members of the profession and other health team members, the nursing student will internalize the professional culture and ethical standards by accepting the influencing culture of the nursing profession. By observing and imitating the behaviour and actions of other members of the profession, as well as that of the health team members, the nursing student will assimilate and integrate all she has perceived into her inner being.

Mellish and Brink (1986:8) assert that those entrusted with the preparation of the professional nurse must take full cognizance of the set criteria of the profession. Once entering the profession the nursing student is guided along the path of knowledge to professional maturity culminating in an independent, proficient, responsible and accountable practitioner who accepts responsibility for continuous learning, which forms part of her professional practice in order to remain professionally competent.

3.2 PROFESSIONAL CULTURE: A NURSING PERSPECTIVE

In looking at professional culture, it is imperative to examine some concepts in relation to nursing.

3.2.1 The concept 'culture'

Smith et al. (1971: 422 - 423) state that the concept 'culture' describes the social heritage acquired through learning from other community members which is different from the human inheritance from genes. It is also considered as a complex organized whole comprising modes of behaviour, of thinking and feeling, of values and beliefs, of knowledge and customs including material objects. Through culture, members of society learn social roles which manifest correct behaviour expected of them in particular situations, for example, a nurse in a health care team.

The concept 'culture' as defined by Roucek and Warren (1979:281) is the mode of living developed by any community to meet its essential needs for existence, preservation of species including the ordering of social experience. Again it can be the collection of material objects, forms of social organization with learned patterns of behaviour, knowledge, beliefs, as well as all other activities developed in human association.

According to Williams and Jelliffe (1982:12), culture is further considered as the second external world into which individuals are born. It is the "arbitrary, interconnected system of customs, ideas and behaviour that has been created for them by their elders and ancestors". Cultural pattern as a common way of living shared by all group members, comprises life goals, value ends, sanctions, attitudes towards life and death, everyday life expressions, family-relationships and child-rearing methods. This pattern is based on behaviour learned from infancy and throughout the lifespan, transmitted partly through deliberate parent teaching but mostly absorbed subconsciously by incidental observation of behaviour of relatives and significant people in the community. It is also mediated by whatever contact the individual has with the surrounding world.

From the foregoing viewpoints on the concept 'culture', it can be deduced that through the process of socialization, culture is transmitted from one generation to the next through direct or indirect contact and interaction with members of the community from birth throughout life. The culture as evolved from the community, forms the basis of professional culture in nursing. These views of various writers are also in accordance with Williams' (1983:399-402) description of socialization as discussed in chapter 2:18-20 of this research.

3.2.2 Internalization of the professional culture

In chapter 2:26, the second goal of professional socialization, identified by Cohen (1981:15) and Bezuidenhout (1989:93) as the internalization of professional culture, was briefly described. It is imperative to examine the second goal of professional socialization in relation to professional maturity in nursing.

Aaccording to Kotze' (1987:31), professions and their members are part of the infrastructure of communities. Thus it could be said that the culture evolved from communities is the foundation of the professional culture.

Cohen (1981:15) asserts that through direct interaction between the nursing student, members of the profession and other health team members, transmission of the professional culture takes place and in turn is internalized by the nursing student who makes this her own. This is the basis of professional socialization which does not end once the nursing student completes her educational training program. Rather it is continuous and a lifelong learning process. According to Tuckett (1976:15), this process is termed "professionalization" which denotes a special form of secondary socialization whereby an individual comes to think and act as if she is a professional (see chapter 2:28 and 30).

The professional culture according to Cohen (1981:15) provides health care professionals with the logical basis of culturally taboo subjects such as nakedness, death including instructions on how to cope with these issues and the fallibility of scientific knowledge. It specifies the necessity of dealing with nakedness and death as well as the reasons why nursing students should get rid of their negative feelings. It also provides procedures on how to prepare patients and health care professionals in handling nakedness and death. Professional culture also exerts control over individual health care professionals by reminding them about their commonly shared ideals, through formal or informal conferences, about patients' needs as overriding all other considerations. Therefore both the health care professionals and the profession benefit from the professional culture.

3.2.2.1 Characteristics of the professional culture

Bezuidenhout (1982a:93-95) suggests that for professional socialization to occur, the nursing student must be willing to internalize professional culture. He explains further that there are existing cultural characteristics peculiar to the nursing profession. These are as follows:

(a) Cognitive culture

The nursing student must develop technological proficiency to keep pace with technological advancement and the knowledge explosion which strengthen the scientific character of the nursing profession. Through this, she will make the cognitive culture part of her personality in order to be professionally accountable.

(b) Normative culture

With the nursing profession, the existing ethical codes of professional standards based on conduct, not only promote teamwork, but also the vital mechanism through which the system of norms, values, laws, customs and cultural pattern of nursing are acquired.

(c) Catathetical culture

Various unique symbols, for example, the wearing of uniforms with distinguishing devices that are characteristic of the nursing profession, place the nursing student in a position to develop an emotional involvement in the profession.

3.3 COMPONENTS OF THE NURSING CULTURE

3.3.1 The 'profession'

The definition and description of the profession will depend on whether its author is a philosopher, a sociologist or a member of a particular professional group. Emphasis may be placed on the depth of learning, or service to the community, or on some other element of particular importance to a group.

Searle (1987:1) uses a Latin word, 'profeteri' to define, a profession which means, to make a public declaration of one's beliefs and intentions and acknowledgement of a certain lifestyle.

In the modern sense, a profession describes collectively, the nature of an occupation whose practice requires certain advanced preparation in some liberal art or applied science. It is characterized by some form of exclusiveness, commitment and observance of ethical and professional standards of conduct (Searle, 1982:4).

According to Kotze' (1987:31) and Van Huyssteen (1986:2-3) the nursing profession gained legal professional recognition in 1891 in South Africa when Sister Henrietta Stockdale secured State registration for nurses and midwives through the Medical and Pharmacy Act No. 34 of 1891. The nursing profession creates and updates nursing education in a comprehensive manner, which is crucial to professionalism, thus nursing deserves professional status.

Professional recognition is based on professional solidarity, competence, accountability and strict adherence to a professional code of ethics with public welfare as the primary concern. The practice of each profession is legalized by the community and subsequently gives it statutory authority to determine its disciplinary control to ensure professional status (Searle, 1987:258).

With reference to the afore-mentioned definitions and descriptions of a profession, Abu-saad (1982:5) and Baszanger (1985:133) state that occupations considered as professions, call on the adult learner to acquire requisite skills, norms, values, attitudes and motivational attributes. These social attributes will be accomplished through education which is defined and controlled by an individual profession which lead to membership and therefore has an active part in the mechanism of socialization.

3.3.1.1 Characteristics of a profession

Moore (1970:5-6) considers the characteristics of professionalism as :

- formalized organization with common commitment to a calling by those involved in it for the protection and enhancement of its interests;

- authority; and

- autonomy restrained by responsibility.

In addition to the aforegoing, Coe (1978:201-203) maintains that the profession is characterized by:

- being collectivity - orientated entailing the rendering of service to the individual, the family and to the public;

- being a collegial organization to protect members from interference by outsiders and other group members by setting standards of behaviour and enforcing compliance with the approved standards; and

- a form of licence to practice and mandate with respect to engaging in professional behaviour.

Bearing in mind the above-mentioned characteristics of a profession, Kotze' (1987:31) speculates that the place and task of the professional calling and professions in the community is that :

- professions and their members form part of an infrastructure of communities, therefore creating order;

- professions and their mechanisms, when applied in practice to develop practitioners, contribute to community development;

- professions are created with the assistance of those

practising them; the mechanism in the communities whereby science is made available in a life world.

In support of the above, Mellish (1988:70-71) further defines the characteristics of a profession in a nursing context as follows:

- it has a large body of specialised theory from sciences and other fields of learning, with well-developed technical skills based on this theory;

- it requires a long period of specialized preparation at recognised educational institutions;

- its activities are subject to constant critical analysis by its members and must be realistically attainable;

- there must be :

* some recognised form of registration and licence to practice;

* self-organisation leading to the formation of a professional association and a self-governing body which controls professional standards;

* a high degree of responsibility and accountability for professional acts;
* a feeling of exclusiveness;

* a recognised status of law;

* a high social status with considerable social power;

* motive of service with the welfare of patients being the overriding consideration.

The above-mentioned criteria regarding the profession are essential in nursing. However they must not be seen as an end in themselves but as a means towards the enhancement of professional maturity through nursing care delivery, health promotion, disease prevention and rehabilitation.

Professional maturity can only materialize if the professional culture is maintained through internalization of professional role expectations and obligations by both professional nurse practitioners and nursing students. This is made possible by statutory bodies that prescribes rules providing order in the professional nursing practice. The Bophuthatswana Nursing Council and the Bophuthatswana Nursing Association in Bophuthatswana or the South African Nursing Council and the South African Nursing Association in the Republic of South Africa are statutory bodies, independent of each other and regarded as professional organizations in the nursing context.

In the light of the above viewpoint, styles (1983:570-575) suggests that nursing organizations should perform the following functions for the preservation and development of the profession:

- provide professional definition and regulation through the setting and enforcing of standards of education and practice for the nurse practitioner and practice;

- develop a knowledge base for practice;

- transmit values, norms, knowledge and skills to nursing students and professional members, for application in practice through the education and the socialization process; and

- attend to the social and general welfare of their members.

The South African Nursing Association is concerned with social attributes such as attitudes, knowledge, skills and motivation exercised in the service, as well as the conditions under which these are practised (Van Huyssteen, 1986:3). This function is also performed by the Bophuthatswana Nursing Association.

As soon as the nursing student enters the profession, she registers with the Bophuthatswana Nursing Council in Bophuthatswana and becomes a member of the Bophuthatswana Nursing Association or with the South African Nursing Council in the Republic of South Africa and becomes a member of the South African Nursing Association. She receives education and training within the parameters applicable to the professional nurse, who is a legally recognized professional practitioner. She must then fulfil

the admission requirements for education and training leading to registration as a nurse (general, psychiatric and community) and midwife as stipulated under the South African Nursing Council Regulation - R425 of 1985 as amended with its program objectives, determined under the Nursing Act No. 50 of 1978 as amended. However, in Bophuthatswana nurses register under the Health and Related Professions Act No. 33 of 1985. A nurse must practise nursing within the scope of practice for registered persons as determined by the South African Nursing Council under R2 598 of 1984 as amended. She has to develop a comprehensive perspective in all dimensions of care entailing promotive, preventive, curative and rehabilitative for the consumers in health care delivery system from before birth until post death.

3.3.2 Philosophical components of nursing

* The philosophy of nursing in South Africa as pointed out by Searle (1980:1) evolved from certain concepts held by nurses, relating to what constituted nursing in all dimensions of care. Nurses get strength, courage and hope from their beliefs.

* Bevis (1982:34) speculates that philosophy gives a reflecting image through which the world is viewed. "Values are based in the philosophy since philosophy inquires into the ideal possibilities and significance of things." Nursing as a personal service requires a philosophy to give meaning to the nurse practitioner, the consumer of health care as well as the community.

Through this nursing philosophy, the ethical views of the nurse practitioner and that of the profession are strengthened. Nursing philosophy has a relation with all the preceding and also the nurse practitioner's beliefs about the nature of man and the nature of nursing from which she has respect for the individuality, dignity and rights of each individual under her care. The nursing philosophy also assists nurse practitioners to develop the intellectual power that enables them to make ethical decisions.

* The nurses in Bophuthatswana should take cognizance of the philosophy of Bophuthatswana as spelt out by Mangope (1985:16), that the Constitution of Bophuthatswana is democratic and liberal with commitment to a Bill of Rights, the Rule of Law, to get rid of discrimination based on race, culture, economic status, sex or creed, to respect Christian values representing the most priceless national asset.

* During education and training, the nursing student must be guided and assisted to internalize the professional culture based on the philosophy of nursing, personal philosophy, philosophy of education and training for nurses and that of Bophuthatswana.

* Nursing education as stated by Searle (1980:9) is based on the religious foundation of the nursing philosophy. It has a unique social function of providing the community with competent, responsible and accountable nurse practitioners able

to cope with challenges of social, medical, scientific and technological advancements and disease patterns.

Therefore it should be directed at meeting both the present and future needs of the community.

* Jameton (1984:18) considers a profession as a "calling" meaning something an individual feels called upon to perform, possibly by god or by one's inner need, which is central to one's life and gives it a meaning. In view of this point, nursing according to Jameton (1984:24) is a profession related to ethics in a formal, conscious and institutionalized manner.

* After completion of education and training, traditionally nurses light a lamp and take a pledge of service to assume their professional ranks. Searle (1980: 1-2) asserts that the "philosophy light beacons" are that nursing is:

- a belief which implies that every human life is worthwhile and every human being is unique and indispensable, which give support and which makes working life and existence meaningful;

- faith which is a continual source of inner strength for guiding actions and behaviour;

- yearning, implying a worthy servant of humanity and effective instrument of medical science;

- acceptance of every human being as unique by providing professional service to his human needs through instrumental and expressive functions;

- transcending the so-called nurse-patient relationship by creating a person-to-person relationship;

- conservation and change through prevention of disease, promotion of health and rehabilitation;

- assistance and support to both consumers of health care and providers;

- technology through the application of scientific skills during treatment and care for patients or clients;

- therapeutic use of self; and

- loving care.

* In addition to the above-mentioned, Curtin and Flaherty (1982:125) indicate that as nurses assume their professional identities, they take a pledge to be contracted to:

- the understanding, the interpretation and the expansion of the professional knowledge base;

- the equally disciplined work of criticism and self-regulation;

- developing and cultivating both in themselves and in their colleagues the character traits on which personal and professional excellence depend.

* Quinn and Smith (1987:8) express that taking a pledge of service symbolizes clearly a nurse's professional commitment and promise to society.

* In view of the above-mentioned statement, Mellish (1988:10-11) asserts that upon entering into the professional field, nurses light a lamp and take a pledge of service which has a very special significance in the philosophy of the nursing profession. This symbolizes that the nurse is the light of hope, faith and knowledge to those experiencing health crises in everyday situation.

3.3.3 Ethical principles in nursing

Since ethics is one of the attributes of professional culture, it is imperative to briefly outline this in the nursing context.

Ethics is a system of moral principles for standards of human conduct and also the branch of philosophy dealing with values whether certain actions are right or wrong and whether the motive and end of such actions are good or bad (Fromer, 1981: X and 23). Van Hooft (1990:211) considers ethics as a set of rules external to nurses' motivational lives of which they have to be aware and to which they have to be obedient. This implies that once a nurse is registered with the Bophuthatswana Nursing Council or with the South African Nursing Council she has a legal responsibility and is always accountable for her ethical behaviours and professional actions.

Fromer (1981:8) further explains that motivation for ethical and professional conduct of nurse practitioner arises from existing formal ethical codes of conduct with the nurse practitioner having an obligation to adhere to the code. An ethical code refers to a collective statement about the professional group's values and expectations, or a standard of conduct.

The code of ethics, as proposed by Quinn (1987: 9-10), is a set of guiding principles for the individual practitioner. It also refers to collective activities used by the profession to guide instruction of new practitioners and to sanction those who fail to comply with it.

Raya (1990:506-507) notes that nurses in their everyday working life are confronted with moral-ethical issues such as euthanasia, abortion, unethical behaviours of other practitioners, role conflicts and the rights of patients which increase in proportion to the increased scientific and technological advancements in health care. It is therefore essential that each nurse develops a sound intellectual framework and value system for making ethical decisions that will further the profession's ends.

Quinn (1990:728-729) points out that nurses are faced with moral concerns about patients seeking information, the right to refuse treatment and decisional conflicts between patients and families in the nursing practice. Quinn emphasizes that the preparation of nursing students with regard to ethical questions and dilemmas in the clinical situations, should use clinical case analysis as part of their clinical learning experiences during clinical post conferences to focus on ethical issues surrounding a specific patient or client. The outcome of this approach is the constant integration of ethical reflection and the analysis into clinical decision-making and reinforcement for the nursing student of the relationship between the primary moral values of the profession and her daily management decisions.

3.3.4 Norms in nursing

Tuckett (1976:13) views norms as more solid forms of feeling, thinking, and acting that manifest a set of beliefs. According to Roucek and Warren (1979:292), a social norm is "Any socially accepted standard of behaviour."

In order to obtain and maintain the professional culture as the path to professional maturity, there must be service orientation ensured by competence, conscientious performance and loyalty in the nursing profession. Moore (1970:13) proposes that competence, conscientious performance and loyalty or service are the subset of related norms.

The preparation of nursing students undergoing education and training to become registered nurses (general, psychiatric and community) and midwives under the South African Nursing Council regulations as stipulated - R425 of 1985 as amended and the Scope of practice for registered persons - R2598 of 1984 as amended, is based on competence.

Moore (1970:13-15) points out that competence refers to entry requirements into a profession including education as well as academic achievement. Competence also entails the maintenance and improvement of both specific and general standards by keeping abreast with developments in nursing for rendering

quality patient care. In order to be competent, safe nurse practitioner, there should be conscientious performance based on a collectively enforced set of standards laid down by the profession for the protection of the client's or patient's interests under the nurse's care. In addition, professional nurse practitioners are obliged to regulate their conducts by observing ethical codes of standards as determined by the profession. With general performance, norms, refer to the professional's obligation to a client's or patient's interests as a priority to that of her colleagues. Moore further speculates that the professional nurse practitioner should maintain loyalty in her everyday working life situation. Loyalty entails competence and performance as well as the preservation of confidentiality of the professional - client relationships, which is crucial for professional maturity in nursing.

3.3.5 Values in nursing

Uustal (1978:2058-2059) views values as general directing principles of behaviour, and standards of conduct that an individual approves of and attempts to live up to or maintains. They make one's philosophy and are the foundation of one's actions, hence they are action inclined and give direction and meaning to one's life.

Steele and Harmon (1983:3) point out that a value is concerned with forms of conduct and once internalized it becomes intentionally or unintentionally a standard or criterion for guiding and directing action, for developing and maintaining attitudes toward particular objects and situations, for morally judging oneself and others and for comparing oneself with others.

In view of the above-mentioned statements, values could be described as guiding principles for one's actions and conduct in everyday life situations and in professional life situations.

Professional values are an image and expansion of personal values. Upon entering nursing, the nursing student does not start developing personal values or changing them to meet new life circumstances and experiences, but adapts existing values to professional experiences and expectations. What happens is that the nursing student does not change her basic value systems, ethical beliefs, or even her general view of life and the world around her, but she may broaden her horizon of thinking as she encounters new, constantly changing and challenging situations unique to a particular professional role. The majority of nursing students start the professional

socialization process in late adolescence or early adulthood with already clearly developed value systems, but their range of experience is still narrow allowing much room for personal and professional growth and development in the application of values to various situations (Fromer, 1981:15).

Mellish (1988:185) points out most aptly that the fundamental function of the nurse is service to mankind by conserving life, alleviating suffering, promoting health and preventing disease for the existence of the nursing profession. The professional service is based on human need which must be unrestricted by considerations of nationality, race, creed, colour, politics or social status.

Bearing in mind the afore-mentioned statement as well as the Christian philosophy of nursing and that of Bophuthatswana as outlined on pages 66-69 of this chapter, de Villiers (1984:11-12) assets that education and training must lay the foundation to equip the nursing student not with theory only, but in particular with Christian values to view life and the world around her. As a Christian, a nurse of today and of the future, will minister love to her fellowmen as well as to her God. In support of this viewpoint, Luke 10:27 states " ...love your neighbour as yourself", because according to Raatikainen (1989:93) love is caring and accepting responsibility for another person.

Nursing philosophy according to Lanara (1981) as quoted by Rays (1990:506) is a pool of values such as responsibility, respect for human dignity, sacrifice, faith and love.

De Villiers (1984:16) explains further that the nursing student must be assisted and directed along the path of Christian faith, love, duty and respect for life in order to form a relationship with God. Van Hooft (1990:214) speculates that whatever their religious conviction, nurse practitioners should develop a caring understanding of religion and of the way it gives meaning to people.

De Villiers (1984:22) further asserts that God and His commandment shall form the basis as the 'onlosmaaklike' aspect of the Christian ethical infrastructure for the faithful nurse practitioner which determines her functioning.

The nursing student develops norms and values due to behaviour and attitudes of parents, the cultural and religious background in which she was raised, the quality of her sensitivity, the influence of peers, teachers and significant social relationships, the experiences she once had and also her relationship to spiritual matters and to God (Fromer, 1981:15).

3.3.5.1 Caring perspective

Caring is the essence of nursing. According to Bevis (1981) as quoted by Bevis (1982:125), caring is defined as a process and an art that needs commitment, knowledge and continual practice. It embraces a sense of devotion to another person which motivates and energizes action in influencing life constructively and positively by increasing intimacy and mutual self-realization.

Forrest (1989:816) quoting Roach's (1984) definition of caring, states that desire to care is human and the power to care must be declared and actualized. It is then exhibited through compassion, competence, confidence, conscience and commitment.

According to Bevis (1982:127-128) the purpose is an attribute of the process of caring which provides an individual with a comprehensive meaning and order to his life. This implies that the nurse when caring for a patient, who may be well, sick or dying, should have a purpose in order to provide quality nursing care.

Fromer (1981:X1) describes most nurse practitioners as uncaring, without love, insensitive and hardened to the clients' and patients' needs. They often seem not to care about the social and ethical patterns of professional practice. In addition, McConnell (1982:72) explains that the nurse with "burnout" is impersonal in communicating with both staff and patients, regards patients as the symptoms which brought them to the hospital rather than see them as human beings. According to Bond (1986:134), the climate in the nursing culture with respect to mutual support as observed by outsiders and also by nurses is undoubtedly cold. Nurses are seen as caring for patients while on the other hand they are uncaring towards each other. What prevails among nurses is apathy and fear. McConnell (1982:82) further proposes that "burnout" in the professional nurse, transforms caring into apathy, while involvement is replaced by distance, openness into self-protection and trust is converted into suspicion.

In view of the afore-mentioned description of a nurse practitioner, Raatikainen (1989:92-93), suggests that a nurse practitioner must observe the principle of freedom when caring for the sick, well or dying since everyone has the right and must accept responsibility for his own life. This also comprises the spiritual life which empowers one to think and practise religion in accordance to one's conviction.

Nevertheless, during nursing care, nurses do not observe the principle of freedom which indicates that there is a need for nurses to acquire nursing skills based on mutual confidence and freedom with devotion of their time to patients in order to support the patient's unique individuality and independence.

Van Hooft (1990:213-214) points out that educational processes centre on disseminating scientific knowledge that leads nurse practitioners to care. This knowledge is derived from bioscience, clinical techniques, counselling, listening skills and interpersonal techniques with values already built into them. They are significant in that they perform within the professional contextual culture in which there is active participation of both the nurse and the clients or patients. The outcome of any nursing education system has a considerable impact on the everyday working lives of nursing students as this influences their career prospects.

Raatikainen (1989:93) proposes that there is a form of social solidarity, meaning that community members have a shared responsibility, community spirit and sense of social justice in taking care of their welfare and safety. This implies that during the professional socialization process, social solidarity should be inculcated in the nursing student in order to meet the needs of the community. In principle, the nursing student belongs to the profession which determines ethical standards which in turn are determined by the community for their welfare.

In the final analysis nursing students during their educational training, must be assisted and supported to assimilate, integrate and internalize into their inner beings the value of caring which is the cornerstone of professional culture.

De Villiers (1985:33-35 and 1986: 18-19) points out that suffering is beyond a person's understanding, but its experience is a reality. The nurse who is a Christian care-giver with a heart touched with love, compassion and sensitivity, could support the individual suffering or dying. She can use special communication skills such as listening or silence. She may use non-verbal cues when faced with such situations so that the individual suffering or dying could experience this positively and use it constructively.

In addition to the afore-mentioned statement, Bandman and Bandman (1985:261) state that the nurse who maintains a calm and sensitive attitude and provides skilled, compassionate and individualized comprehensive care to the dying patient, will minimize suffering and maximize comfort. This helps the dying patient by affording him a sense of self-respect, dignity and choice until the last hours of life.

Searle (1985:8) points out that the nursing student new in the nursing profession, will be able to face and cope with these

situations, if, during the education and training period, she is assisted to become professionally competent, faithful, inwardly strong, responsible for herself and her actions, deliberately self-reliant and courageous with integrity and compassion which form the key strands in her professional life.

In the light of the above, the clinical professional nurse should be accountable for preparing her staff to cope with problems of suffering, dying and death. She must be knowledgeable about the meaning of suffering, dying and death and what it means to the patient, his family and other professionals. She must also be proficient in working with such patients, and as a nurse educator, must be able to teach theory and practice to her staff. Again, she must give clarification about her values with regard to such issues as whether dying with dignity and respect take precedence over prolonging life, and whether she believes in telling the truth as far as impending death is concerned (Bergman, 1982: 8-9).

3.4 CHARACTERISTICS OF A PROFESSIONAL NURSE

The process by which individuals become professionals is similar regardless of the specific profession. The overall objective of nursing education and training is to prepare and enable nursing students to provide a safe and competent service for patients, clients, their families, the suffering, the sick, the well and the dying.

Holloway and Penson (1987:235) assert that the socialization process of role learning is a form of social control necessary for the nursing student to become a competent professional nurse practitioner. They further state that nursing education is a form of social control externally imposed and eventually internalized.

Bearing the afore-mentioned in mind, Mellish and Brink (1986:7-8) claim that having undergone education and training, the nursing student should fulfil the following criteria:

- that she has been prepared over a long period of time in a specialized form of education at a recognized educational institution;

- her licence to practise follows an examination before being registered with the approved registering body, the South African Nursing Council in the Republic of South Africa or Bophuthatswana Nursing council in Bophuthatswana.

- she is a member of a professional organization that is the South African Nursing Association or the Bophuthatswana Nursing Association;

- her education has specialized theory based on social, natural and biological sciences with well-developed technical skills;

- her work demands a high degree of accountability and is based on the motive of service with the welfare of patients being the overriding considerations;

- She has independent functions for which she is accountable;

- she has the power of exercising not only discretion but also initiative;

- she is expected, at all times, to use all her abilities and endeavours for the benefit of patients; and

- she strives continually for excellence.

3.4.1 Commitment

Moore (1970:8 and 80-81) proposes that commitment to a calling refers to acceptance of relevant norms and standards of the profession including identification with colleagues and with the profession.

Commitment to a profession as speculated by Fromer (1981:33) comes from personal and professional values as well as from professional socialization. This is determined by empathy with the pain and suffering of patients or clients, the desire to give assistance, a sense of duty or obligation and professional competence. According to Harrison (1982:7) a truly committed nurse is perceptive, sensitive and able to empathise with the well, sick or the dying including their families, without becoming emotionally involved.

Searle (1980:1,3 and 13) suggests that for nursing to fulfil its task, the nurse must demonstrate a disciplined, dedicated, and intellectual approach to man's needs without discrimination of nationality, race, belief, colour, economic status, friendship or enmity. She must also have the knowledge and expertise and be proficient in helping the community to prevent disease, promote health, maintain optimal physical and mental health from before birth until post death. The central part of a nurse's approach embraces the following:

- a philosophy deeply rooted in the Christian faith which leads the individual into nursing and retains her;

- a body of scientific knowledge utilized to provide support, encouragement, loving care and treatment;

- a body of skills with which scientific knowledge is converted into service,

- a concept of responsibility and accountability for professional action towards the individual in need of health care, towards society, towards the medical and nursing professions and towards self; and

- the gift of love for those who are in need of such love.

In support of the above-mentioned, Mellish (1988:4) expresses that a nurse committed to the profession of nursing, will exhibits the following:

- acceptance of the principles and responsibilities of nursing;

- observation of ethical norms and standards;

- caring for those in need of care;

- cooperation with other health team members;

- acceptance of responsibilities for her education and training;

- understanding of, and dedication to the aims and objectives of the nursing profession;

- maintenance of competence;

- possession of constant and conscious effort to establish a positive, and clear professional self-image that produces confidence and trust in those for whom she cares.

Raatikainen (1989:95) emphasises that professional education and training must be geared towards the provision of profound and comprehensive knowledge which will enable the nurse to think critically and analytically with strong professional ethics. This will put her in a good position to met adequately the various human needs of consumers of health care because she:

- is able to view health and illness as a continuum;

- has a holistic concept of human beings;

- can take cognizance of various life situations experienced by a patient and understands him as a member of the family belonging to the community;

- practises nursing in creative problem solving and scientific analysis which prevent a routine-like approach to work;

- believes in the values related to the individual welfare;

- can consider moral choices in making responsible and independent judgement;

- possess human empathy and respect for human needs in any situation, recognizing that the human being is very vulnerable.

Van Hooft (1990:211) views moral sense as an attitude that originates from the nurse's commitment to the health of the client, patient, his family as well as the community at large, and as such it is an aspect belonging to the nurse's internal life.

In the final analysis a truly committed nurse demonstrates compassion, empathy, sensitivity and calmness when dealing with the well, the sick, the suffering and the dying. She can cope in any situation whether new, challenging or unique by maintaining her individuality, dignity, integrity, and also respecting the rights of those under her care.

3.4.2 Professional responsibility and accountability

The professional nurse practitioner is directly and legally responsible for her own professional acts or omissions. Her responsibilities are many and varied, but the researcher endeavours to put them forward as briefly and concisely as possible. Besides possessing specialized knowledge, skills and moral judgement in the act of nursing, the responsibilities of the professional nurse practitioner include:

- administration for departmental or unit control and quality patient care;

- education, and

- conducting research.

Bergman (1982:8) suggests that the unit or ward professional nurse in whom great trust has been placed, must be accountable for her performance or omissions over those whom she supervises by possessing the necessary knowledge, skill and values based on sound moral judgement. She must take responsibility or be delegated the responsibility to carry out professional actions with authority which is a formal backing and legal right to carry out that responsibility.

Since the preparation of nursing students for ethically sound practice is a crucial element of nursing education, Callery (1990:324) asserts that the nurse educators must ensure that nursing students become accountable practitioners, capable of exercising ethical decisions in any situation. Ethical action is considered by Van Hooft (1990:210) as a source of internal personal strength.

According to Bergman (1982:9) the clinical professional nurse is accountable to:

- the patient and his family in need of care;

- fellow members and other health care professionals by creating opportunities, by keeping up-to-date with clinical knowledge and skills and by providing a supportive, creative and healing environment for good working relationships;

- the nursing student as a role model for promoting professional socialization and competence.

- the nursing profession through the nursing association by contributing to the setting of ethical and professional standards of quality patient care in nursing practice and also to the body of scientific knowledge through analysis and reporting experiences of nursing practice and administration and cooperation in nursing research;

- the employing body and society by being a professionally competent, responsible nurse practitioner through meeting the needs of the community.

- the South African Nursing Council or Bophuthatswana Nursing Council by keeping her name in the register and adherence to the codes of ethics.

Fromer (1981:11) states that according to a religious view, a professional nurse is accountable to God.

According to Mellish's (1988:40) speculation, the nurse as a professional is required to assume responsibility for her professional acts or omissions in the performance of her professional assignments and is obliged to give an account of service for her professional actions. The control of professional behaviour and of professional ethical conduct rest within the profession itself. The professional nurse has a dual responsibility as a professional nurse and as a citizen. She is therefore a legally independent, accountable and proficient practitioner who is subject to disciplinary control by the South African Nursing Council in the Republic of South Africa or the Bophuthatswana Nursing Council in Bophuthatswana. These are statutory governing bodies which lay down broad ethical codes of professional conduct, professional standards, values, norms and laws that constitute a professional culture. They also make certain that those who violate the professional culture or are charged with so doing, are subject to inquiry and trial by their peers.

The health professional according to Fromer's (1981:X) suggestion, can and should be instrumental in making certain that it is the patient's or client's value system that is the determinants of the course of action.

Once the nurse or midwife accepts a post, she automatically accepts responsibilities and is accountable for that post, to her employing body to perform her role, functions and assignments and the policy of employment. Therefore, if she is

negligent or incompetent, does wilful harm to a patient whether spiritually, physically, emotionally or otherwise, charges could be laid against her:

- in courts, in a criminal or civil action as the case may be;

- by the South African Nursing Council in the Republic of South Africa or Bophuthatswana Nursing Council in Bophuthatswana in disciplinary actions for she is legally accountable for her professional actions or omissions; and

- by her employing body under the staff regulations (Searle, 1987: 150-151).

3.5 THE CLIMATE IN THE NURSING CULTURE

Cohen (1981:139-142) views the structure of nursing education as basically sound enough to produce professional practitioners but this structure is undermined by the nursing culture. This implies that throughout education and training, nursing students internalize traditional values of obedience and submissiveness which are inherent in the nursing culture. These traditional values are learned by nursing students partly through deliberate instruction but mostly by incidental observation of the behaviour of professional members and through interaction with other health care team members.

Nursing students are always expected to be perfect, fully responsible and self-confident in their everyday working life, irrespective of their feelings or level of readiness. They are expected to assess and make judgements. Furthermore they should be able to carry out assignments from doctors or other members of the profession without questioning or resisting, failing which they could be labelled troublemakers. When discussing with doctors regarding patients' conditions, they are expected to communicate in the kindest possible manner without appearing to be making recommendations. These powerful contradictions cause role conflicts inherent in the climate of the nursing culture, thus resulting in professional disillusionment. This is brought about by professional members' expectations of obedience and perfection in the nursing students.

In view of the foregoing statement, Wincor and Smythe (1984:130) quoting Corwin et al. (1961) assert that during the process of initiation into the nursing role, nurses are subjected to many idealized professional and educational expectations with development of unreasonable expectations for the self, colleagues and the profession. When these expectations are confronted in reality, professional disillusionment occurs, contributing to a high degree of job stress. They are faced with expectations that following instructions by being obedient override independent critical judgement or problem-solving skills.

Nurses according to Bond (1986:VII and 3) are under more stress than persons in other professions because of the nature of their jobs as well as the system within which they work. Bond (1986:22-23) further explains that nurses daily, face emotionally-charged life-events, but because of the climate of the nursing culture, they are compelled to hide their emotions, to avoid being labelled immature or neurotic, as these are not socially acceptable. They learn this reaction formation through imitations, modelling of behaviour and cues observed from other professional members. This progressive emotional numbness is imposed also on nursing students during the process of professionalization.

Bond (1986:27) further points out that the nursing education system is inclined to place more emphasis on technical, cognitive and communication rather than emotional skills.

Bearing in mind the aforegoing viewpoint, Sheila Hillier's observation of the nursing culture as reported by Bond (1986:134-136) is that nurses are expected to be caring towards patients but this is not applicable amongst themselves. Rather shame and ridicule are used to maintain acceptable codes of behaviour. What prevails amongst nurses is apathy and fear. This emotional coldness is the result of the inhibiting effects of the nursing culture on the development of close personal and supportive ties among nurses. Nurses always portray to the outside world the ideal image of perfection by creating the impression that they are capable of coping with any situation they are exposed to.

3.6 RESUME

Upon entry into the profession, the nursing student registers with the Bophuthatswana Nursing Council in Bophuthatswana and becomes a member of Bophuthatswana Nursing Association and she is therefore committed to the profession. Those entrusted with her preparation must take cognizance of the criteria of the profession. She is guided and assisted along the path of professional maturity in nursing. Through constant interaction with members of the profession and other health team members during professional socialization, she will assimilate, integrate and internalize the professional culture into her existing value system in order to be ready to accept responsibility for her professional actions or omissions.

The emerging role of the professional nurse engaged in a comprehensive nursing education and training, involves a great amount of legal responsibility and independence in professional practice, and also increased accountability to the well, sick, suffering, dying and families and to the profession, the community at large, the employing body and to herself. The profession as a calling, ensures stability for its members which in turn has tremendous impact on the public attitude towards the image of the profession of nursing. She is obliged to make ethical decisions in constantly changing and challenging situations whether political, religious or

otherwise, unique to her professional role. Her actions are based on the personal, nursing philosophy and the philosophy of Bophuthatswana. The nursing student engaged in the comprehensive basic nursing education and training course, is provided with learning opportunities to develop a comprehensive perspective on all dimensions of care for consumers in the health care delivery system.

CHAPTER 4

RESEARCH METHODOLOGY

CHAPTER OVERVIEW

The purpose of this chapter is to give an explanation of the research design, the target group, the procedure for data collection and the method of data analysis.

This purpose is achieved by :

- a description of survey method for data collection;

- an explanation of literature study;

- a statement of the hypothesis;

- a description of the target group participating in the study;

- a description of a questionnaire as a measurement instrument, its design and content.

4.1 TYPE OF RESEARCH

The type of research used in this study was a descriptive survey. The survey method was chosen because according to Wilson (1985:138 and 142), it gives an accurate reflection of a target population by describing its currently existing traits, views, attitudes or behaviours. Surveys, while not used to establish a cause and effect relationship, "... are intended to provide accurate quantitative descriptions" (Treece and Treece, 1986:176).

According to Treece and Treece (1986:175-177), the survey research :

- is ..."a nonexperimental study" which means an investigation occurs in a natural setting;

- provides an insight into a situation;

- provides data about the present;

The survey research also has disadvantages such as :

- there is no control over interferring variables,

- if there is lack of validity and reliability in the measurement instrument, this will show in the survey results (Treece and Treece, 1986: 177).

4.2 LITERATURE STUDY

An extensive literature study of selected primary and secondary contextual sources pertinent to the professional socialization of nursing students and professional culture was done. This was limited to those which focus on the professional socialization process involved in role-taking process and professional culture. Their selection was based on their appropriateness to the overal study.

In review of the literature, the following were utilized 'Dialogue' and 'Medline' : computer literature search with the following key words - nursing training, nursing curriculum, profession, professional socialization, socialization, culture, nursing culture, professional culture, nursing philosophy, commitment, responsibility and accountability. This was done through Potchefstroom University Ferdinand Postma Library and University of Bophuthatswana Inter-library Loan Section for obtaining the primary and secondary sources such as books, periodical articles, theses and professional magazines.

4.3 HYPOTHESIS

With reference to the statement of the problem and the purposes of the study as discussed in chapter 1 and literature review in chapters 2 and 3, the following hypothesis was made:

The existing elements in the nursing curriculum at UNIBO do not provide for optimal professional socialization of nursing students during their education and training.

4.4 RESEARCH DESIGN

4.4.1 Target group

To arrive at the purpose of the study, the target group involved in the research was nursing students enrolled in the Bachelor of Nursing Science degree program at the University of Bophuthatswana.

The target group consisted of 64 nursing students in their first, second, third, fourth and fourth and half year of training. The 64 nursing students were respondents who formed the population for the study. A population according to Polit and Hungler (1989:168)"... is the entire aggregation of cases that meets a designated set of criteria."

The 4 final year nursing students enrolled for the Bachelor of Nursing Science degree program who were completing the course at the end of July, 1990, were not included in the study, but they were used as a pilot study group to test the validity of the measurement instrument.

4.4.2 The research instrument

4.4.2.1 Type of measurement instrument

The type of measurement instrument used in the study was the questionnaire. The questionnaire was used in the research since the survey method was chosen to collect data. The questionnaire was chosen instead of the interview because according to Waltz et al.(1984: 275 and 280-281), the questionnaire is :

- a relatively direct method of obtaining data;
- self-administered by the respondent;
- more time-efficient and convenient for both the researcher and respondent;
- less expensive than other methods;
- a means of allowing the preservation of complete anonymity, thus increasing the validity of response especially to sensitive issues and personal questions;
- a more impersonal and standardized format assuring that all respondents are exposed to uniform stimuli thus increasing reliability;

- structured with questions or items and their order are predetermined and fixed.

Waltz et al (1984:281) also state the following disadvantages of the questionnaire :

- there are high rates of missing data;

- there is inability to correct respondents' misunderstandings;

- there is inability to adapt questions and their wording to respondents' individual needs.

4.4.2.2 Design of the questionnaire

A scientific structured and standardized questionnaire as designed by the researcher, is computer-coded. Questions and items formulated were based on the theoretical framework developed from the literature review, including the researcher's personal and professional knowledge. The researcher took cognizance of purposes of the study when questions and item were formulated.

4.4.2.3 The content of the questionnaire

The questionnaire designed is divided into 3 sections with a total of 52 questions and 182 items to which nursing students at the University of Bophuthatswna were to respond.

Section A of the questionnaire consists of 3 questions with 12 items to which respondents were to provide their personal information by completing the questionnaire. The questions in this section are aimed at obtaining information regarding respondent's personal particulars such as sex, age group, and marital status.

The second section, Section B, comprises 23 questions with 83 items on which the respondents must respond.

The purpose of Section B is to determine views of respondents concerning their educational information regarding nursing. The information concerning views of respondents in respect of factors contributing to correlation between theory and practice, the expectations nursing students hold of nursing as a profession, whether positive or negative, education and training, both in the clinical situation and the classroom situation was obtained.

In Section C, there are 26 questions with 87 items. The questions in this section are formulated with the purpose of eliciting information pertaining to professional socialization of nursing students at UNIBO. The information concerning the professional socialization of nursing students is obtained by determining the views of respondents in respect of the role the clinical professional nurse, the clinical instructor, the lecturer, the medical practitioner, the peergroup, the patient,

Bophuthatswana Nursing Council and Bophuthatswana Nursing Association play during the education and training of nursing students.

The questionnaire designed, consists of structured questions in the form of statements to which respondents were to react. One question in Section C is open-ended which creates the opportunity for respondents to give their suggestions in spaces provided. The respondents were to react to statements by indicating their views in a four-point scale with the following key :

1 - strongly disagree
2 - disagree
3 - agree
4 - strongly agree

Explicit instructions to respondents about how the questionnaire was to be filled in and how responses were to be recorded were included in the questionnaire.

4.4.2.4 Pilot Study

Since the questionnaire was used, a pilot study was done because Seaman (1987:114) asserts that any problems the respondents would have with either instructions or the wording are revealed; pitfalls and mistakes may be identified and avoided that may prove costly in the major study.

In order to meet the stated criteria, a pilot study was done involving the 4 final year nursing students completing the Bachelor of Nursing Science degree program at the end of July, 1990.

The pilot study was conducted on the 25 June, 1990, at Bophelong Community Hospital where the 4 final year nursing students were doing their clinical nursing practice. The pilot study sample was not included in the major study. The questionnaires were distributed by the researcher to the pilot study sample in person. After completion of the questionnaire the respondents were requested to indicate their reactions pertaining to the clarity of the instructions including the four-point scale as well as the appropriateness of the questions and response sets. The respondents were requested to identify any portions of the questionnaire with which they had difficulty and suggest improvement. The pilot study sample stated that the questionnaire was clear enough.

The questionnaire was submitted to the promotor for approval. The statistical consultant was consulted for computer coding the questionnaire. The questionnaire was in its final form by this stage for the major study.

4.4.3 Consent for the research

Consent was obtained from the Head of Department of Nursing Science, who granted permission to proceed to the Dean of the

School of Health and Social Sciences, to administer the questionnaire to the nursing students enrolled for the BNSc degree program. The researcher submitted a letter with a copy of the questionnaire to the stated Dean, stating the purpose of the research and the target group for the study. In turn the Dean wrote a letter to the Vice-Chancellor of UNIBO, who ultimately granted permission.

Since the questionnaire was administered at the time nursing students were at Bophelong Community Hospital for their clinical nursing practice, consent was obtained from the respective sister-in-charge of the wards where the nursing students were placed.

4.5 DATA COLLECTION

4.5.1 Administration of the questionnaire

The questionnaire written in English, in an A-4 format was administered to respondents on the 29 and 30 June and the 2nd July, 1990. To each questionnaire was attached the letter addressed to the respondent, which stated the purpose of the questionnaire.

At that point, the questionnaires were administered to respondents and respondents were introduced to the purpose of the study. Confidentiality and anonymity was quaranteed since

no name was to be reflected on the questionnaire. Explicit instructions about what each respondent was to do with the questionnaire after completion were given.

Although consent was obtained from the authorities to administer questionnaires, participation was voluntary. A total of 64 questionnaires were administered to respondents on the stated dates. Questionnaires were completed by respondents in the presence of the researcher at the Bophelong Community Hospital rest-room to maintain consistency.

4.5.2 Return of the questionnaire

Questionnaires administered to respondents on the stated dates were returned on the same days. All 64 questionnaires administered to respondents were received back which means a response of 100 percent.

The high percentage of the return of questionnaires, could be attributed to the administration of questionnaires and co-operation from the authorities of Bophelong Community Hospital. The presence of the researcher whilst respondents were filling in questionnaires, might have also influenced the response as well as the confidentiality and anonymity which was assured.

4.6. DATA ANALYSIS

4.6.1 Preparation of questionnaires

Whilst respondents handed back questionnaires each questionnaire was given a number. Questionnaires were then submitted to the statistics consultant at Potchefstroom University for Christian Higher Education (PU for CHE), who arranged with the computer service, P U for CHE, to process them.

4.6.2 The analysis of data

The data was analysed by means of the statistical analysis System package (SAS Package). Data was indicated in Tables by means of frequencies and percentages. Descriptive statistics were used with the analysis and discussion of data.

4.7 RESUME

In this chapter, research methodology was highlighted. The survey method has been described and the statement of the hypothesis made. The design of the questionnaire as the measurement instrument has also been described including the pilot study.

It has been stated that consent was obtained for collection of data involving nursing students enrolled for Bachelor of Nursing Science degree program at the University of Bophuthatswana.

An explanation of how the questionnaires were administered and the procedure for data analysis has been given.

The following chapter discusses the data analysis, and research findings.

CHAPTER 5

DATA ANALYSIS AND DISCUSSION OF RESEARCH FINDINGS.

CHAPTER OVERVIEW

The purpose of this chapter is to present the data with brief discussions as to the interpretations and implications of the research findings.

This purpose is achieved by:

- analysis of data as discovered from the questionnaire;

- discussion of research findings;

5.1 INTRODUCTION

Section A of the questionnaire was completed by respondents who were asked to give personal information with regard to: sex, age group and marital status.

In Section B of the questionnaire, respondents were to give views with regard to educational information regarding nursing. Certain statements were made which respondents were required to reflect upon their view:

- by indicating as to whether the information was applicable or not and

- in the four-point scale with the following key:

  1 - strongly disagree
  2 - disagree
  3 - agree
  4 - strongly agree.

The statements concerned with educational information regarding nursing were in items 3 - 13 and 14 - 23.

Section C of the questionnaire is mainly concerned with factors contributing to the development of nursing students into

professional nurses. In this section, statements were made which respondents were required to reflect their views in a four-point scale.

The key for the four-point scale is as follows:

1 - strongly disagree
2 - disagree
3 - agree
4 - strongly agree.

The statements which are made in this section are in items 2-5, 7-8, 14-23 and 25.

In item 26; respondents were given the opportunity to make suggestions about aspects which could enhance professional socialization of nursing students.

The descriptive statistics were used in the analysis and interpretation of data. All conclusions drawn were based only on the views given by the study population that is respondents who reacted to the questionnaire and are expressed in frequency and/or percentage.

(a) SECTION A: PERSONAL INFORMATION

5.2 SEX

TABLE 5.1

SEX DISTRIBUTION OF RESPONDENTS

Sex	Frequency N = 62	%
Male	7	11.3
Female	55	88.7

Table 5.1 reflects that the majority of respondents, 55(88.7%) are females while 7(11.3%) of respondents are males.

5.3 AGE GROUP

TABLE 5.2

AGE DISTRIBUTION OF RESPONDENTS

Age in years	Frequency N = 64	%
16 - 20	12	18.8
21 - 25	46	71.9
26 - 30	6	9.4
31 - 35	0	0
36 - 40	0	0

Table 5.2 indicates that the 12(18.8%) of respondents fall into age group 16 to 20 years, while 46(71.9%) respondents are in the age group between 21 to 25 years and only 6(9.4%) respondents are between 26 - 30 years.

5.4 MARITAL STATUS

TABLE 5.3

MARITAL STATUS DISTRIBUTION OF RESPONDENTS

Marital status	Frequency N = 64	%
Single	61	95.3
Married	3	4.7
Divorced	0	0
Separated	0	0
Widower/widow	0	0

As seen in table 5.3, a high number of respondents, 61(95.3%) were single, and only 3(4.7%) were married.

(b) SECTION B: EDUCATIONAL INFORMATION REGARDING NURSING

5.5 NUMBER OF YEARS AS A NURSING STUDENT

TABLE 5.4

DISTRIBUTION OF NUMBER OF YEARS RESPONDENTS HAVE BEEN IN THE NURSING PROFESSION

Number of years	Frequency N=64	%
less than one year	14	21.9
one year	0	0
one and half years	0	0
two years	0	0
two and half years	4	6.3
three years	2	3.1
three and half years	15	23.4
four years	9	14.1
four and half years	20	31.1

As can be seen in table 5.4, 64(100%) respondents answered this item. Out of this number, 14(21.9%) respondents have spent less than a year in the nursing profession which means that they have relatively less experience. There were no respondents between the one and two year category. 15(23.4%) had three and half experience in nursing and 20(31.3%) spent four and half years.

5.6 PERIOD OF DECISION TO ENTER INTO NURSING

TABLE 5.5

DISTRIBUTION OF THE PERIOD RESPONDENTS DECIDED TO ENTER INTO NURSING

Period	Frequency N = 64	%
During childhood	14	21.9
During high school	28	43.8
	50	78.2
Just before entering the university	22	34.4

All respondents, 64(100%) reacted to this item. Table 5.5 shows that 50(78.2%) respondents made their decision to enter into the nursing profession in their last years of schooling, that is, standards 8, 9 and 10. The remaining percentage decided during childhood.

5.7 NURSING PROFESSION AS FIRST UNIVERSITY CAREER CHOICE

TABLE 5.6

VIEWS OF RESPONDNETS WITH REGARD TO THE NURSING PROFESSION BEING THEIR FIRST UNIVERSITY CAREER CHOICE

Response	Frequency N=64	%
Yes	39	60.9
No	25	39.1

This item which elicited responses as to whether or not the respondents chose the nursing profession as their first university career, was answered by 64 (100%) respondents . Table 5.6 reflects that more than half the respondents, 39(60.9%) chose it as their first choice while 25(39.1%) respondents did not. Out of 25 (39.1%) respondents, 3(12.0%) had been less than one year in the profession indicating that their range of experience is still narrow which allows much room for personal and professional growth and development.

5.8 CAREER CHOICE

TABLE 5.7

REASONS FOR CHOOSING NURSING AS A CAREER

Reason	Frequency N=40	%
To help sick people in the community	19	47.5
Nursing interesting	6	15.0
There is a need in the community for nurses	9	22.5
To acquire a profession	4	10.0
Interested in biology at high school	2	5.0

Table 5.7 shows various reasons given by respondents for their career choice. Reason 1- to help sick people in the community and reason 3 - there is a need in the community for nurses overlap and could be taken together. A high proportion of respondents, 28 (70.0%) gave these reasons, 6(15.0%) respondents indicated that they chose Nursing because it is interesting. 4(10.0%) respondents stated that they want to acquire a profession, while 2(5.0%) were interested in biology at high school.

5.9 REGISTERING FOR NURSING

TABLE 5.8

REASONS GIVEN BY RESPONDENTS WITH REGARD TO WHY THEY REGISTERED FOR NURSING

Reason	Frequency N=19	%
To be financially independent	3	15.8
Friend already nursing	0	0
Parents' persuasion	2	10.5
Influenced by career guidance	8	42.1
Career indecision	6	31.6

This item attempted to elicit why respondents registered for nursing when this was not their first university career choice. According to table 5.8, 8(42.1%) respondents were influenced by career guidance received at high school, 6(31.6%) respondents were undecided, 3(15.8%) respondents registered for nursing for the sake of remuneration, while 2(10.5%) respondents were persuaded by parents.

5.10 PREVIOUS NURSING EXPERIENCE

TABLE 5.9

VIEW OF RESPONDENTS WITH REGARD TO PREVIOUS EXPERIENCE IN NURSING

Response	Frequency N=63	%
Yes	5	7.9
No	58	92.1

This item is included to elicit responses in order to identify respondents' readiness for resocialization into the nursing profession (see chapter 2:40). Only 5(7.9%) respondents indicated that they had done nursing before, as reflected in table 5.9, while 58(92.1%) had no previous experience in nursing.

5.11 NURSING PROGRAM

TABLE 5.10

TYPE OF NURSING PROGRAM RESPONDENTS WERE ENGAGED IN PREVIOUSLY

Nursing Program	Frequency N=5	%
Enrolled assistant nursing	1	20.0
Enrolled nursing	2	40.0
Diploma in general nursing	1	20.0
Diploma in midwifery	0	0
Degree in nursing	1	20.0

5.12 COMPLETION OF NURSING PROGRAM

TABLE 5.11

RESPONSES MADE BY RESPONDENTS WITH REGARD TO WHETHER THE NURSING PROGRAM THEY WERE ENGAGED IN WAS COMPLETED

Response	Frequency N=10	%
Yes	3	30.0
No	7	70.0

As can be seen in table 5.11, the responses from those respondents who indicated that they had not had previous nursing experience is somewhat at odds with findings to items 6 and 7 (compare tables 5.9 and 5.10). This means that 5(50.0%) respondents out of 7(70.0%) who did not answer these items have then responded which perhaps could be that they did not understand the question.

5.13 NURSING PROGRAM NOT COMPLETED

TABLE 5.12

REASONS GIVEN BY RESPONDENTS WHO DID NOT COMPLETE THE NURSING PROGRAM

Reason	Frequency N=2	%
Pregnancy	0	0
Failure	0	0
Loss of interest	1	50.0
Lack of money	1	50.0
Nursing too demanding (long working hours)	0	0
Influence by peers	0	0

5.14 UNIBO EDUCATION AND TRAINING

TABLE 5.13

VIEW DISTRIBUTION OF RESPONDENTS WITH REGARD TO WHETHER THE UNIBO EDUCATIONAL TRAINING FOR PRACTICE DEMANDS ARE INADEQUATE

Response	Frequency N=61	%
Yes	58	95.1
No	3	4.9

This item attempted to elicit responses as to whether or not the respondents felt inadequately prepared for demands in practice. Table 5.13 reflects that a high number of respondents, 58(95.1%) were dissatisfied with their preparation while only 3(4.9%) respondents indicated that their preparation was sufficient. However, these negative responses could perhaps be linked to responses for items 11.1 and 11.2.

5.15 UNIBO NURSING STUDENTS' PREPARATION

TABLE 5.14

REASONS GIVEN BY RESPONDENTS WITH REGARD TO THE INADEQUACY OF THE UNIBO NURSING STUDENTS' PREPARATION IN THE CLINICAL SITUATION

Reason	Frequency N=59	%
Lack of learning facilities	7	11.9
Learning activities not planned	25	42.4
Not enough time for practical work	14	23.7
Lack of appropriate supervision by ward sisters	3	5.1
Ward sisters lack of knowledge with regard to nursing students' learning needs	2	3.4
Too much emphasis on routine work as opposed to learning needs	8	13.6

Two respondents did not react to this item although they had given a negative response to item 10. Table 5.14 reflects the following:

- Reasons 2 and 6 overlap, therefore could be taken together, 33(56.0%) respondents reacted to them namely learning activities not well planned and too much emphasis on routine work as opposed to learning needs are attributable to inadequate preparation of nursing students in the clinical situation.

- Not enough time was created for practical work was given by 14(23.7%) respondents as one of the reasons for their inadequate preparation to become proficient professional nurses in the clinical situation.

- Lack of learning facilities contributes to nursing students not properly prepared for their roles as professional nurses. Respondents 7(11.9%) agreed to the statement.

- For reasons 4 and 5, 3(5.1%) and 2(3.4%) respondents reacted to these respectively.

TABLE 5.15

REASONS GIVEN BY RESPONDENTS WITH REGARD TO THE INADEQUACY OF THE UNIBO NURSING STUDENTS' PREPARATION IN THE CLASSROOM SITUATION

Reason	Frequency N=54	%	
Lack of learning facilities	12	22.2	
Learning activities not well planned	10	18.5	
Not enough time given by the lecturer to ensure nursing students' mastery of clinical nursing skills	12	22.2	27.8
	15		
Lack of appropriate supervision by the lecturer	3	5.6	
Too much emphasis on memorization of facts as opposed to application thereof	17	31.5	

7 respondents did not react to this item although they responded to item 10. Table 5.15 reflects the following:

- Reasons 1 and 2 are similar to item 11.1's reasons but findings are slightly different (compare tables 5.14 and 5.15). However their implications are the same.

- Reason 3 and 4 overlap therefore are taken together, 15(27.8%) respondents gave these reasons. This aspect indicates a need for accompaniment of nursing students in the clinical situation as well as more emphasis on problem-solving teaching.

- 17(31.5%) respondents indicated that there is too much emphasis on memorization of facts rather than the application thereof, which indicates a need for problem-solving teaching.

5.16 CAREER GUIDANCE

TABLE 5.16

RESPONSES PERTAINING TO WHETHER CAREER GUIDANCE WAS RECEIVED OR NOT

Response	Frequency N=64	%
Yes	33	51.6
No	31	48.4

TABLE 5.17

VIEWS OF RESPONDENTS WITH REGARD TO WHETHER CAREER GUIDANCE RECEIVED IS CONGRUENT WITH THE ACTUAL NURSING SITUATION

Response	Frequency N=35	%
Yes	11	31.4
No	24	68.6

Two of respondents who did not react to item 5.16, have then responded which might perhaps be that they did not understand the question. According to table 5.17, only 11(31.4%) respondents agreed that career guidance received at high school was congruent to what they were experiencing in the actual nursing situation, while 24(68.6%) respondents gave a different view.

5.17 NURSING EXPECTATIONS

TABLE 5.18

FACTORS INFLUENCING THE RESPONDENTS' EXPECTATIONS OF NURSING (VIEWS EXPRESSED IN PERCENTAGES)

Item	Factor	1 %	2 %	3 %	4 %
14.1	Parents	13.3	17.0	41.5	28.3
				69.8	
14.2	Friends	32.7	30.8	34.6	1.9
		63.5			
14.3	Contact with influential nurses	16.4	18.2	41.8	23.6
				65.4	
14.4	Books, television, radio, films	10.9	16.4	54.5	18.2
				72.7	

Item 14 was answered by an average of 54 (84.4%) respondents. According to table 5.18, the following deduction could be made: Parents (item 14.1), contact with an influential nurse (item 14.3) and books, television, radio or films (item 14.4) were regarded by respondents as factors which greatly influenced their expectations of nursing. The majority of respondents did not agree that friends (item 14.2) had a great influence on their expectations of nursing (compare table 5.18)

5.18 INTEGRATION OF THEORY AND PRACTICE

TABLE 5.19

VIEWS OF RESPONDENTS WITH REGARD TO INTEGRATION BETWEEN THEORY AND PRACTICE

Scale	Frequency N=62	%	
1	6	9.7	
2	11	17.7	
3	29	46.8	
	45		72.6
4	16	25.8	

This item attempted to determine the views of respondents about the degree of integration between theory and practice. A high number of respondents, 45(72.6%) agreed that there is a high degree of integration between theory and practice in the nursing practice. The remaining number of respondents have a different view (see table 5.19).

TABLE 5.20

FACTORS CONTRIBUTING TO CORRELATION BETWEEN THEORY AND PRACTICE (N=57)

Item	Factor	1 %	2 %	3 %	4 %
16.1	Structured practice	8.8	8.8	47.4	35.1
					82.5
16.2	Modular instruction	12.7	21.8	40.0	25.5
					65.5
16.3	Good communication between the university and the hospital staff	8.6	5.2	22.4	63.8
					86.2
16.4	A nursing student's participation in planning own learning activities	15.8	3.5	31.6	49.1
					80.7
16.5	A nursing student's involvement in decision making in the ward	10.2	6.8	42.4	40.7
					83.1

Item 16 elicited views from respondents about which factors contributed greatly to the correlation of theory and practice. As reflected in table 5.20, most respondents indicated that item 16.1 to 16.5 contribute positively towards correlation between theory and practice. Compare findings in table 5.20.

The positive responses given by respondents are surprising since this is somewhat at odds with the findings to item 11.1 where more than half of respondents 33(56.0%) stated that their education and training at UNIBO was inadequate due to learning activities not well planned with too much emphasis on routine work.

5.19 WORK DEMANDS

TABLE 5.21

VIEWS OF RESPONDENTS WITH REGARD TO WHETHER MORE EMPHASIS IS PLACED ON WORK DEMANDS THAN NURSING STUDENTS' LEARNING NEEDS

Scale	Frequency N=63	%
1	1	1.6
2	6	9.5
3	17	27.0
4	39	61.9

Table 5.21 reflects that more than half of respondents, 39(61.9%) strongly agreed that emphasis is placed more on work demands than on nursing students' learning needs. 17(27.0%) also agreed to the statement while the remaining number of respondents view this statement differently (compare table 5.21's findings).

TABLE 5.22

REASONS FOR EMPHASIS ON WORK DEMANDS (N=50)

Item	Reason	1 %	2 %	3 %	4 %
18.1	Seldom taught by ward sisters	4.6	8.7	63.0	23.9
18.2	Doing non-nursing duties	0	0	30.0	70.0
18.3	Learning opportunities are not created	0	14.9	44.7	40.4
18.4	Learning activities not well planned	1.9	5.8	38.5	53.8

As can be seen from table 5.22, the responses are as follows:

Item 18.1 - Seldom taught by ward sisters. 63.0% of respondents agreed that ward sisters seldom teach them and 23.9% of respondents strongly agreed with the statement. The rest of respondents were not in agreement with this item (compare table 5.22). The negative responses to item 18.1 support findings to items 11 and 17 which implies that nursing students are not properly prepared for their roles as professional nurses as stated by Van Zyl (1989:6).

Item 18.2 proposes that in the hospital nursing students do non-nursing duties. A high proportion of respondents i.e. 70% expressed strong agreement that they did perform non-nursing duties, while only 30% of respondents agreed with the statement.

Item 18.3 - Learning opportunities are not created, 44.7% of respondents agreed with this statement and 40.4% strongly agreed. Only 14.9% of respondents disagreed. The findings are in alignment with Van Zyl (1985:6) that more emphasis is placed on ward demands than the acquisition of learning experience (see chapter 1:8).

Item 18.4 states that learning activities are not well planned. 53.8% of respondents strongly agreed with the view that learning activities are not well planned and 38.5% of respondents agreed. The rest of respondents gave a different view (compare table 5.22). The findings to this item support the findings to item 11.1.1 (compare table 5.15).

Findings to item 18 are interesting and are somewhat at odds with the findings to items 15 and 16 (compare tables 5.19 and 5.20). Thus a further survey would be needed.

5.20 REALIZATION OF NURSING EXPECTATIONS

TABLE 5.23

VIEWS OF RESPONDENTS AS TO WHETHER THE EXPECTATIONS THEY HOLD OF NURSING AS A PROFESSION HAVE BEEN REALIZED

Scale	Frequency N=62	%	
1	15	24.2	
	39		62.9
2	24	38.7	
3	13	21.0	
	23		37.1
4	10	16.1	

Table 5.23, item 19 shows that 39(62.9%) respondents expressed their views that the expectations they hold of nursing as a profession were not realized while 23(37.1) gave a positive responses. These findings are not similar to Van Zyl's (1989:139) since 129(98.4%) respondents answered this item but only 38(29.5%) respondents indicated that the expectations they hold of nursing as a profession were not realized.

TABLE 5.24

REASONS GIVEN BY RESPONDENTS AS TO WHY THE EXPECTATIONS THEY HOLD OF NURSING PROFESSION HAVE NOT BEEN REALIZED (N=39)

Item	Reason	1 %	2 %	3 %	4 %
20.1	Nursing too demanding	10.0	7.5	37.5	45.0
				82.5	
20.2	Nursing too difficult	28.2	41.0	25.6	5.1
		69.2			
20.3	Too much theory and not enough practice	4.9	12.2	31.7	51.2
				82.9	
20.4	I do not enjoy nursing	33.3	23.1	23.1	20.5
		56.4		43.6	
20.5	Ward sisters' attitudes to nursing students is discouraging	2.6	2.6	30.8	64.1
				94.9	
20.6	Discipline too strict	10.3	12.8	38.5	38.5
				77.0	

20.7	Too much emphasis on respect to seniors without free expression of opinions, ideas or feelings	2.6	2.6	25.6	69.7 (94.8)

Item 20 elicited views from respondents with regard to why the expectations they hold of nursing as a profession are not realized. Analysis of data as observed from table 5.24 is as follows:

In item 20.1 - Nursing too demanding (long working hours). 82.5% of respondents expressed the view that nursing was too demanding while fewer respondents, 17.5% disagreed.

Item 20.2 - Nursing too difficult was supported by only 30.7% of respondents while the rest disagreed (compare table 5.24).

Item 20.3 - Too much theory and not enough practice. 82.9% of respondents indicated that there is too much theory with not enough practice, only 17.1% disagreed.

Item 20.4 - I do not enjoy nursing . 56.4% of respondents felt that they enjoyed nursing while 43.6% of respondents expressed the feeling that they did not enjoying nursing.

Item 20.5 - Ward sisters' attitudes to nursing students is discouraging. 94.9% of respondents felt that the expectations they hold of nursing as a profession was not realized because of ward sisters' attitudes towards them while only 5.2% of respondents disagreed. These negative responses could also perhaps be linked to items 21.1, 21.2 and also 5.1 in section C.

Item 20.6 - Discipline too strict and item 20.7 - Too much emphasis on respect to seniors without free expression of opinions, ideas or feelings could be linked together since there is an overlap. Compare findings in table 5.24.

5.21 ABANDONMENT

TABLE 5.25

REASONS GIVEN BY RESPONDENTS AS TO WHY THEY WOULD LEAVE NURSING (N=53)

Item	Reason	1 %	2 %	3 %	4 %
21.1	Poor interpersonal relationships	17.0	13.2	37.7	32.1
				69.8	
21.2	Being humiliated by superiors	7.0	19.3	22.8	50.9
				73.7	

21.3	Exposure to patients' suffering and dying	36.0	50.0 (86.0)	12.0	8.0
21.4	Conflict between theory and practice of nursing	18.5	29.6 (48.1)	29.6	22.2 (51.8)

According to table 5.25, analysis of data is as follows:

Item 21.1 was answered by 69.8% of respondents who felt that they could leave nursing due to poor interpersonal relationship while 30.2% of respondents did not agree. However, this negative response could perhaps be linked to later responses e.g. item 5.1 in section C These findings support findings to item 20.5 (compare table 5.24).

Item 21.2 - Being humiliated by superiors was one of the reasons which would make 73.7% of respondents, a high proportion leave nursing, 26.3% of respondents disagreed with the reason stated. 73.7% of respondents support findings to item 20.5. These findings could be linked to later responses to item 5.1 in section C.

Item 21.3 - Exposure to patients' suffering and dying, a high proportion of respondents, 86.0% disagreed that this would cause them to leave nursing while only 14.0% of respondents agreed.

Item 21.4 - Conflict between the theory and practice of nursing. 51.8% of respondents felt that there was a conflict but 48.1% of respondents disagreed. This could perhaps be linked to items 22 and 23.

5.22 CONFLICT BETWEEN THEORY AND PRACTICE

TABLE 5.26

VIEWS OF RESPONDENTS WITH REGARD TO CONFLICT THEY EXPERIENCE BETWEEN THEORY AND PRACTICE

Scale	Frequency N=62	%
1	8	12.9
2	11	17.7
3	31	50.0
	43	69.4
4	12	19.4

From table 5.26, it is clear that respondents in general were of the opinion that their experiences in nursing practice conflict with what they learned in theory. 43(69.4%) of respondents agreed that nursing practice experiences conflict with theory. These findings support findings to item 21.4 (compare tables 5.25 and 5.26). These findings could perhaps be linked to later responses to item 23.

TABLE 5.27

REASONS GIVE BY RESPONDENTS WITH REGARD TO WHY NURSING PRACTICE CONFLICT WITH WHAT IS LEARNED IN THEORY (N=43)

Item	Reason	1 %	2 %	3 %	4 %
23.1	Nurses do not care about patients	9.5	23.9	33.3	33.3
23.2	Nurses do not act according to prescribed standards	13.6	9.1	43.2	34.1

Item 23 gave respondents the opportunity to give their views with regard to their experiences in the nursing practice which conflict with what they learned in theory. 66.6% of respondents agreed that nurses do not care about patients while 33.3% gave a different view. With regard to nurses not acting in accordance to prescribed standards was indicated by 77.3% of respondents but 22.7% disagreed.

The findings to item 23 support findings to items 21.4 and 22 which is conclusive of a need for further survey.

(c) SECTION C: PROFESSIONAL SOCIALIZATION OF NURSING STUDENTS

5.23 NURSING STUDENT'S EXPECTED OUTCOMES

TABLE 5.28

VIEWS OF RESPONDENTS WITH REGARD TO EXPECTED OUTCOMES DURING THEIR PREPARATION TO BECOME PROFESSIONAL NURSES (N=57)

Item	Expected outcome	1 %	2 %	3 %	4 %
1.1	Getting rid of inconsistent conceptions by legitimized professional views	7.3	14.5	43.6	34.5
				78.1	
1.2	Development of professional expectations and related values	3.7	7.4	59.3	29.9
				89.2	
1.3	Resolution of inner conflict or uncertainty concerning the profession	3.7	13.0	46.3	37.0
				83.3	
1.4	Lessening the discrepancy between view of the profession and the actual reality	7.3	12.7	41.8	38.2
				80.0	

According to table 5.28, it is clear that in general the greatest number of respondents were of the opinion that expected outcomes were as indicated in table 5.28.

5.24 DEVELOPMENT OF A PROFESSIONAL NURSE

TABLE 5.29

VIEWS OF RESPONDENTS WITH REGARD TO FACTORS THAT CONTRIBUTE TO THE DEVELOPMENT OF A PROFESSIONAL NURSE (N=57)

Item	Factor	1 %	2 %	3 %	4 %
2.1	Constant supervision by ward sisters	5.5	10.9	43.6	40.0
				83.6	
2.2	Guidance by clinical instructors	0	3.4	30.5	66.1
				96.6	
2.3	Provision by hospital staff of effective learning opportunities	3.3	1.7	28.3	66.7
				95.0	
2.4	Provision of regular feedback on quality of work performance	0	7.0	29.8	63.2
				93.0	
2.5	Own motivation and interest	1.7	5.2	19.0	74.1
				93.1	

Table 5.29 reflects the following findings from which deductions could thus be made:

Item 2.1 - proposes that constant supervision by ward sisters contribute positively towards the development of a professional nurse. 83.6% of respondents were of the opinion that this would contribute towards the development of a professional nurse,16.4% did not agree.

Item 2.2 - guidance by clinical instructors. From table 5.29, it is clear that a high proportion of respondents i.e. 96.6% positively felt that guidance by clinical instructors would contribute positively towards the development of a professional nurse.

Item 2.3 - suggests that hospital staff by providing effective learning opportunities for nursing students could contribute positively towards their development as professional nurses. 95.0% of respondents were of that opinion while only 5.0% were doubtful.

In Item 2.4- 93.0% of respondents were in agreement that provision of regular feedback on quality of work performance could contribute towards their development while only 7.0% did not agree.

Item 2.5 - asserts that nursing students' own motivation and interest contribute positively towards their development, 93.1% of respondents agreed.

5.25 STANDARD OF WORK PERFORMANCE

TABLE 5.30

VIEWS OF RESPONDENTS ABOUT HIGH STANDARD OF WORK PERFORMANCE BEING ENSURED BY CONTINUOUS AND EFFECTIVE SUPERVISION

Scale	Frequency N=63	%
1	2	3.2
2	3	4.8
3	21	33.3
4	37	58.7

Table 5.30 reflects approximately 37(58.7%) respondents who strongly agreed that continuous and effective supervision ensures a high standard of work performance, while 21(33.3%) agreed. The remaining respondents disagreed as reflected in the table 5.30.

5.26 ENHANCEMENT OF LEARNING

TABLE 5.31

VIEWS OF RESPONDENTS WITH REGARD TO CONDUCIVE ATMOSPHERE IN THE WARDS WHICH ENHANCE LEARNING

Scale	Frequency N=63		%	
1	13		20.6	
		37		58.7
2	24		38.1	
3	16		25.4	
		26		41.3
4	10		15.9	

As indicated in table 5.31, 37(58.7%) respondents were of the opinion that the climate in the wards was not conducive for learning, while 26(41.3%) respondents felt that it was, and 48.4% of respondents gave a positive response.

TABLE 5.32

REASONS GIVEN BY RESPONDENTS WITH REGARD TO CLIMATE IN THE WARDS WHICH DO NOT ENHANCE LEARNING (N=57)

Item	Reason	1 %	2 %	3 %	4 %
5.1	Ward sisters are unfriendly	10.3	28.2	43.6	17.9
		38.5		61.5	
5.2	Doing too many non-nursing duties	11.1	33.3	44.5	11.1
		44.4		55.6	
5.3	Doing too much routine work	7.7	10.3	51.3	30.8
		18.0		82.1	
5.4	Not receiving feedback on work performance	10.5	31.6	34.2	23.7
		42.1		57.9	
5.5	Not regarded as a health team member	17.5	25.0	30.0	27.5
		42.5		57.5	

According to table 5.32, the following deductions could be made:

That more than half of the respondents 61.5% indicated that ward sisters' unfriendliness (item 5.1) did not create climate conducive for learning, while 38.5% of respondents disagreed. As stated on p136 that findings to items 20.5, 21.1 and 21.2 should be linked to this item (compare tables 5.24, 5.25 and 5.32). The findings to item 5.1 could also be linked to items 14.3 and 24.2.

55.5% of respondents felt that doing too many non-nursing duties (item 5.2) did not enhance learning however 44.5% of respondents disagreed with this idea.

A rather high proportion, 81.9% of respondents indicated that doing too much routine work could not enhance learning (item 5.3), but 18.0% disagreed.

57.9% of respondents were of the opinion that not receiving feedback on work performance (item 5.4) was one of the factors which did not contribute to learning in the wards. The remaining 42.1% of respondents indicated that they received feedback on their work performance.

57.5% of respondents indicated that they were not regarded as health team members (item 5.5) while 42.5% gave a positive response to the statement. These responses could perhaps be linked to later responses e.g. item 7.

5.27 WARD WORK

TABLE 5.33

VIEWS OF RESPONDENTS WITH REGARD TO WORK DONE IN THE WARD ACCORDING TO PRESCRIBED STANDARDS

Scale	Frequency N= 62	%
1	8	12.9
	30	48.4
2	22	35.5
3	21	33.9
	32	51.6
4	11	17.7

Although 30 (48.4%) respondents disagreed that work in the ward was done according to prescribed standards . Of 32(51.6%) respondents who supported the statement, 21(33.9%) respondents were in agreement that the work in the ward was done according to prescribed standards while 11(17.7%) strongly agreed with the statement.

5.28 HEALTH TEAM MEMBERS' ACCEPTANCE OF THE NURSING STUDENT

TABLE 5.34

VIEWS OF RESPONDENTS WITH REGARD TO HEALTH TEAM MEMBERS ACCEPTING HER AS AN INDIVIDUAL WITH OWN PROBLEMS AND NEEDS

Scale	Frequency N = 62	%
1	14	22.6
	46	74.2
2	32	51.6
3	13	21.0
4	3	4.8

As indicated in table 5.34, a high proportion of respondents i.e. 46(74.2%) were of the opinion that they were not accepted by members of the health team as individuals with problems and needs, while the rest gave a different view. 13(21.0%) respondents indicated that they were accepted by health team members while only 3(4.8%) respondents strongly agreed with the statement. The negative responses are similar to the findings to item 5.5 (compare table 5.32).

5.29 TEAM NURSING GROUP LEADER

TABLE 5.35

VIEWS OF RESPONDENTS WITH REGARD TO RECEIVING THE OPPORTUNITY OF BEING A TEAM NURSING LEADER

Scale	Frequency N=60		%	
1	9	43	15.0	71.7
2	34		56.7	
3	12	15	20.0	28.3
4	3		8.3	

According to data as reflected in table 5.35, respondents in general were not offered the opportunity of being team nursing leaders.

5.30 COMMITMENT

TABLE 5.36

VIEWS OF RESPONDENTS WITH REGARD TO COMMITMENT TO THE NURSING PROFESSION (N=59)

Item	Behaviour	1 %	2 %	3 %	4 %
9.1	Acceptance of nursing practice standards	5.3	21.1	54.4	19.3
				73.7	
9.2	Acceptance of responsibility for those in need of care	1.8	10.5	50.9	36.8
				87.7	
9.3	Acceptance of responsibility for continuous learning	3.4	0	50.0	46.6
				96.6	
9.4	Strict adherence to professional code of ethics with public welfare as the primary concern	5.3	24.6	42.1	28.1
				70.2	
9.5	Behaving and acting in accordance to prescribed regulations for professional practice	8.5	8.5	52.5	30.5
				83.0	

According to analysis of data as reflected in table 5.36, respondents in general agreed that the nursing student exhibits behaviours as identified in item 9 which indicate commitment to the nursing profession.

5.31 NURSING PROFESSION REQUIREMENTS

TABLE 5.37

VIEWS OF RESPONDENTS WITH REGARD TO REQUIREMENTS NEEDED FROM EACH MEMBER IN THE NURSING PROFESSION (N=59)

Item	Requirement	1 %	2 %	3 %	4 %
10.1	A high degree of accountability for professional acts	8.5	8.5	52.5	30.5
				83.0	
10.2	Ethical control of professional conduct by members	1.7	5.1	44.1	49.2
				93.3	
10.3	Service to mankind	1.6	8.2	41.0	49.2
				90.2	

10.4	Recognized status of law	1.7	13.6	42.4	42.4
				84.8	
10.5	Commitment to continuous learning for personal and professional knowledge	1.7	11.9	37.3	49.2
				86.5	

Data as reflected in table 5.37 shows that the above-mentioned requirements by the nursing profession from each member were regarded as important. (Compare findings in table 5.37).

5.32 BOPHUTHATSWANA NURSING COUNCIL'S (BONC) ROLE

TABLE 5.38

VIEWS OF RESPONDENTS WITH REGARD TO SETTING AND ENFORCEMENT OF EDUCATIONAL AND PRACTICE STANDARDS BY BONC FOR THE PRESERVATION AND DEVELOPMENT OF THE PROFESSION

Scale	Frequency N=59		%	
1	8		13.6	
		22		37.3
2	14		23.7	
3	30		50.8	
		37		62.7
4	7		11.9	

From table 5.38, it is clear that more than half of respondents i.e. 37(62.7%) reacted positively. The rest of respondents namely 22(37.3%) felt that Bophuthatswana Nursing Council does not set and enforce standards of education and practice.

5.33 BOPHUTHATSWANA NURSING ASSOCIATION'S (BONA) ROLE

TABLE 5.39

VIEWS OF RESPONDENTS WITH REGARD TO BONA ATTENDING TO ITS MEMBERS' SOCIAL AND GENERAL WELFARE

Scale	Frequency N=49		%	
1	15	32	30.6	65.3
2	17		34.7	
3	13		26.5	
4	4		8.2	

A high number of respondents i.e. 32 (65.3%) as observed in table 5.39 were of the opinion that BONA does not play a role in the social and general welfare of its members. 13(26.5%) respondents agreed with the statement while 4(8.2%) respondents agreed.

5.34 TRADE UNIONS

TABLE 5.40

VIEWS OF RESPONDENTS PERTAINING TO NURSES TURNING TO TRADE UNIONS TO SETTLE THEIR GRIEVANCES WITHOUT CONCERN OF THE NURSING ASSOCIATION

Scale	Frequency N= 62		%	
1	8		12.9	
		23		37.1
2	15		24.2	
3	16		25.8	
		39		62.9
4	23		37.1	

This item was included in order to determine the views of respondents with regard to the role trade unions could play in handling their grievances without the concern of the Nursing Association. As reflected in table 5.40, more than half of the respondents were of the opinion that their grievances could be handled by trade unions instead of the Nursing Association, while the rest of respondents did not agree (compare table 5.40). These findings support findings to item 12, table 5.39.

5.35 THE WARD SISTER AS A ROLE MODEL

TABLE 5.41

DISTRIBUTION OF AREAS IN WHICH THE WARD SISTER AS ROLE MODEL IS CONVERSANT (N=59)

Item	Area	1 %	2 %	3 %	4 %
14.1	Theory	3.5	10.5	56.1	29.8
				85.9	
14.2	Clinical nursing skills	1.6	1.6	48.4	48.4
				96.8	
14.3	Interpersonal skills	5.1	13.6	47.5	33.9
				81.4	
14.4	Research	14.0	10.5	38.6	36.8
				75.4	

Table 5.41 reflects the following findings from which deductions could thus be made:

In item 14.1 - theory, 85.9% of respondents asserted that the ward sister as a role model is conversant with theory. The rest of respondents gave a different view i.e. 10.5% felt that ward sisters are not conversant with theory and only 3.5% strongly disagreed with the statement. The findings to this item are somewhat at odds with the findings to item 18.1 Section B (compare table 5.22).

Item 14.2 - Clinical nursing skills 96.8% of respondents felt that the ward sister is conversant with clinical nursing skills while the remaining percentage of respondents as indicated in table 5.41 felt she was not. This could be linked together with item 14.1 since they overlap each other as far as item 18.1 in section B is concerned (compare table 5.22). The positive responses to this item do not fall in line with findings to item 18.1 in Section B.

Item 14.3 - Interpersonal skills. It is clear that in general the majority of respondents felt that the ward sister is conversant with interpersonal skills. These findings are somewhat at odds with the findings to item 5.1, table 5.32.

Item 14.4 - Research, 75.4% of respondents indicated that the ward sister is conversant with research.

TABLE 5.42

VIEWS OF RESPONDENTS WITH REGARD TO QUALITIES OF THE WARD SISTER (N=57)

Item	Qualities	1 %	2 %	3 %	4 %
15.1	Enthusiastic and interested	1.7	6.7	45.0	46.7
				91.7	
15.2	Provision of healthy conducive environment to patients' recovery	1.7	8.6	37.9	51.7
				89.6	

15.3	Concern with the nursing student's education and training	3.3	10.0	45.0	41.7 (86.7)
15.4	Acceptance of the nursing student as an individual with problems and needs	6.9	13.8	24.1	55.2 (79.3)
15.5	Concern and compassion	3.4	12.1	39.7	44.8 (84.5)
15.6	A good teacher and supervisor	3.8	7.5	35.8	52.8 (88.6)
15.7	Provision of regular feedback on quality of work performance	3.5	10.5	38.6	47.4 (86.0)

According to table 5.42, analysis of data is as follows:

Item 15.1 asserts that the ward sister is enthusiastic and interested in all she does and she is also knowledgeable and skilled. 91.7% of respondents were in agreement. The remaining percentage of respondents gave a different view i.e. 16.7% disagreed while 1.7% of respondents felt strongly that the ward sister is not enthusiastic or interested in all she does.

In item 15.2, 89.7% of respondents positively stated that the ward sister provides a healthy and pleasant climate conducive to patients' recovery. This implies that the ward sister is patient care orientated. Only 1.7% of respondents felt strongly against, while 8.6% of respondents did not agree.

Item 15.3 proposes that the ward sister is concerned with the nursing student's education and training. This item could be linked to item 15.6 which states that the ward sister is a good teacher and supervisor. As reflected in table 5.42, 86.7% and 88.6% of respondents agreed to items 15.3 and 15.6 respectively. The remaining percentage of respondents gave a different view in disagreement with the statement.

Item 15.4, 79.3% of respondents felt that the ward sister accepts them as individuals with problems and needs. 6.9% of respondents strongly disagreed while 13.8% of respondents were not in agreement.

Item 15.5 - concerned and compassionate. 84.5% of respondents stated that the ward sister is concerned and compassionate. This implies that the ward sister gives emotional support where applicable. The remaining portion of respondents disagreed with the above statement.

Item 15.7 suggests that the ward sister provides regular and realistic feedback on the quality of nursing students' work performance. 86.0% of respondents were in agreement with the above-mentioned statement while the rest of respondents disagreed (compare table 5.42).

5.36 THE LECTURER AS A ROLE MODEL

TABLE 5.43

DISTRIBUTION OF RESPONSES INDICATING VIEWS ON THE LECTURER AS A ROLE MODEL (N=59)

Item	Qualities	1 %	2 %	3 %	4 %
16.1	Facilitator of the learning process	3.3	5.0	63.3	28.3
				91.6	
16.2	Helps the nursing student to become self-directed learner	1.7	8.3	53.3	36.7
				90.0	
16.3	Creator of conducive learning climate	5.2	15.5	44.8	34.5
		20.7		79.3	
16.4	Designs plan and learning activities with nursing students	8.2	21.3	41.0	29.5
		29.5		70.5	

16.5	Makes nursing students to learn from corrections	10.7	14.3	42.9	32.1
		25.0		75.0	
16.6	Accepts nursing students' ideas and opinions	5.1	8.5	59.3	27.1
				86.4	
16.7	Demonstrates a genuine interests in nursing students as individuals	8.5	18.6	44.1	28.8
		27.1		72.9	
16.8	Displays confidence in her role as a professional and a teacher	6.7	5.0	50.0	38.3
				88.3	

This item is included to determine what role does the lecturer plays as a role model with regard to the professional socialization of nursing students. According to analysis of data as reflected in table 5.43, a high percentage of respondents agreed with item 16 (compare table 5.43).

5.37 THE CLINICAL INSTRUCTOR

TABLE 5.44

VIEWS OF RESPONDENTS WITH REGARD TO THE ROLE THE CLINICAL INSTRUCTOR PLAYS IN THE PROFESSIONAL SOCIALIZATION OF NURSING STUDENTS (N=57)

Item	Role of clinical instructor	1 %	2 %	3 %	4 %
17.1	Creates learning activities for nursing students	3.4	6.9	46.6	43.1
				89.7	
17.2	Guides and supports each nursing student	1.8	8.7	38.6	50.9
				89.5	
17.3	Provides regular feedback on work performance	3.6	10.7	42.9	42.9
				85.8	

A high percentage of respondents as reflected in table 5.44 indicate that the role the clinical instructor plays during the professional socialization of nursing students is important (compare table 5.44).

TABLE 5.45

VIEWS OF RESPONDENTS WITH REGARD TO THE ROLE THE CLINICAL INSTRUCTOR PLAYS IN THE CREATION OF LEARNING OPPORTUNITIES (N=55)

Item	Skills	1 %	2 %	3 %	4 %
18.1	To develop technical skills	1.8	10.7	48.2	39.3
				87.5	
18.2	To develop interpersonal and communication skills	3.6	12.7	45.5	38.2
				83.7	
18.3	To develop skills in problem-solving and decision-making	3.8	7.5	62.3	26.4
				88.7	
18.4	To develop independent judgement regarding nursing care needs	1.7	10.2	57.6	30.5
				88.1	

Positive responses given by respondents to item 18, support Mellish and Brink (1986:252) Compare table 5.45.

5.38 PEER GROUP INFLUENCE

TABLE 5.46

VIEWS OF RESPONDENTS WITH REGARD TO THE INFLUENCE THE PEER GROUP HAS IN THE PROFESSIONAL SOCIALIZATION PROCESS (N=58)

Item	Peer group influence	1 %	2 %	3 %	4 %	
19.1	Arrive at collective solutions to problems	6.7	5.0	58.3	30.0	88.3
19.2	Share emotional support and comfort	1.7	5.1	57.6	35.6	93.2
19.3	Learn a great deal from each other	1.7	3.4	53.4	41.4	94.8
19.4	Identify with the group	5.2	15.5	63.8	15.5	79.3
19.5	Adopt the values and attitudes of the group	10.2	22.0	47.5	20.3	67.8

The analysis of data as reflected in table 5.46, indicates that a high percentage of respondents agreed with above-mentioned statements. Compare findings in table 5.46.

TABLE 5.47

VIEWS OF RESPONDENTS WITH REGARD TO THE ROLE PLAYED BY THE PEER TEAM LEADER DURING ANTICIPATORY SOCIALIZATION (N=58)

Item	Peer team leader role	1 %	2 %	3 %	4 %
20.1	Enhances personal and professional growth	3.5	24.6	50.9	21.1
				72.0	
20.2	Encourages cohesiveness and closeness	5.1	15.3	57.6	22.0
				79.6	
20.3	Heightens a sense of responsibility for others and for self	1.7	22.4	50.0	25.9
				75.9	
20.4	Facilitates decision-making affecting the group and patients	1.7	15.5	58.6	24.1
				82.7	
20.5	Promotes confidence in fulfiling responsibilities of the peer team leader role	5.1	13.6	61.0	20.3
				81.3	

The positive responses in this item 20 are also in agreement with the reactions of respondents to item 19 (compare tables 5.46 and 5.47). A high proportion of respondents to both items 19 and 20 are in alignment with Ammon and Shroll (1988: 85-86).

TABLE 5.48

VIEWS OF RESPONDENTS WITH REGARD TO THE EFFECT OF PEER GROUP TEACHING ON THE NURSING STUDENT (N=58)

Item	The nursing student:	1 %	2 %	3 %	4 %	
21.1	Learns to pay particular attention to observation	0	5.1	78.0	16.9	94.9
21.2	Learns to assess and exercise judgement	0	3.4	78.0	18.6	96.6
21.3	Becomes independent and learns thoroughness	1.7	10.3	60.3	27.6	
21.4	Lays the foundation for future teaching as a professional nurse	0	13.8	55.2	31.0	86.2

21.5	Receives the opportunity to share her ideas and use her initiative	0	8.1	48.4 43.5 91.9
21.6	Learns to accept constructive criticism	1.7	8.5	62.7 27.1 89.8
21.7	Learns to evaluate her performance and that of others	1.7	1.7	65.5 31.0 96.5
21.8	Develops good communication skills	5.3	5.3	43.9 45.6 89.5

According to table 5.48, most respondents gave positive responses to item 21 while a small percentage of respondents felt that the peer group teaching does not have any effect on nursing students. The positive responses are in support to Mellish and Brink (1986: 194 - 195). Compare findings in table 5.48.

5.39 THE MEDICAL PRACTITIONER

TABLE 5.49

VIEWS OF RESPONDENTS WITH REGARD TO THE ROLE THE MEDICAL PRACTITIONER PLAYS IN THE PROFESSIONAL SOCIALIZATION OF NURSING STUDENTS (N=60)

Item	Learning experience	1 %	2 %	3 %	4 %
22.1	Professional knowledge	8.1	8.1 (16.2)	56.5	27.4 (83.9)
22.2	Norms and values of the profession	8.6	37.9 (46.5)	37.9	15.5 (53.4)
22.3	Professional skills	10.0	23.3 (33.3)	48.3	23.3 (66.6)

Item 22 is included in order to determine the views of respondents with regard to the role the medical practitioner plays in the professional socialization of nursing students.

According to table 5.49:

83.9% of respondents were of the opinion that the medical practitioner was of help to them for the acquisition of professional knowledge (item 22.1). The remaining 16.2% indicated that the medical practitioner has no role to play.

In item 22.2, 53.4% of respondents were in agreement that the medical practitioner assists them to acquire the norms and values of the profession, but 46.5% of respondents oppose the idea.

66.6% agreed that the medical practitioner helps the respondents to acquire professional skills but 33.3% disagreed with item 22.3.

5.40 THE PATIENT

TABLE 5.50

VIEWS OF RESPONDENTS WITH REGARD TO THE ROLE THE PATIENT PLAYS IN THE PROFESSIONAL SOCIALIZATION OF NURSING STUDENTS (N=61)

Item	Learning opportunity	1 %	2 %	3 %	4 %
23.1	Observation	1.6	1.6	36.5	60.3
23.2	History taking	0	0	30.0	70.0

According to analysis of data as reflected in table 5.50, 60.3% of respondents strongly agreed that they learn a great deal from the patient through observations, while 36.5% of respondents agreed. Only 3.2% of respondents did not agree to item 23.1

In item 23.2: History taking. All respondents 100% agreed that through history-taking, they could learn a great deal from the patient. The majority 70.0% strongly agreed that they learn from the patient through history taking which involves communication in order to determine patient care.

5.41 EMOTIONAL SUPPORT

TABLE 5.51

VIEWS OF RESPONDENTS WITH REGARD TO CERTAIN CATEGORIES OF PERSONNEL PROVIDING EMOTIONAL SUPPORT IN THE WARD (N=56)

Item	Category of personnel	1 %	2 %	3 %	4 %
24.1	Matrons	50.9	26.3	17.5	5.3
		77.2			
24.2	Ward sisters	17.5	21.1	49.1	12.3
		38.6		61.4	

24.3	Clinical instructors	7.1	8.9	51.8	32.1
				83.9	
24.4	Enrolled nurses	15.8	22.8	43.9	17.5
		38.6		61.4	
24.5	Enrolled nursing assistants	23.3	20.0	40.0	16.7
		43.3		56.7	
24.6	Medical practitioner	17.9	19.6	42.9	19.6
		37.5		62.5	
24.7	Patient	14.5	20.0	49.1	16.4
		34.5		65.5	

This item is included to determine if the above-mentioned categories of personnel give nursing students emotional support in the ward. According to analysis of data as shown in table 5.51, the following is shown:

Item 24.1 - Matrons. 77.2% of respondents indicated that matrons do not give emotional support while only 22.8% of respondents agreed that they do.

Item 24.2 suggests that ward sisters give emotional support to nursing students as indicated by 61.4% of respondents. These positive responses are interesting since they are somewhat at odds with the findings to item 5.1 (compare table 5.32). There is a need for further survey.

Item 24.3 - Clinical instructors. 83.9% of respondents who were of the opinion that clinical instructors always give them emotional support.

Item 24.4 - Enrolled nurses were viewed by 61.4% of respondents as providers of emotional support while 38.6% of respondents agreed.

Item 24.5 - Enrolled nursing assistants were regarded by 56.7% of respondents as some of the personnel in the ward who play a role in giving them emotional support but 43.3% of respondents gave a different view.

Item 24.6 - Medical practitioners as indicated by 62.5% of respondents, give emotional support to nursing students.

Item 24.7 - Patients. 65.5% of respondents received emotional support from patients in the ward but 34.5% did not agree.

5.42 SUBJECTS

TABLE 5.52

VIEWS OF RESPONDENTS WITH REGARD TO SUBJECTS THAT CONTRIBUTE TOWARDS DEVELOPMENT OF A PROFESSIONAL NURSE (N=58)

Item	Subject	1 %	2 %	3 %	4 %
25.1	Ethics	11.9	13.6	54.2	20.3
		25.5		74.5	
25.2	Ethos of nursing	8.5	8.5	59.3	23.7
				83.0	
25.3	Professional practice	1.6	3.3	52.5	42.6
				95.1	
25.4	Clinical nursing practice	3.4	1.7	55.9	39.0
				94.9	
25.5	General Nursing Science and Art	8.8	3.5	49.1	38.6
				87.7	
25.6	Sociology	10.5	12.3	45.6	31.6
		22.8		77.2	
25.7	Psychology	3.4	0	50.0	46.6
				96.6	

According to analysis of data as reflected in table 5.52, the following is shown;

- that 74.5% of respondents indicated that ethics (item 25.1) contributes positively in their development as professional nurses while 25.6% of respondents did not support the statement;

- that 83.0% of respondents agreed to item 25.2 - the ethos of nursing plays a major role in their development as professional nurses but the rest of respondents claimed that the ethos of nursing has no influence in their development.

- that professional practice (item 25.3) contribute greatly in their development as indicated by a high proportion of respondents i.e. 95.1%. The remaining percentage disagreed.

- that item 25.4 which proposes that clinical nursing practice could contribute a lot to the development of the respondents as professional nurses was agreed to by 94.9% of respondents. 3.4% strongly disagreed while 1.7% were of the opinion that clinical nursing practice has little effect on their development as professional nurses;

- that 87.7% of respondents indicated that their development greatly influences by General Nursing Science and Art (item 25.5) but 8.8% of respondents strongly disagreed while 3.5% of respondents disagreed;

- that Sociology (item 25.6) contributes positively to the development of respondents as agreed to by 77.2% and 22.8% of respondents gave a negative response.

- that a high proportion of respondents i.e. 96.6% assert that Psychology (item 25.7) plays a major role in their development as professional nurses while only 3.4% strongly opposed the idea.

5.43 SUGGESTIONS MADE BY RESPONDENTS ABOUT ASPECTS WHICH COULD ENHANCE PROFESSIONAL SOCIALIZATION OF NURSING STUDENTS AT UNIBO

Item 26 was included in order to provide the respondents with the opportunity to make suggestions with regard to aspects which could enhance professional socialization of nursing students at UNIBO.

The following suggestions, in order of priority, were made:

- constructive and adequate orientation of nursing students about nursing as a profession before the actual exposure to the clinical situation;

- Involvement of nursing students in the planning of learning activities both in theory and practice;

- adequate handling of nursing students' grievances by the Department of Nursing Science;

- Inter-university nursing students' forum for sharing of ideas, interests and feelings;

- good communication system between the Department of Nursing Science and nursing student body; and

- adequate exposure of nursing students in the clinical situation through internship of 6 months after completion of the program.

5.44 RESUME

The presentation of data analysis with brief discussions as to the interpretations and implications of the research findings was done.

CHAPTER 6

CONCLUSIONS, RECOMMENDATIONS AND CONCLUSIVE SUMMARY

The purpose of this chapter is to give conclusions of the total study, make recommendations and to provide conclusive summary in the light of research findings.

6.1 CONCLUSIONS

Conclusions arising from the study are derived from the information obtained from the literature study and analysis of data collected by means of a questionnaire distributed amongst respondents who participated in the study. They were nursing students enrolled for the Bachelor of Nursing Science degree program at the University of Bophuthatswana.

Conclusions are discussed under the following main headings:

- personal information;
- educational information regarding nursing; and
- professional socialization of nursing students.

6.1.1 Personal information

- Of the nursing students who participated in the study as respondents, 88.7% were females while 11.3% were males. These findings indicate that Nursing is a largely female profession (see chapter 1:10-11).

- The age of respondents fall into the age group 16 to 30 years. However, 81.3% were between 21 to 30 years and only 18.8% fell into the age group 16 to 20 years. This finding supports Fromer's (1981:15) view "Most nursing students

begin their professional socialization in late adolescence or early adulthood...." (See chapter 3:75). Havighurst (1972) according to Gerdes et al. (1981:17) indicates that adolescence is between 12 or 13 to 18 years and early adulthood is 18 to 35 years.

- With reference to marital status, it seems that the highest percentage of respondents (95.3%) were never married while only (4.7%) were married. This is interesting; it could be attributable to the fact that respondents came straight from high school to enter the nursing profession.

6.1.2 Educational information regarding nursing

- With regard to the number of years spent by respondents in the nursing profession, it appears that 21.9% had been in it for less than one year. This implies that their range of professional experiences and expectations were narrow allowing much room for personal and professional growth and development in the application of values to various situations encountered (Fromer, 1981: 15). It is interesting that there were no respondents between the one and two year category (0%). This could be due to a high attrition rate. "The problem of abandonment by nursing students has existed for many years throughout the world" (Fry et al. 1982: 22). However, reasons for this were not asked for, thus a further survey would be needed. 15 (23.4%) spent three and half years in nursing while 20 (31.3%) had four and half years

experience.

- In the Black community, pupils make career choices during high school particularly in their last year of schooling. It is therefore not surprising that the majority of respondents (78.2%) decided to enter nursing during high school and just before entering the university. This again could probably be attributable to the fact that in most schools pupils make their choice of subjects to be studied in standard 8. The researcher wondered if respondents had, in fact, chosen subjects appropriate to their chosen career. However, this information was not asked for.

- Perhaps the recent introduction of the comprehensive basic nursing education course at the university, has created learning opportunities for nursing students; that is why may be 60.9% of respondents chose nursing as their first university career.

- Helping sick people in the community, as well as the need in the community for nurses, was expressed by a high percentage of respondents (70.0%), indicating a strong motivation to render social service in the community. This implies commitment to a calling and to the health of the client, the patient, the family and the community in general (Moore, 1971: 8 and 80 -81 and Van Hooft, 1990: 211).

- The reasons stated by respondents as to why they registered for nursing could perhaps later have implications for the attrition rate due to professional disillusionment should their expectations not be met. 42.1% were influenced by career guidance, 31.6% indicated career indecision, 15.8% wanted to be financially independent while 10.5% were persuaded by parents. This indicates a need for objective selection of nursing students since their entry into the university is only based on matriculation results.

According to Kelman (1967) as indicated by Bezuidenhout (1982b:12), nurses are willing to accept the influence of professional culture because they believe in it in order to perform their role in accordance to the role expectations and obligations of the profession. This view was supported by 7.9% of respondents who indicated that they had previous nursing experience. This group of respondents is ready to continually acquire new and appropriate norms, values and professional ethical standards through the process of resocialization (Akers, 1985: 70) (compare chapter 2:40). 92.1% were commencing with professional socialization process which implies that their range of professional experiences and expectations was still narrow allowing room for personal and professional growth and development in the application of professional values to various situations (Fromer, 1981:15) (See chapter 3:75).

- In view of the aforegoing, respondents (7.9%) were engaged in the following nursing programs: enrolled assistant nursing, enrolled nursing, diploma in general nursing and degree in nursing.

  Of those respondents engaged in various nursing programs previously, (20.0%) had completed enrolled assistant nursing, (40.0%) had enrolled nursing but (20.0%) had not completed due to the following reasons: loss of interest and lack of money. With reference to the last mentioned, it implies that they might have been attracted by the comprehensive basic nursing degree program offered at the university and/or had inner drive which committed them to nursing profession as a calling.

- The preparation of nursing students to become fully-fledged competent and independent nurse practitioners in the clinical situation remains a problem as reported by Van Zyl (1989:6) in her study. This is attributable to the emphasis which is placed more on work demands than the acquisition of learning experiences and also many nurse tutors regard theory and practice as separate entities (see chapter 1:8). That is why 95.1% of respondents felt that they were inadequately prepared for demands in practice.

- With reference to the aforegoing, more than half the respondents indicated the following reasons as attributable to not being properly prepared for their roles as professional nurses in the clinical situation:

* 56.0% of respondents reported that learning activities not well planned which overlap with too much emphasis placed on routine work as opposed to learning needs. Their view supports Wannenburg's (1989:187) by expressing that higher level skill learning, rendering of total patient care and the transfer of what has been mastered from one situation to another cannot be meaningful, unless the nursing student has first internalized basic psychomotor skills. Wannenburg then suggests that in order to facilitate internalization of basic psychomotor skills there should be organization, selection and presentation of learning opportunities and activities consistent with the nursing student's learning needs.

* It is evident that the preparation of a nursing student into the role of a professional nurse in the clinical situation is inadequate due to insufficient time allocation for practical work. This is supported by respondents (23.7%), which could have implications for the planning and structuring of clinical practice.

* Lack of learning facilities in the clinical situation poses a problem for acquisition of learning experiences by nursing students for the roles of professional nurses as indicated by respondents (11.9%). This implies that the mastering of technical, technological, cognitive and affective skills is inadequate for rendering of a meaningful service to the consumer of health care.

- The preparation of nursing students in the classroom for meeting the demands in practice remains a problem due to the following reasons:

  * 22.2% of respondents reported a lack of learning facilities which bears the same implications as stated in paragraph 1:183.

  * 18.5% reported that learning activities were not well planned. This could interfere with adequate integration of theory and practice. The implications are the same as in paragraph 2:182

  * 27.8% of respondents reported that not enough time was given by the lecturer to ensure that nursing students' mastery of clinical nursing skills overlaps with lack of appropriate supervision by the lecturer, therefore they are taken together. Respondents are in agreement with Van Zyl's (1986:6) report that the majority of nurse tutors regard theory and practice as separate entities indicating that nursing students are not properly prepared for their

role as professional nurses (see chapter 1:8). This implies the necessity of accompaniment of nursing students in the clinical setting to facilitate teaching-learning process by the creation of necessary learning opportunities and provision of constructive feedback on the nursing student's learning needs and also the patient's nursing care needs (Wannenburg, 1989:187).

* 31.5% of respondents reported that too much emphasis was placed on memorization of facts rather than the application thereof. Wannenburg (1989:187) points out most aptly "The cognitive skills must logically continuously be integrated with the psychomotor skills, because without the necessary knowledge execution of nursing care is dangerous to the patient". This indicates a need for problem-solving teaching.

- Career guidance is one of the methods used for recruitment of prospective students for entering an occupation or a profession. It seems that this method had an influence on some respondents (51.6%) who entered into the nursing profession, while 48.4% did not receive career guidance.

- 31.4% of respondents reported that career guidance was an appropriate recruitment method because it was congruent with the actual nursing experience, but 68.8% denied this view. With reference to the latter, it would seem necessary for career guidance to facilitate recruitment; it should be

planned, structured and explicit, and comprehensive information should be supplied to prospective students.

- 72.7% of respondents reported that the following factors, could be considered as having a bearing on the expectations nursing students hold of nursing as a profession: books, television, radio or films. These findings correspond to Van Zyl's (1989:142 and 167) report that the greatest influence according to respondents (58:9%) came from the media and literature. Parents were another factor which played a major role as indicated by 69.8% of respondents followed by contact with an influential nurse as indicated by 65.4%. According to 63.5% of respondents, friends did not have any influence on their expectations of nursing.

The findings as reflected above, fall in line with Williams' (1983:399-402) description of the structure of the socialization process necessary for the transmission of cultural heritage throughout the lifespan process. (Compare chapter 2 :18-20); Smith's et al. (1971:422-423) and Roucek's and Warren's (1979:281) views on culture (Compare chapter 3:54).

- The majority of respondents (72.6%) felt that there was a high degree of integration between theory and practice in nursing practice. These findings confirm Van Zyl's (1989:138) report that 64.9% of respondents indicated that there was a correlation between theory and practice.

According to Wannenburg (1989:184), integration of theory and practice is not spontaneous but this may be facilitated by planning and the use of learning content and opportunities in the learning milieu including "the integration of cognitive learning in the criteria of clinical measuring instruments".

- The majority of respondents reported the following factors as contributing greatly towards the correlation between theory and practice: good communication between the university and the hospital staff (86.2%), a nursing student's involvement in decision making in the ward (83.1%), structured practice (82.5%), a nursing student's participation in planning her own learning activities (80.7%) as well as modular instruction (65.5%). These findings compare favourably with those of Van Zyl (1989:139) such as the link between hospital and training school (95.4%), modular instruction (92.0%), student's responsibility for their own instruction (78.9%), student's involvement in problem-solving in the ward (91.4%) and structured practice (91.3%).

- In the hospital there is more emphasis placed on work demands than on nursing students' learning needs. This creates a major problem in the preparation of nursing students for the roles of professional nurses as indicated by 88.9% of respondents. These findings support the findings in paragraph 3:181 (95.1%) as well as Van Zyl's (1989:6 and 185) statement (compare chapter 1:8).

- Bearing in mind the aforegoing, respondents indicated the following reasons as attributable to more emphasis being placed on work demands rather than on nursing students' learning needs:

  * More than half of the respondents (63.0%) agreed that ward sisters seldom teach them and 23.9% strongly agreed with this. These findings do not support Bergman's (1982:9) view that the professional nurse as a role model is accountable to the nursing student for promoting professional socialization and competence (see chapter 3: 89). Mellish and Brink (1986:8) emphasize that those entrusted with the preparation of nursing students must guide them along the path of knowledge to professional maturity to be independent, proficient, responsible and accountable nurse practitioners who accept responsibility for continuous learning, which forms part of their professional practice in order to remain professionally competent (see chapter 3:53-90). In addition to these viewpoints, Searle (1987:58) asserts that a professional nurse as a role model is a good teacher and supervisor (see chapter 2:44). The researcher felt that this aspect needs attention.

  * 70.0% of respondents reported that in the hospital, nursing students do non-nursing duties. This implies that the caring aspect which is the essence of nursing is not meaningful. These findings do not support Bevis'

(1982:125) description of caring (compare chapter 3:77), and Raatikainen's (1989:95) emphasis on professional education and training (compare chapter 3:86:87). This aspect calls for immediate attention.

* A high percentage of respondents (85.1%) felt that in the hospital learning opportunities are not created. This indicates that nursing students are not properly prepared for their roles as professional nurses as reported by Van Zyl (1989:6) in her study. The implication are the same as in paragraph 2:182.

* Planning of learning activities remains a major problem in the hospital as indicated by 92.3% of respondents. These findings compare favourably with the above-mentioned findings and the implications are similar.

- Wincor and Smythe (1984:130) quoting Corwin et al: (1961) point out that during the initiation process into the nursing role, nurses are subjected to many idealized professional and educational expectations with development of unreasonable expectations for the self, colleagues and the profession. When these expectations are confronted in reality, professional disillusionment takes place contributing to a high degree of job stress. That is why more than half of respondents (62.9%) felt that the expectations they hold of nursing as a profession are not realized. These findings support Fry's et al. (1982: 23-24) report that 42.1% felt that nursing did not meet their expectations.

With reference to the above-mentioned, respondents indicated the following reasons:

* The majority of respondents (82.5%) expressed that nursing was too demanding (long working hours).

* 69.2% of respondents felt that nursing was not too difficult.

* 82.9% of respondents reported too much theory and not enough practice. This could have implications for the utilization of modular instruction and problem-solving teaching. In addition, see paragraph 3:182 since implications are the same.

* 56.4% of respondents enjoyed nursing.

* 94.9% of respondents reported that ward sisters' attitudes to nursing students is discouraging. This could be a contributory factor for ward sisters seldom teach nursing students as indicated by 63.0% of respondents in page 187 which could then result in a high attrition rate (compare findings on number of years being a nursing student paragraph 3:178-179.

* 77.0% of respondents report that discipline too strict. This finding overlaps with the finding that too much emphasis on respect to seniors without expression of opinions, ideas or feelings reported by 94.5% of respondents. These findings support Cohen (1981:139-142) that throughout education and training nursing students internalize traditional values of obedience and submissiveness inherent in the nursing culture. They carry out assignments from doctors or other members of the profession without questioning or resisting, failing which they could be labelled troublemakers. In addition, Wincor and Smythe (1984:130) point out that nurses are faced with expectations that following instructions by being obedient override independent critical judgement or problem-solving skills.

- Fry et al. (1982:22), quoting Birch (1975) point out that abandonment amongst nursing students has remained a problem for many years worldwide. The following were regarded by respondents as reasons which would make them leave nursing:

* More than half of respondents (69.8%) claimed that poor interpersonal relationships would make them to leave nursing. This could be taken together with being humiliated by superiors (73.7%) since they overlap.

These findings compare favourably with findings in paragraph 6:189. Fry et al. (1982:24) reported that 40.0% indicated similar reasons as stated. These findings are in agreement with Bond's (1986:27) view that the education system tends to place more emphasis on technical, cognitive, communication, rather than emotional skills. Bond (1986:134-136), quoting Sheila Hillier's observation of the nursing culture, claims that nurses are more caring towards patients but caring is lacking amongst themselves. Rather shame and ridicule are used to maintain acceptable codes of behaviour.

* 86.0% of respondents reported that exposure to patients' suffering and dying could not be the reason for leaving nursing.

* 51.8% of respondents reported that conflict between theory and practice in nursing would make them leave nursing. The findings support Corwin's et al. (1961) view as quoted by Wincor and Smythe (1984:130) (Compare paragraph 4:188).

- Mellish and Brink (1986: 6-8) point out that those entrusted with the preparation of nursing students must take cognizance of criteria of the profession in order to guide them along the path of knowledge to professional maturity. Their work as professional nurse practitioners is based on the motive of service with the welfare of the patient or client being their top priority and a high degree of responsibility and accountability for

professional acts based on ethical standards of professional conduct. More than half of respondents (69.4%) indicated that what is practised in nursing conflicts with what has been taught. These findings denote counter-productive professional socialization.

- In view of the above-mentioned, the following were regarded by respondents as reasons which cause nursing practice to conflict with what is learned in theory:

* 66.6% of respondents reported that nurses do not care about patients and 77.3% stated that nurses do not act according to prescribed standards. Their views agreed with Fromer (1981:X1) who describes nurse practitioners as uncaring without love, insensitive and hardened to patients' needs and often not caring about the social and ethical patterns of professional practice. It can then be deduced that this type of nurse practitioners portray a negative image to nursing students who are under their guidance and direction. They are also not reflecting what Mellish and Brink (1986:6-8) view as stated in paragraph 4: 191).

6.1.3 Professional socialization of nursing students

- The majority of respondents agreed that the nursing students' expected outcomes during the process of professional socialization are as follows:

* Getting rid of inconsistent conceptions by legitimized professional views (78.1%), development of professional expectations and related values (89.2%), resolution of inner conflict or uncertainty concerning the profession (83.3%) and lessening the discrepancy between views of the profession and the actual reality (80.0%). Their positive views support Siegel (1968:403) (See chapter 1: 6-7).

- It is clear that in general the highest percentage of respondents were of the opinion that the following factors contribute positively towards the development of a professional nurse:

* Constant supervision by ward sisters was indicated by 83.6% of respondents as an important factor for the development of a professional nurse. These findings are in agreement with Van Zyl's (1989:137 and 166) report that 65.1% of respondents stated that ward sisters had a positive influence on their preparation for the role of a ward sister.

* 96.6% of respondents agreed that guidance by clinical instructors contributes towards the development of a professional nurse. Their positive reaction supports Van Hoozer's et al. (1987:200) view (compare chapter 2:46-47).

* Provision of effective learning opportunities was considered by 95.0% of respondents as contributing

positively towards development of a professional nurse. These findings compare favourably with Van Zyl's (1989:137) that 83.1% indicated that utilization of learning opportunities also had a positive contribution on their preparation for the role of a ward sister. Both findings are in agreement with Wannenburg's (1989:187) report "By organizing selecting and presenting learning opportunities consistent with the student's learning needs, higher level skill learning, handling of total patient care situations and transfer of what has been mastered from one situation to another can be facilitated".

* Provision of regular feedback on quality of work performance was regarded by 93.0% of respondents as an important factor. These findings are in agreement with Wannenburg's (1989:193) recommendation "By providing regular reedback, using clear, precise and measurable evaluation criteria, the student is encouraged to become more self-evaluative and actively involved in the learning process".

* A nursing student's own motivation and interest was indicated by 93.1% of respondents as contributing positively towards the development of a professional nurse. These findings compare favourably with Van Zyl's (1989:137 and 166) by reporting that 98.4% agreed that own motivation and interest contributed positively towards their preparation as ward sisters.

- Half of the respondents (58.7%) strongly agreed that continuous and effective supervision ensures a high standard of performance and (33.3%) agreed. This implies that quality patient care is maintained.

- 58.7% of respondents disagreed that a positive, creative and supportive climate prevails in the ward and thus learning is not enhanced. This supports Van Zyl's (1989:142) report which states that 51.6% of respondents indicated that the atmosphere in the wards is not conducive for learning to take place.

- In view of the above-mentioned, the following are regarded by respondents as reasons which make the climate in the ward not positive, creative and supportive for learning :

* The fact that ward sisters are unfriendly was considered by 61.5% of respondents as the reason for the climate in the wards not being conducive for enhancement of learning. These findings compare favourably with findings in paragraph 3:190-191 that 69.8% of respondents indicated that they will leave nursing due to poor interpersonal relationships and 73.7% stated being humiliated by superiors as one of the reasons for leaving nursing.

* Half of the respondents (55.5%) were of the opinion that doing non-nursing duties does not enhance learning. This implies that their learning needs are not adequately met and also patient care is not sufficiently rendered.

* Doing too much routine work was considered by 81.9% of respondents as not conducive to learning. These findings do not support Raatikainen's (1985:95) emphasis that professional education and training be geared towards providing a profound and comprehensive knowledge which will enable nurses to meet adequately the various needs of the consumer of health care delivery system by practising nursing in a creative problem-solving and scientific analysis which prevent a routine-like approach to work.

* 57.9% of respondents indicated that not receiving feedback on work performance does not enhance learning. This implies that what is practised in the wards does not encourage self-directed learning amongst nursing students so that they become more self-evaluative and active participants in the learning process. This could be facilitated by the provision of constructive feedback to nursing students through the use of clear, precise and measurable evaluation criteria as recommended by Wannenburg (1989:193).

* 57.5% of respondents felt that they were not regarded as health team members which indicates counter-productive professional socialization. These findings are not in agreement with Van Zyl's (1989:144) report that 98.0% of respondents indicated that as part of health team members, they assumed a positive responsibility for patient care.

This will later make their adjustment easier as professional nurses.

Bearing in mind the above-mentioned reasons as indicated by respondents, it can be deduced that the professional socialization process and competence is not adequate for the preparation of nursing students to become competent, safe nurse practitioners.

- 51.6% of respondent's reported that work in the ward is usually done according to prescribed standards. The positive responses could perhaps be in agreement with Van Zyl's (1989:142) findings that 70.8% agreed that the work in the ward was done according to prescribed standards.

- The majority of respondents (74.2%) felt that the health team members do not accept them as individuals with problems and needs. These findings support findings in paragraph 3:196.

- Kotze' (1984: 17-22) emphasizes that during professional socialization, the nursing student should be given opportunities for sharing her ideas and for using her

initiative in order to develop leadership skills. According to analysis of data, the majority of respondents (71.7%) did not receive the opportunity of being team nursing leaders. This implies that nursing students are not adequately prepared for leadership role which will be their area of functioning as professional nurses.

- Once the nursing student enters into nursing, she becomes a member of the professional group by registering with the Bophuthatswana Nursing Council or the South African Nursing Council. She is then committed to a calling into which she is to be orientated. It is also emphasized in the literature that the nursing student has commitment to the nursing profession by demonstrating the following behaviour as indicated by respondents:

* acceptance of responsibility for continuous learning (96.6%), acceptance of responsibility for those in need of care (87.7%), behaving and acting in accordance to prescribed regulations for professional practice (83.0%), acceptance of nursing practice standards (73.7%) and strict adherence to professional code of ethics with public welfare as the primary concern (70.2%) (See Mellish and Brink 1986: 8 and Searle, 1987:258).

- In general the majority of respondents agreed that the nursing profession demands the following from each member with commitment to the health of the consumer of health care delivery system:

* ethical control of professional conduct by members (93.3%), service to mankind and respect for human life (90.2%), commitment to continuous learning for personal and professional knowledge (86.5%), recognized status of law (84.8%) and a high degree of accountability for professional acts (83.0%). These positive responses support Mellish (1988:70-71) (See chapter 3:62-63).

- The Bophuthatswana Nursing Council as a professional organization is a statutory body responsible for the preservation and development of the profession by setting and enforcing standards of education and practice for those licenced to practise nursing. More than half of the respondents (62.7%) were in agreement with the statement. This positive reaction supports Styles (1983:570-575) (compare Chapter 3: 63-64).

- 75.1% of respondents opposed the view that the Bophuthatswana Nursing Association (BONA) attends to the social and general welfare of its members. Their negative response was not in agreement with Styles (1983:750-757) (Compare Chapter 3: 63-64). The reason for this could be that nursing students are ill-informed about BONA.

- The political revolutionary climate prevailing in Southern Africa has a tremendous impact on the nursing profession as has been observed by the recent unrest in the health industry in South Africa. 62.9% of respondents indicated that they would rather turn to trade unions to settle their grievances without the concern of the Nursing Association. These findings are in agreement with the findings in paragraph 4:199. There is a need for a further survey in this area.

- Thompson (1983:11-13) indicates that the ward sister as a role model, has major impact on professionalism. She possesses knowledge expertise with clinical nursing proficiency, interpersonal skills and is capable of conducting research. The reactions of respondents as indicated below, are in support of the above-mentioned description of a ward sister as a role model:

*A high proportion of respondents (85.9%) claimed that the ward sister is conversant with theory. This positive reaction is somewhat at odds with the findings in section B paragraph 2:187.

*96.8% of respondents reported that the ward sister is conversant with clinical nursing skills. These findings are somewhat at odds with the findings in Section B paragraph 2:187.

* The majority of respondents (81.4%)indicated that a ward sister has interpersonal skills. This again is somewhat at odds with the findings Section B paragraph 6:189.

* 75.4% of respondents claimed that the ward sister is conversant with research.

- It is evident that in general, as indicated by the majority of respondents, the ward sister possesses the following qualities: enthusiasm and interest (91.7%), provides a healthy conducive environment to patients' recovery (89.6%), is a good teacher and supervisor (88.6%), is concerned with the nursing student's education and training (86.7%), provides a regular feedback on quality of work performance (84.0%), is concerned and compassionate (84.5%) and accepts the nursing student as an individual with problems and needs (79.3%). These positive reactions are in agreement with Mellish and Brink (1986:173) and Searle (1987:58).

- The lecturer is considered to be a role model with the following qualities as indicated by most of respondents: facilitates the learning process (91.6%), helps the nursing student to become a self-directed learner (90.0%), displays confidence in her role as professional and teacher (88.3%), accepts nursing students' ideas and opinions (86.4%), creates a conducive learning climate (79.3%), makes nursing students learn from corrections

(75.0%), demonstrates a genuine interest in nursing students as individuals (72.9%) and designs and plans learning activities with nursing students (70.5%).

- The nursing clinical instructor plays a vital role in the professional socialization of nursing students. Van Hoozer et al. (1987:200) assert that the clinical instructor as an effective role model consciously portrays to nursing students good ethical conduct, empathy, respect for human life and respect for patients and colleagues and she is self-confident that is why a high percentage of respondents indicated that a clinical instructor creates learning activities for nursing students (89.7%), guides and supports each nursing student (89.5%) and provides regular feedback on work performance (85.8%).

- In addition to the aforegoing findings, respondents also support Mellish and Brink (1986:252) by further stating that the clinical instructor creates learning opportunities for nursing students to develop skills in problem-solving and decision making (88.7%), to develop independent judgement regarding nursing care needs, (88.1%) to develop technical skills (87.5%) and to develop interpersonal and communication skills (83.7%).

- According to Lovell (1980:162-163) and Ammon and Shroll (1988: 85-86), the peer group has a tremendous influence on the professional socialization process of nursing students. The following reactions as indicated by respondents, support both authors: learn a great deal from each other (94.8%), share emotional support and comfort (93.2%). arrive at collective solutions to problems (88.3%), identify with the group (19.3%) and adopt the values and attitudes of the group (67.8%) (compare chapter 2 :48-49).

- During education and training, the nursing student is repeatedly receiving the opportunity to assume the role of the professional nurse before she actually becomes a professional nurse. Ammon and Shroll (1988: 85-86) point out that professional role enactment occurs when the nursing student assumes a peer team leadership role. This perception has been supported by the majority of respondents by indicating that the peer team leadership role: facilitates decision-making affecting the group and patients (82.7%), promotes confidence in fulfilling responsibilities of the peer team leader role (81.3%), encourages cohesiveness and closeness (79.6%), heightens a sense of responsibility for others and for self (75.9%) and enhances personal and professional growth (72.0%).

- Bearing in mind the afore-mentioned, the peer team leadership role will be reinforced during peer group teaching. A high percentage of respondents were in agreement with the statement by stating that during peer group teaching, the nursing student: learns to assess and exercise judgement (96.6%), learns to evaluate her performance and that of others (96.5%), learns to pay particular attention to observation (94.9%), receives the opportunity to share her ideas and use her initiative (91.9%), learns to accept constructive criticism (89.8%), develops good communication skills (89.5%), becomes independent and learns thoroughness (87.9%) and lays the foundation for future teaching as a professional nurse (86.2%). These positive reactions support Mellish and Brink (1986:194-195) (see chapter 2:49).

- Bezuidenhout (1982b:12)speculates that by observing and imitating the behaviour and actions of other members of the profession and that of the health team members, the nursing student will assimilate and integrate all she has perceived into her inner being. This occurs during the process of professional socialization. In support of this viewpoint, respondents were of the opinion that the medical practitioner guides and assists the nursing student to acquire professional knowledge (83.9%), to develop professional skills (53.4%) and to internalize norms and values of the profession (66.6%) (See chapter 2:50).

- The patient as the consumer of health care delivery system also plays an important role in the professional socialization of the nursing student. In support of the statement, 100% of respondents agreed that they learn the disease processes from the patient through history taking which involves communication to determine the patient's health needs, and through observation and supervision (96.8%).

- In the ward respondents indicated that they received continuous emotional support from the following persons:

* 83.9% of respondents reported that they received continuous emotional support from clinical instructors.

* 65.5% of respondents reported that through interaction with the patient, they received emotional support.

* 62.5% of respondents indicated that the medical practitioner plays a role in provision of emotional support.

* 61.4% of respondents reported that an enrolled nurse is capable of providing emotional support.

* 61.4% of respondents indicated that they received support from the ward sisters.

* 56.7% of respondents reported that enrolled nursing assistants also provided them with continuous emotional support.

* 77.2% of respondents indicated that matrons are not involved in the provision of emotional support to nursing students. This causes concern.

- Respondents reported that the following subjects contribute towards the development of a professional nurse: Psychology (96.6%), Professional practice (95.1%), Clinical nursing practice (94.9%), General nursing science and art (87.7%), Ethos of nursing (83.0%), Sociology (77.2%) and Ethics (74.5%).

- In order to enhance professional socialization of nursing students at UNIBO, the following suggestions in order of priority, were made by respondents:

* Constructive and adequate orientation of nursing students about nursing as a profession before the actual exposure to the clinical situation. Immediate attention is needed in this area.

* Involvement of nursing students in the planning of learning activities both in theory and practice.

* Adequate handling of nursing students' grievances by the Department of Nursing Science. This area needs an immediate attention.

* A good communication system between the Department of Nursing Science and the nursing student body. Immediate attention is needed in this area.

* adequate exposure of nursing students in the clinical situation through internship of 6 months after completion of the program.

* An inter-university nursing students forum for sharing ideas, feelings and interests.

In conclusion, it is evident that there are serious problems as far as the preparation of the nursing student, which is regarded as a socialization process as well as an educational process, is concerned. In the light of views as expressed by respondents, the nursing student is not properly guided and assisted along the path of professional culture to professional maturity for professional role taking. The lack of emotional support, poor communication system and inadequate teaching-learning process that prevail have a negative influence on the nursing student's professional image resulting in counter-productive professional socialization of the nursing student.

Thus far the following hypothesis as formulated has been confirmed:

"The existing elements in the nursing curriculum at UNIBO do not provide for optimal professional socialization of nursing students during their education and training".

6.2 LIMITATIONS OF THE STUDY

Since research was a non-current study, which was conducted only at UNIBO by using Black nursing students, the results and findings thereof cannot be viewed as representative of all nursing students in Bophuthatswana or possibly in the Republic of South Africa.

6.3 RECOMMENDATIONS

From the preceding conclusions, the following recommendations are made with respect to:

- Education and training
- Communication system
- Inservice education
- An inter-university nursing students forum
- Further research

6.3.1 Education and Training

6.3.1.1 Orientation

In nursing orientation is a fundamental requirement for the provision of safe nursing cae. This should be structured and planned to facilitate successful adjustment of nursing students for professional role taking. Orientation of the first year nursing students before actual exposure to the clinical nursing situation is of vital importance for safe patient care. At least a one month period to master the basic psychomotor skills and acquiring information on nursing as a profession is required.

Orientation of the prospective students could be made possible by providing career guidance teachers with comprehensive information concerning nursing, as well as exposure of these students to the realities of nursing before they enter into nursing, for example a scholar course offered in conjunction with the hospital and the university.

Orientation is a continuous learning process which takes place when a member, whether new or old, is allocated to a new unit or ward.

In the orientation program, the study attitudes and study hints should be included.

6.3.1.2 Structured and planned clinical nursing practice

There must be a structured and planned clinical nursing practica by all involved in the nursing student's educational training program, that is the ward sisters, clinical instructors and the nursing lecturers, and the implementation thereof. This will make the integration of theory and practice meaningful for the attainment of the nursing curriculum goals.

6.3.1.3 Learning opportunities

Selection, organization and the presentation of optimal learning opportunities and activities compatible with the nursing student's learning needs in accordance with the nursing curriculum objectives will enhance the internalization of the basic psychomotor skills so that patient care, intellectual and affective skills and the teaching-learning process become meaningful thus promoting the professional socialization process and competence (Wannenburg, 1987:187).

6.3.1.4 Constructive and positive feedback

Provision of constructive and positive feedback on work performance by using a clearly defined and precise evaluation performance criteria will enhance the teaching-learning process (Wannenburg, 1989:188).

6.3.1.5 Modular instruction and problem-solving teaching

Utilization of modular instruction and problem-solving teaching will promote self-directed learning to:

- enable the nursing student to develop good study habits hence better use of time;

- assist the nursing student to acquire problem-solving skills as well as decision-making skills;

- increase the nursing student's self-motivation; and

- enable the nursing student to develop communication, inter personal and teaching skills.

6.3.2 Communication system

It is recommended further that the Department of Nursing Science establishes and maintains an effective communication system with all involved in the nursing students' educational training program, namely at the hospital and community services. This will facilitate a positive, creative and supportive climate conducive for learning. This could be made possible by the establishment of a committee consisting of some members from the Department of Nursing Science, hospital and community services and two nursing student representatives. Meetings should be held on alternative months.

The Department of Nursing Science should establish a committee for nursing student affairs consisting of four members of staff and three nursing students to facilitate communication between the Department and the nursing student body. This will also maintain and establish rapport between the members of staff and the nursing student body. Meetings should be held on monthly basis.

6.3.3 Inservice education

Inservice education should be offered on interpersonal skills for both the hospital personnel as well as the members of the Department of Nursing Science so that effective and constructive handling of nursing students' grievances is facilitated and self-respect and respect for others' individuality and dignity is enhanced. The inservice education should be done by experts in that field.

6.3.4 Inter-university nursing students forum

The establishment of the inter-university nursing students forum to create a platform for nursing students to share ideas, feelings, experiences and interests in order to develop their professional identity thus preventing professional disillusionment.

6.3.5 Further research

It is also recommended that research is needed into the following:

6.3.5.1 Evaluation of the Bachelor of Nursing Science curriculum at the University of Bophuthatswana.

6.3.5.2 Attitudes of ward sisters and their influence on the Bachelor of Nursing Science degree nursing students.

6.3.5.3 The question of accountability of the ward sisters to nursing students, and how this can be achieved.

6.3.5.4 Identification of factors which contribute to the attrition rate amongst nursing students at the University of Bophuthatswana.

6.3.4.5 The role the Bophuthatswana Nursing Association plays in the maintenance of the social and general welfare of its members.

6.3.5.6 Whether trade unionism should be allowed in the health industry with particular reference to the nursing profession.

6.3.5.7 Values, norms, standards, ethical and philosophical foundation of nursing should be explored and developed

and be included into the curriculum as a component for the professional socialization of the nursing student.

6.4 CONCLUSIVE SUMMARY

6.4.1 The reason for embarking on this study

The choice of the study originated from the increasing concern of the researcher about nursing students leaving nursing in order to join other disciplines within and outside UNIBO. For those still remaining in the nursing profession, there is increasing professional disillusionment observed by limited participation in professional matters such as attendance at the Bophuthatswana Nursing Association regional monthly meetings, absenteeism in the service and inconsistent images of the profession held by nursing students. There seems to be a problem with the preparation of nursing students for professional role enactment. The impression gained is that successful professional socialization of nursing students according to standards laid down by the profession is not possible.

6.4.2 The purpose of the study

The purpose of the study was as follows:

To identify the elements in the nursing curriculum at UNIBO that contribute to the professional socialization of nursing

students during their education and training.

To arrive at the purpose of the study a literature review was carried out to set in perspective the professional socialization of nursing students as a professional role taking process and professional culture as a path to professional maturity in nursing.

The empirical investigation was done at UNIBO, situated in Mmabatho, the capital city of Bophuthatswana. Black nursing students enrolled in the Bachelor of Nursing Science degree program were included in the study.

6.4.3 Professional socialization of nursing students

After the review of literature on professional socialization as a professional role taking process of nursing students, the researcher has come to conclusion that the preparation of nursing students entails a socialization process as well as an educational process. This preparation occurs through nursing education and training which is the central aim of the nursing curriculum and also a special feature of professional socialization for the maintenance of professional continuity. It has been found that professional socialization is a complex, dynamic, interactive and lifelong learning process beginning once one decides to enter into nursing. There is transmission of professional cultural heritage from one member to the next through imposing of controls and initiative.

Socialization cycles and developmental stages of professional socialization are interrelated. Therefore during the developmental process, the nursing student is transformed into a fully fledged responsible member of the professional nursing community. She is developed personally and professionally to become critical, analytical and sensitive to the needs of the community and having respect for human life.

The social influence, comprising compliance, identifiction and internalization, is a learning process for change in attitides and behaviour of the nursing student resulting in a professional role acceptance displayed by a willingness to be influenced.

Anticipatory process and resocialization are preparatory processes which enhance adjustment for nursing student to the professional role, which is crucial to professional role enactment.

Socializing agents as role models are key figures in the professional socialization process because of their influence on the content of the nursing curriculum by regulating the amount of theory in relation to practice. They also enforce social control formally or informally to ensure conformity to norms, values, ethical and professional standards for the preservation of a professional culture. Socializing agents influencing professional socialization are the ward sister, nursing lecturer, clinical instructor, peer group, medical practitioner and the patient.

6.4.4 Professional culture

Through interaction with the profesional group members and members of the health team, the nursing student obsrves and imitates their behaviours and actions; she internalizes the professional culture, ethical and professional standards by accepting the influencing culture of the nursing profession. In turn she assimilates and integrates all she has perceived into her inner being.

Those entrusted with the preparation of the nursing student should take cognizance of the criteria of the profession in order to guide her along the path of knowledge to professional maturity culminating in an independent, proficient, responsible and accountable nurse practitioner who accepts responsibility for continuous learning in order to remain professionally competent and capable of using independent ethical judgement in any situation.

The Bophuthatswana Nursing Council and Bophuthatswana Nursing Association as professional organizations, are statutory bodies independent of each other; they prescribe rules to maintain and promote order in the professional nursing practice for professional continuity.

The nursing philosophy evolved from a religious foundation, is a pool of values such as responsibility, respect for human life

and dignity, sacrifice, faith, love and caring which is the esence of nursing. The education and training of the nursing student should be based on the philosophy of nursing, of personal philosophy and of Bophuthatswana so that she is guided along the path of the Christian faith, and sense of duty in order to form a raltionship with God. Traditionally nurses are intiated into their profesional ranks by lighting a lamp and taking a pledge of service which symbolizes nurses' profesional commitment and a promise to society. The nurse is regarded as a light of hope, faith, knowledge, strength, courage and love for those entrusted under her care.

A fully fledged professional nurse has commitment to a calling with the purpose of rendering service to mankind without discrimination on the basis of nationality, race, belief, colour, economic status, friendship or enmity. She is also responsible for the administration of departmental or unit control, education and research. She is accountable to the patient and his family; to nursing students for promoting professional socialization and competence; to colleagues and other health team members by maintaining and promoting a good working relationship; to the nursing profession by keeping abreast; to the employing body, the Bophuthatswana Nursing Council, by keeping her name in the register; and to God.

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APPENDIX 1 : THE SOUTH AFRICAN NURSES'PLEDGE OF SERVICE

APPENDIX 1

THE SOUTH AFRICAN NURSES' PLEDGE OF SERVICE

I solemnly pledge myself to the service of humanity and will endeavour to practise my profession with conscience and with dignity.
I will maintain by all the means in my power the honour and the noble traditions of my profession.
The total health of my patients will be my first consideration.
I will hold in confidence all personal matters coming to my knowledge.
I will not permit considerations of religion, nationality, race or social standing to intervene between my duty and my patient.
I will maintain the utmost respect for human life.
I make these promises solemnly, freely and upon my honour.

(According to Mellish (1988: 186)

APPENDIX 2 : THE NURSE'S CREED BY ERNST VAN HEERDEN

APPENDIX 2

THE NURSE'S CREED PREPARED BY ERNST VAN HEERDEN FOR THE NURSES OF SOUTH AFRICA

I believe that the honourable profession I am now entering confers on me not only a privilege but also an immense responsibility. I shall endeavour to be worthy of both and to fulfil my duties with dedication and fortitude. In the complex curative organization I hope to aid the physician in my own special and indeed indispensable way.

Compassion for my patients will be the lodestar of my life, for without a sense of pity and generosity my work will become merely an impersonal mechanical trade.

That is why I propose to make my own contribution - small though it might be - towards the humanizing of our art, towards the spiritual and physical needs of those placed in my care.

I am intensely aware of the vulnerability of man and the frail structure which the human body is. That I am able to apply myself to the amelioration of suffering, consolation in sorrow and assurance in despair; these are the sources of my gratitude and joy.

I see myself as the sounding-board for my patients in their discomfort, pain and fear and I shall at all times consider them as individuals with their own special qualities and needs. Each one of them is to me an embodiment of the wonder of life which it is my duty in all humility to sustain.

I shall devote myself to the maintenance of the highest standards in my profession, to respecting the norms and values set by my teachers.

At all times I wish to bear in mind the example of the noble women who preceded me and hope that I too may be for many 'the lady with the lamp', a beacon in a world of darkness and suffering.

Ultimately I see my work as an expression of love, a love that transcends differences of race, creed, religion and social standing. So may my daily striving embody a universal truth - that of faith, hope and charity, and the greatest of these is charity.

(According to Mellish (1988:186-187)

APPENDIX 3 : CORRESPONDENCE (UNIBO)

University of Bophuthatswana
Department of Nursing Science
Private Bag X2046 MAFIKENG 8670
Republic of Bophuthatswana
Telephone (01401) 21171/5
Telex : 3072 BP
Telegram : UNIBO

Date 14 August 1989

Your reference

Our reference

The Dean for School of Health & Social Sciences
University of Bophuthatswana
Private Bag X2046
MMABATHO
8681

Dear Professor Chuenyane

DATA COLLECTION FOR A RESEARCH STUDY FROM THE BACHELOR OF NURSING SCIENCE STUDENTS IN THE UNIVERSITY OF BOPHUTHATSWANA

I am a Junior Lecturer in the Department of Nursing Science, School of Health and Social Sciences, University of Bophuthatswana. I registered for Master's Degree in Nursing Education at Potchefstroom University for Christian Higher Education under the supervision of Professor F De Villiers - Head of Department of Nursing Science.

In order to fulfil the requirements of a research on "Professional socialization as a curriculum component for training of Black nursing students at the University of Bophuthatswana", I have to collect data from the first, second, third and fourth year Bachelor of Nursing Science Degree students. The purpose of a research study is to assess what contributions could be made by the nursing curriculum towards professional socialization of Black nursing students during their training in the University of Bophuthatswana so that they develop into true professional practitioners.

I therefore seek your permission to administer a questionnaire on the Bachelor of Nursing Science Degree students as stated above. I have obtained permission from Mrs M Kau - Head of the Department of Nursing Science. Students' participation will be voluntary and according to appointments made.

I intend to collect data in August and September, 1989.

Thanking you in anticipation for your support.

Yours sincerely

B. A. Mokwena 14/08/1989

MS B A MOKWENA
RESEARCHER

3.2

MEMORANDUM

University of Bophuthatswana

Dean's Office - H & S.S.

22 August 1989

Prof M.R. Malope
Vice Chancellor

Re: MS MOKWENA'S REQUEST TO CONDUCT RESEARCH AT UNIBO

At its meeting on Monday, 21 August 1989 the Academic Board Executive of the School of Health and Social Sciences received and considered Ms B.A. Mokwena's (a junior lecturer in the Department of Nursing Science) request to conduct research at UNIBO using nursing students. The Executive Board resolved to support her application and to recommend that she be allowed to conduct her research. Ms Mokwena's formal letter of application and a copy of the questionnaire she intends to use are attached for your consideration.

Prof Z. M. Chuenyane
DEAN: SCHOOL OF HEALTH AND SOCIAL SCIENCES

Attach.

Prof Chuenyane.

Approved
M Malope
22/8/89

University of Bophuthatswana
Department of Nursing Science
Private Bag X2046 MAFIKENG 8670
Republic of Bophuthatswana
Telephone (01401) 21171/5
Telex : 3072 BP
Telegram : UNIBO

Date 14 August 1989

Your reference

Our reference

Dear Student

QUESTIONNAIRE: STUDENT'S VIEWS ON PROFESSIONAL SOCIALIZATION OF NURSING STUDENTS AT THE UNIVERSITY OF BOPHUTHATSWANA

I enclose the attached questionnaire. Please read each question carefully and answer each one accurately and honestly. Your answers will provide data for a research on Professional Socialization of Nursing students at the University of Bophuthatswana. It is hoped that your views will contribute towards future planning of the curriculum.

All responses will be dealt with in the strictest confidentiality. Your name need not appear on this questionnaire.

Thanking you for participating.

Yours sincerely

MISS B A MOKWENA
RESEARCHER

APPENDIX 4 : QUESTIONNAIRE

FOR OFFICE USE

QUESTIONNAIRE

QUESTIONNAIRE NO. | | | (1-2)

PROFESSIONAL SOCIALIZATION OF NURSING

STUDENT AT THE UNIVERSITY OF BOPHUTHATSWANA

SECTION A: PERSONAL INFORMATION

Make a cross (x) in the appropriate square,
e.g. male | X | 1 |

1. Sex:

- Male
- Female

	1
	2

(3)

2. Present age group (in years):

16 - 20
21 - 25
26 - 30
31 - 35
36 - 40

	1
	2
	3
	4
	5

(4)

3. Marital status:

- Single
- Married
- Divorced
- Separated
- Widower/widow

	1
	2
	3
	4
	5

(5)

SECTION B: EDUCATIONAL INFORMATION REGARDING NURSING

Make a cross (x) in the appropriate square.

1. How long have you been a nursing student?

- less than one year
- one year
- one and half years
- two years
- two and half years
- three years
- three and half years
- four years
- four and half years

	1
	2
	3
	4
	5
	6
	7
	8
	9

(6)

2. When did you first decide to take up nursing as a profession?

- during childhood
- during high school
- just before entering the university

	1
	2
	3

(7)

3. Was the nursing profession your first choice for university study?

- Yes
- No

	1
	2

(8)

4. If you answered 'Yes' to item No. 3, Why did you choose nursing?

- to help sick people in the community
- I find nursing interesting
- there is a need in the community for nurses
- to acquire a profession
- interested in biology at high school

	1
	2
	3
	4
	5

(9)

5. If you answered 'No' to item no. 3, why did you register for nursing?

- to be financially independent
- friend already nursing
- persuaded by parents
- influenced by career guidance received at high school
- career indecision

	1
	2
	3
	4
	5

(10)

6. Have you done any previous nursing?

- Yes
- No

	1
	2

(11)

7. If you answered 'Yes' to item No. 6, What nursing course did you do?

- enrolled assistant nursing
- enrolled nursing
- diploma in general nursing
- diploma in midwifery
- degree in nursing

	1
	2
	3
	4

(12)

8. Did you complete the nursing course indicated in item No. 7?

- Yes
- No

	1
	2

(13)

9. If you answered 'No' to item No. 8, the following is the possible reason:

- ill health
- pregnancy
- failure
- lose of interest
- lack of money
- nursing too demanding (long working hours)
- influence by peers

	1
	2
	3
	4
	5
	6
	7

(14)

10. Do you at any stage feel that your training at UNIBO is inadequate for the demands in practice?

- Yes
- No

	1
	2

(15)

11. If you answered 'Yes' to item No. 10, complete the following statement:-

My UNIBO training is inadequate due to:

11.1 In the clinical situation (choose only <u>one</u> most appropriate factor)

- lack of learning facilities
- learning activities not well planned
- not enough time for practical work
- lack of appropriate supervision by ward sisters
- ward sisters' lack of knowledge with regard to nursing students'learning needs
- too much emphasis on routine work as opposed to learning needs

	1
	2
	3
	4
	5
	6

(16)

11.2 In the classroom situation (choose only <u>one</u> most appropriate factor)

- lack of learning facilities
- learning activities not well planned
- not enough time given by the lecturer to ensure nursing students' mastery of clinical nursing skills
- lack of appropriate supervision by lecturer
- too much emphasis on memorisation of facts as opposed to application thereof

	1
	2
	3
	4
	5

(17)

12. Before you entered the nursing profession, did you receive career guidance?

- Yes
- No

	1
	2

(18)

13. If you answered 'Yes' to item No.12, was this guidance accurate with regard to the actual nursing situation as you experience it?

- Yes
- No

	1
	2

(19)

Instructions: Study the following statement and in <u>each</u> case make a cross (x) in the appropriate square. The scale ranges from:

Strongly Disagree	Disagree	Agree	Strongly Agree
1	2	3	4

Example:

Learning is a pleasure

1	2	3	4
			X

14. The expectations you hold of nursing as a profession is greatly influenced by the following factors:

14.1	parents				(20)
14.2	friends				(21)
14.3	contact with an influential nurse				(22)
14.4	books, television, radio or films				(23)

15. There is a high degree of integration between theoretical knowledge and the application thereof in nursing practice

				(24)

16. Each of the following factors contribute greatly to correlation between theory and practice:

16.1	structured practice				(25)
16.2	modular instruction				(26)
16.3	good communication between the University and the hospitals staff				(27)
16.4	a nursing student's participation in planning own learning activities				(28)
16.5	a nursing student's involvement in decision-making in the ward				(29)

	1	2	3	4	
17. In the hospital the emphasis is placed more on the work demands than learning needs of nursing students					(30)

18. If you agree with item No. 17, the most likely reasons would be:

18.1 seldom taught by ward sisters					(31)
18.2 doing non-nursing duties (damp dusting, sluicing)					(32)
18.3 learning opportunities are not created					(33)
18.4 learning activities not well planned					(34)

19. The expectations you hold of nursing as a profession, has been positively realized					(35)

20. If you have disagreed with item No. 19, the most likely reasons would be:

20.1 nursing too demanding (long working hours)					(36)
20.2 nursing too difficult					(37)
20.3 too much theory and not enough practice					(38)
20.4 I do not enjoy nursing					(39)
20.5 ward sisters' attitudes to nursing students is discouraging					(40)
20.6 discipline too strict					(41)
20.7 too much emphasis on respect to seniors without free expression of opinions, ideas or feelings					(42)

21. If you decide to leave nursing, the most likely reasons would be:

21.1 poor interpersonal relationship					(43)
21.2 being humiliated by superiors					(44)
21.3 exposure to patients' suffering and dying					(45)
21.4 conflict between the theory and practice of nursing					(46)

22. In the practice of nursing you have experiences which conflict with what you have learned in theory					(47)

23. If you agreed to item No. 22, give an example in support of your answer:

23.1 nurses do not care about patients					(48)
23.2 nurses do not act according to prescribed standards					(49)

SECTION C: PROFESSIONAL SOCIALIZATION OF NURSING STUDENTS

Instructions: Study the following statements and in <u>each</u> case make a cross (x) in the appropriate square. The scale ranges from:

Strongly Disagree	Disagree	Agree	Strongly Agree
1	2	3	4

Example:

A ward sister is competent in clinical nursing skills

1	2	3	4
			X

1. The expected outcomes of the nursing student during the preparation to become a professional nurse are:

1.1	getting rid of inconsistent or vague conceptions by legitimized professional views	(50)
1.2	development of professional expectations and related values similar to those of nursing professional members and peers	(51)
1.3	resolution of inner conflict or uncertainty concerning the profession	(52)
1.4	lessening of the discrepancy between nursing student's view of the profession and the actual reality	(53)

1	2	3	4

2. The following factors contribute positively towards your development as a professional nurse:

2.1	constant supervision by ward sisters	(54)
2.2	guidance by the clinical instructors	(55)
2.3	the provision by hospital staff of effective learning opportunities for nursing students	(56)
2.4	provision of regular feedback on quality of work performance	(57)
2.5	own motivation and interest	(58)

3. A high standard of work performance is ensured by continuous and effective supervision (59)

4. There is a conducive atmosphere in the wards which enhances learning (60)

5. If you disagreed with item No. 4, the most likely reasons would be:

5.1	ward sisters are unfriendly	(61)
5.2	I do too many non-nursing duties	(62)
5.3	I do too much routine work	(63)
5.4	I do not receive feedback on my work performance	(64)
5.5	I am not regarded as a member of the health team	(65)

6. Work in the ward is usually done according to prescribed standards (66)

7. The health team members accept you as an individual with your own problems and needs (67)

8. You have frequently received the opportunity to be the leader of the team nursing group (68)

1	2	3	4

9. The nursing student has commitment to the nursing profession, which is exhibited by:

9.1	acceptance of standards of nursing practice in all situations				(69)
9.2	acceptance of responsibility for those in need of care				(70)
9.3	acceptance of responsibility for continuous learning as part of professional practice				(71)
9.4	strict adherence to a professional code of ethics with public welfare as the primary concern				(72)
9.5	behaving and acting in accordance to prescribed regulations for professional practice				(73)

10. The nursing profession demands

10.1	a high degree of accountability for professional acts				(74)
10.2	ethical control of professional conduct by members				(75)
10.3	service to mankind				(76)
10.4	recognized status of law				(77)
10.5	commitment to continuous learning for personal and professional knowledge				(78)

11. Bophuthatswana nursing council preserves and develops the profession by setting and enforcing standards of education and practice (79)

12. Bophuthatswana nursing Association attends to the social and general welfare of its members (80)

CARD NO. 2
(1)

1	2	3	4	
				(2)

13. Nurses should turn to trade unions to settle their grievances without concern of the Nursing Association

14. The ward sister as a role model is fully conversant with:

14.1 theory					(3)
14.2 clinical nursing skills					(4)
14.3 interpersonal skills					(5)
14.4 research					(6)

15. The ward sister upon whom a nursing student models her image of professional practice is one who:

15.1 is enthusiastic and interested in all she does					(7)
15.2 provides a healthy environment conducive to the patients' recovery					(8)
15.3 is concerned with the nursing student's education and training					(9)
15.4 accepts the nursing student as an individual with problems and needs					(10)
15.5 is concerned and compassionate					(11)
15.6 is a good teacher and supervisor					(12)
15.7 provides you with regular feedback on quality of your work performance					(13)

	1	2	3	4	
16. The lecturer as a role model:					
16.1 serves as a facilitator of the learning process					(14)
16.2 helps the nursing student to be a self-directed learner					(15)
16.3 creates conducive climate for learning					(16)
16.4 jointly designs the plan and learning activities with nursing students					(17)
16.5 makes nursing students to learn from corrections					(18)
16.6 accepts nursing students' ideas and opinions					(19)
16.7 demonstrates a genuine interest in nursing students as individuals					(20)
16.8 displays confidence in her role as professional and teacher					(21)
17. The clinical instructor:					
17.1 creates learning opportunities for nursing students					(22)
17.2 guides and supports each nursing student					(23)
17.3 provides regular feedback on work performance					(24)
18. The clinical instructor provides learning opportunities for nursing students to:					
18.1 develop technical skills					(25)
18.2 develop interpersonal and communication skills					(26)
18.3 develop skills in problem - solving and decision making					(27)
18.4 develop independent judgement regarding nursing care needs					(28)

	1	2	3	4	
19. As a peer group, nursing students:					
19.1 arrive at collective solutions to their problems					(29)
19.2 share emotional support and comfort					(30)
19.3 learn a great deal from each other					(31)
19.4 identify with the group					(32)
19.5 adopt the values and attitudes of the group					(33)
20. The peer team leader:					
20.1 enhances personal and professional growth					(34)
20.2 encourages cohesiveness and closeness					(35)
20.3 heightens a sense of responsibility for others and for self					(36)
20.4 facilitates decision making affecting the group and patients					(37)
20.5 promotes confidence in fulfiling responsibilities of the peer team leader role					(38)
21. During peer group teaching, the nursing student:					
21.1 learns to pay particular attention to observation					(39)
21.2 learns to assess and exercise judgement					(40)
21.3 becomes independent and learns thoroughness					(41)
21.4 lays the foundation for future teaching as a professional nurse					(42)
21.5 receives the opportunity to share her ideas and use her initiative					(43)
21.6 learns to accept constructive criticism					(44)
21.7 learns to evaluate her performance and that of others					(45)
21.8 develops good communication skills					(46)

1	2	3	4

22. The medical practitioner assists the nursing student to acquire:

22.1	professional knowledge				(47)
22.2	norms and values of the profession				(48)
22.3	professional skills				(49)

23. The nursing student learns a great deal from the patient through:

23.1	observation				(50)
23.2	history taking				(51)

24. In the ward you continuously receive emotional support from the following persons:

24.1	matrons				(52)
24.2	ward sisters				(53)
24.3	clinical instructors				(54)
24.4	enrolled nurses				(55)
24.5	enrolled nursing assistants				(56)
24.6	medical practitioners				(57)
24.7	patients				(58)

25. The following subjects contribute positively towards your development as a professional nurse:

25.1	ethics				(59)
25.2	ethos of nursing				(60)
25.3	professional practice				(61)
25.4	clinical nursing practice				(62)
25.5	General Nursing Science and Art				(63)
25.6	Sociology				(64)
25.7	Psychology				(65)

26. If you have other suggestions that in your opinion would contribute to enhancement of professional socialization of nursing students at UNIBO, write down the suggestions in the space provided (at most 5):

1. ..... (66-67)

.....

2. ..... (68-69)

.....

3. ..... (70-71)

.....

4. ..... (72-73)

.....

5. ..... (74-75)

.....