

**AN INVESTIGATION INTO THE EXTENT TO WHICH A CARING ENVIRONMENT
IN NURSING EDUCATION IS PROVIDED AT THE NORTH WEST UNIVERSITY,
MAFIKENG CAMPUS**

BY

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**THESIS SUBMITTED IN FULFILLMENT OF THE REQUIREMENTS FOR THE
DEGREE OF DOCTOR OF EDUCATION IN THE FIELD OF CURRICULUM
DEVELOPMENT AND PLANNING IN THE SCHOOL OF POSTGRADUATE
STUDIES IN THE FACULTY OF EDUCATION, NORTH WEST UNIVERSITY,
MAFIKENG CAMPUS**

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DECLARATION OF ORIGINALITY

I, Bothutu Angelina Mokwena, declare that this thesis for the degree of Doctor of Education at the North West University, Mafikeng Campus has not been previously submitted by me for a degree at this or any university. It is my own work in design and execution. All the materials taken from other sources contained in this thesis have been dully acknowledged.

Signature:.....

Date:.....

DEDICATION

I dedicate this thesis to the memory of my mother, Mrs Mary Mokwena. Thank you for making things possible for me. I am grateful to have had a mother like you. I also dedicate this work to my children, Lungie and Tshepo, and my two grandsons, Letlhogonolo and Ntando.

ACKNOWLEDGEMENTS

I wish to express my appreciation and grateful thanks to the ALMIGHTY GOD, my very own Father, without His unfailing love, wisdom, strength, guidance and support, this work would not have been completed but "...with God all things are possible" (Matthew 19:26).

I would also like to express my sincere gratitude and appreciation to:

My promoter, Prof M. W. Lumadi, not only for his professional expertise, but also for his unfailing patience, support, guidance and time spent meticulously reading my work.

My co-promoter, Dr M. A. Mokoena, for her outstanding support through the process of this thesis, unfailing patience, encouragement, sound advice, guidance, professional expertise and time spent meticulously reading my work.

Dr L. Makondo for the wisdom and knowledge he shared with me. I also thank him for the unwavering support and the kindness displayed including outstanding language editing.

North West University for granting me permission to conduct this study which has widened my horizon of thinking thus sharpening my research competences.

Faculty of Education, Mafikeng Campus for providing me with this golden opportunity to pursue an interdisciplinary career path in curriculum development and planning.

Faculty of Agriculture, Science and Technology for financial assistance in 2005.

My colleagues in the Department of Nursing Science for encouragement and support.

All the Bachelor of Nursing Science degree nursing students who have completed and those who are still pursuing their study; without my interaction with them since 1986, this work would have not taken place.

The nursing students who participated in this study; without their genuine sharing of perceptions and expectations regarding a caring environment in nursing education, this work would not have materialised. I really salute them.

The library personnel for the excellent library support service.

My children: Lungie and Tshepo and my grandsons, Letlhogonolo and Ntando for their unfailing love, support and encouragement during some of my most vulnerable moments throughout this journey.

ABSTRACT

This qualitative study used exploratory and descriptive research strategies to investigate whether or not nursing education, as presented at the North West University, Mafikeng Campus, provides a caring environment to Bachelor of Nursing Science degree students. A sample consisted of sixty seven ($n=67$) nursing students and made up of two groups. Both groups were at the fourth year level but in different years of their study. One group comprised of twenty seven ($n=27$) and another group was made up of forty ($n=40$) and were conveniently chosen due to their geographical availability and accessibility. A purposive sampling was also employed since both groups had been in the programme a long time and had similar characteristics therefore they had the theoretical understanding of a caring environment within the context of nursing education as a concept under investigation. This study's theoretical underpinning is grounded in interaction and caring perspectives.

Data was collected through narrative sketches among 27 participants in 2005 and four focus group interview sessions conducted in 2006 among 40 participants. Their perceptions and expectations regarding a caring environment in nursing education were elicited, explored, described and analysed through an open coding data analysis process. The results which reached a comprehensive description were outlined and clustered as responses, themes, statements and finally summarized as categories and subcategories.

While the literature highlights the importance of nursing education incorporating a caring environment in order to develop this professional attribute, the findings of this study revealed that this may not necessarily be the nursing students' perceptions. From the nursing students' accounts of their perceptions regarding their nursing educational experiences, it emerged to a large extent that a caring environment in nursing education at the North West University, Mafikeng Campus, is not adequately provided. Role modelling and mentoring emerged as the most crucial professional attributes that exemplify the interaction and caring practices the lecturers could display if a caring environment is to prevail in nursing education. A caring role model and mentor, according to the expectations expressed, are epitomized by genuine acceptance, empathy, respect, resilience, warmth integrated with caring, interaction conducts and attitudes. Seemingly these could mould the whole nursing students' educational experiences. It appears that positive role modelling and mentoring should ideally take precedence in the environment for teaching and learning in nursing education. Furthermore, these results guided the researcher to construct a framework with essential features to use in formulating guidelines for a caring environment in nursing education to optimize meaningful learning experiences in the classroom and clinical learning areas the nursing students require. The guidelines are presented in the format of twelve standards and criteria that the lecturers are to comply with. Each standard has a number of criteria which address the major findings of the research.

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LIST OF ACRONYMS AND ABBREVIATIONS

CHE:	Council on Higher Education
ETQA:	Education and Training Qualification Assurance
HSRC:	Human Sciences Research Council
NCHE:	National Commission on Higher Education
NQF:	National Qualifications Framework
NWP:	North West Province
NWU:	North West University
OBE:	Outcomes-Based Education
RPL:	Recognition of Prior Learning
SAQA:	South African Qualifications Authority

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CHAPTER ONE

ORIENTATION TO THE STUDY

1.1 Introduction and background

This study provides background detail on the entire study. It begins by focusing on the introductory background to the problem pursued, followed by formulating the problem statement and outlining the purpose of the study. The study makes it clear that its underlining focal point is to demonstrate how a caring environment could be created in the nursing education context. It proceeds by delineating its objectives based on the research questions including the delimitations and limitations identified in the study. The significance, key concepts and the ethical considerations of the study are also highlighted. The Chapter reserves the review of the related literature to Chapter Two, the research design and methodology to Chapter Three, data analysis and interpretations to Chapter Four. The summary, conclusions and recommendations were highlighted in Chapter Five. It ends by briefly highlighting the organisation of subsequent Chapters Two to Five.

Highlighted at this juncture it is therefore appropriate to put into perspective the research problem pursued in order to guide the research process of this study. Furthermore, to ascertain what impact does nursing education have on the lecturer-student interaction with specific reference to a caring environment. A caring environment in nursing education necessitates a paradigm shift in the educational and health care settings or situations where nursing students acquire specified learning outcomes such as knowledge, skills, values and attitudes essential in the nursing profession. This paradigm shift poses a great challenge to the lecturer-student interaction in nursing education. The creation of a caring environment in the educational setting should not only accomplish personal growth, professional development and career prospects for nursing students, but should have positive teaching and learning outcomes to effect meaningful and significant change in the nursing profession in general and in nursing education specifically. In addressing the

problem pursued adequately it is therefore crucial at this point in time to investigate whether or not nursing education, as presented at the North West University, Mafikeng Campus, provides a caring environment to the nursing students..

The nursing education structure in essence as pointed out by Cohen (1981:139-142), is sound enough to produce professional nurse practitioners but such a structure is undermined by the nursing culture. This implies that throughout the education and training, nursing students internalise traditional values of obedience and submissiveness inherent in the nursing culture. These values are learned, partly through deliberate instruction, but mostly by incidental observation of the behaviours and attitudes of professional members including lecturers and through interaction with other health care team members. The author furthermore explains that nursing students are always expected to be perfect, fully responsible and self-confident in their everyday working life. They are also expected to be able to communicate in the kindest possible manner without appearing to be making suggestions, irrespective of their feelings or level of readiness. Likewise, they are expected to assess, make judgements and to be competent in carrying out assignments without questioning. Those failing to do so could be labelled as troublemakers. These powerful contradictions inherent in the climate of the nursing culture cause role conflicts, thus resulting in professional disillusionment brought about by professional members' expectations of obedience and perfection in the nursing students.

Mokwena (1990:93) indicates that nurses are expected to be caring towards consumers in the health care system. However, such a behaviour and attitude is not displayed between themselves. Instead humiliation, ridicule and embarrassment are used to maintain acceptable codes of conduct. What prevails amongst them is remorse or insensitivity or fear. Remorse, insensitivity or fear result from the inhibiting effects of the nursing culture on the development of close personal and supportive ties amongst nurses in general, and nursing lecturers specifically. They 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. In addition, Nelms (1991:5) affirms that nursing lecturers avoid

knowing nursing students on a personal level for fear of losing their "objectivity". Both nursing lecturers and nursing students view nursing education as preparing for life instead of life itself. Such a situation is not unique to nursing, but nursing lecturers could perform better by caring for nursing students, for themselves, for the profession and for the consumers in the health care system.

In view of the highlighted perspective, Tanner (1990:70) proposed that nursing lecturers should come to grips with the ways in which they can assist intelligent, caring nursing students to become knowledgeable and compassionate professional nurses. The author further suggests that caring should become a core value in both health policy and nursing education which would constitute a paradigm shift. The content-driven, overloaded and centrally prescribed curricula with emphasis on disease care (where 70% of graduates are employed) as articulated by Tanner (1990:72) should be replaced by the ones that:

- Reflect the fostering of caring practices through lecturer-student and lecturer-lecturer relationships that are equal and marked by co-operation and community building;
- Fortify caring as a core value in the way or style in which nursing students are taught to think and feel as nurses; and
- Underpin reform in lecturer-student relationships that nurture caring practices pivotal to nursing.

It is alarming that nursing, as reported by Hoover (2002:80) is generally recognised as a caring profession, yet little is known about how to teach and enhance caring practices. Nevertheless, the author encouragingly anticipates that comprehension of how caring practices are taught and enhanced would improve future education of nursing students to be more caring nurse practitioners. In line with this perspective, Wade and Kasper (2006:162) propose that if caring is the core of nursing, then the centre of attention should be on the practice of caring, the study of caring and the teaching of caring. They further report that the study of caring is frequently elusive since the concept of caring is difficult to comprehend and complex to put in practice.

Noddings (1988:216) finds it surprising that experts continually demand that educational institutions may do only one thing well which is the direct teaching of basic skills. Such basic skills capture only a small portion of the truth, while disregarding the moral priority or the core to which this component belongs. The author therefore, strongly emphasises that caring relationships deserve first priority in the teaching and learning environment. Caring should be regarded as a moral conduct and attitude enlightened by the complex expertise of interpersonal relations. It is neither without its own kind of rigour nor somehow less professional than the calculated expertise of formal judgement. Caring is both a moral direction to teaching and a moral educational endeavour. However, teaching moral education from a caring perspective is not dependent on a set of ethical principles to be learned but on the essence of conditions or circumstances perceived by both the lecturer and the student. Each student should be guided and nurtured towards an ethical life meaning an ethical ideal that is relationally constructed. In the final analysis, in order for social relationships as vital sources of caring to be realised in the teaching and learning settings, a caring environment in nursing education should be established.

In the present culture as aptly pointed out by Noddings (2005:1) not only is there a great and fast growing desire for care-giving great, but the desire for caring relationships is strongly felt. The urge is to identify and answer these needs technically through formulaic approaches, which are unrealistic in nature. Caring cannot be achieved by such approaches, but requires address and response, and also various behaviours and attitudes from situation to situation, and from person to person. It occasionally calls for toughness or tenderness. Cool, formal people respond caringly with deference and respect, while warm, informal people react caringly with hugs and open affection. Some situations require only a few minutes of attentive care, while others need continuous effort over long periods of time.

Nursing education according to Western University of Health Sciences (2006:2), is viewed as the teaching-learning process by which lecturers and students team-up to

create a nurturing and caring environment to achieve the educational goals of competence in professional nursing practice. Students are thus empowered to develop caring relationships with clients and others by being actively involved and participating in their ongoing educational process.

The preparation for the nursing profession as expounded by Mokwena (1990:6) is viewed as a socialisation process as well as an educational process whereby nursing students acquire knowledge and skills by developing values, attitudes and beliefs supportive of their roles as nurse practitioners. Part of the professional socialisation task in nursing education is directed towards lessening the discrepancy between the students' idealistic views of the nursing profession and the actual reality. However, the successful achievement of professional socialisation, according to standards laid down by the profession, is not always possible for nursing students, largely because of the following: disillusionment with the profession; the attrition rate among nursing students; the temporary career commitment of many nurses; and the limited participation of many nurses in professional matters.

In support, the study on "Professional socialisation as a curriculum component..." conducted amongst 64 nursing students as reported by Mokwena (1990:136), revealed that 69.8% of respondents indicated that they could leave nursing due to poor interpersonal relationship, while 73.7% of the respondents indicated being humiliated by superiors as one of the reasons for leaving nursing. 94.9% of the respondents stated that their expectations of the nursing profession have not been realised due to discouraging attitudes of ward sisters towards nursing students. 77% of respondents indicated that discipline is too strict, while 94.8% stated that there is too much emphasis on respect of seniors without free expression of opinions, ideas or feelings. In the final analysis, this situation reflects an environment in nursing education as non-caring.

Usually, within the context of the South African education system, knowledge has been treated as isolated historical facts presented to students with less emphasis on social

change and community development (Mulenga, 1994:1). The development of curricula within such a system, including the nursing education system, has long been dominated by a highly bureaucratic system based on obsolete philosophical foundations and assumptions. Because of this, according to the Department of Education: South Africa (1996:28), learning took place through pre-packed "teacher-proof", rigid, formula-driven, behaviouristic, time-based, prescriptive, descriptive and content-driven curricula which structured attitudes on what constituted knowledge. They are also filled to capacity with knowledge pursuit incongruent to the needs of students and that of the nation at large. As such, learning becomes static as a result of rote learning. What contributes to this problem is that assumptions inherent in educational and training environments are mostly unchallenged because the emphasis is on "gathering facts" while playing down the concept.

Various studies conducted internationally by nursing researchers (Falk-Rafael, 2001; Persky, Nelson, Watson & Bent, K. 2001 Thomas, Finch, Schoenhofer & Green, 2009) focus on caring in nursing practice. These studies examined nurses' and patients' perceptions of effective caring and nurse-patient relationships. However, there is no evidence of research that directly examines whether or not nursing education, as presented at the North West University, Mafikeng Campus provides a caring environment.

Although numerous nursing research studies have been conducted in South Africa on care and caring, they are generally based on a bio-medical disease-care-oriented paradigm. An example of such a disease-care-oriented research was undertaken by Du Toit (2003: 4) aimed at developing a lifestyle adaptation programme to enhance the quality life of coronary artery bypass patients and their families after surgery. However, literature also reveals that in 1992, Van der Wal conducted a study on "Caring in nursing education". The research question posed was: What does caring entail in nursing education from the point of view of both the tutor and the student? The researcher inferred that caring in nursing education is an extension of prosocial behaviours. Also caring as a means to an end

cannot be detached from caring as an end in itself. In 1996, Van der Wal conducted another study on "Maintenance of a caring concern" to address the following question: How is caring concern maintained by the student nurse as a caregiver? Both studies conducted by Van der Wal do not address the problem under current study which seeks to investigate whether or not nursing education presented at the North West University, Mafikeng Campus, provides a caring environment.

As a contribution towards the democratic transformation agenda of the Higher Education Quality Committee (HEQC), this study may provide some insights into implicit outcomes or extra-curricular outcomes envisaged by the HEQC. Therefore in order to achieve the objectives of the transformed South Africa's Higher Education and Training system, the perceptions and expectations of nursing students regarding a caring environment in nursing education should be elicited, explored and described.

It can be determined that a caring environment in nursing education is both an international and a national problem. It should be noted that although there has been reference to the concepts of care and caring in nursing literature internationally and nationally, nothing has been done to conduct an in-depth analysis of the perceptions and expectations of nursing students regarding a caring environment in nursing education. Also the meaning and significance of such an environment on the lecturer-student interaction has not been addressed. It is therefore fitting at this point in time in nursing education to consider the impact of a caring environment from the nursing students' perspective. Understanding the realities and potential difficulties and challenges these nursing students encounter may assist in raising the levels of awareness to their needs. Therefore, this study is a bold move towards filling an existing research and literature gap as there is no comprehensive research evidence validating the problem under study and above all, a reasoned statement on this perspective is lacking.

1.2 Problem statement

While working as a lecturer in the Department of Nursing Science, at the North West University, Mafikeng Campus, the researcher encountered a number of problems regarding the provision of a caring environment in nursing education within the Higher Education Institutions. Despite government strategies to improve throughput among students within Higher Education Institutions, poor student-lecturer relationships still prevail, that also leads to poor academic performance. References has been made from various national and international studies that there has been a deficiency in academic development related to knowledge and practices of a caring environment in the nursing educational system and health care system respectively (Fransman, 2003:203; Fischer, 1997:139; Schaap & Buys 2005:129). It should be remembered that when nursing students commence their training, they enter a complex situation. They are expected to meet the tertiary education requirements (universities) as well as to fulfil the expectations in the clinical nursing situations.

According to Fransman (2003:203), in order to plan effective teaching and learning opportunities for nursing students, it is essential to compile a profile of the student, as well as to ensure proper caring environment in nursing education. This is the most important aspect determining nursing students' success in mastering the theoretical components of their programmes (Fischer, Boshoff & Ehlers, 2001:67). In education, in general, and nursing education, specifically, the focus is on the student and on learning as a unique experience. A South African study by Fischer et al (2001:67) also revealed that, the central thrust of education has been the fullest development of student's character and understandings; a holistic formation of individuals. While Bennett (1999:44) emphasises that interactions between the lecturer and student(s) provide the context for this transformative experience wherein the purpose and process of education could be understood and achieved. The provision of a caring environment in nursing education is therefore regarded as being important prerequisites for effective, responsible, independent professional practice as well as best academic achievements. The researcher

witnessed that less time is allocated on how lecturers should interact with students and how students interact with each other. Furthermore, how lecturers arrange or organise student-student interaction styles reflect how favourably students study, how students feel about one another, education system, and how much self-esteem they have (Johnson & Johnson, 2001:1).

The Ministry of Education in the Republic of South Africa (RSA) on the other hand, recognises the importance of promoting conducive environment for students even in Higher Education. The government therefore, warn by encouraging the educational system that if students are to be healthy in all spheres also in achieving best performance as well as to be responsible citizens, a caring environment in which interaction between lecturers-students relations has to be created and practiced (South Africa, 1996:17). It is in this light that the researcher embarked on this study to investigate the extent to which a caring environment is created and practiced in nursing education particularly in the North West University, Mafikeng Campus where the study focused.

The most pertinent aspect of this deficiency is the lack of a caring environment in nursing education which often results in designing learning programmes which others may perceive as relevant, appropriate and of quality for the attainment of the educational outcomes. In reality, the programmes do not address the needs of recipients in the health care system. Furthermore, they do not provide students with appropriate and adequate opportunities for meaningful caring and interaction learning experiences to attain their full potential which would contribute effectively in the health care system and towards the nation at large. The academic staff members in the department of nursing have the responsibility to ensure quality in nursing education by ensuring a caring environment within the context of the current educational and professional policies and legislative frameworks. Also inherent in their responsibility is the need to fulfil the goals and mission of the department and that of the institution as well.

In the light of the problem statement, the following question arose:

Does a caring environment for lecturer-student interaction in nursing education exist at the North West University, Mafikeng Campus, in the North West Province?

The research question as articulated by Burns and Grove (2003:87) is a concise and interrogative statement worded in the present tense and mostly with one or more variables. In order to address the broad research question as stated above, the following sub-questions are formulated to guide the study:

- What are the perceptions of students regarding a caring environment in nursing education?
- What are the expectations of students regarding a caring environment in nursing education?
- What guidelines can be formulated to ensure a caring environment in nursing education?

1.3 Purpose of the study

This study seeks to investigate whether or not nursing education, as presented at the North West University, Mafikeng campus, provides a caring environment to nursing students.

1.4 Objectives

Three objectives that guided the scope of this study are:

- To elicit the perceptions of students regarding a caring environment in nursing education.
- To explore the expectations of students regarding a caring environment in nursing education.
- To formulate guidelines against which a caring environment in nursing education

can be judged.

1.5 Significance of the study

This section provides the significance of this study. The significance of the study as observed by Polit and Beck (2004:70) relates to its potential for contributing substantially to the scientific knowledge base. The research outcomes of this study have the potential to develop a strong theoretical description of a caring environment in nursing education. The description may lay the conceptual framework for further studies on such a problem with the ultimate aim of improving nursing education and the nursing practice. Therefore, a strong theoretical description of a caring environment in nursing education requires construction, if nursing researchers are to comprehend and improve such a practical enterprise as nursing. A caring environment is an example of such a conceptual problem.

It is envisaged that the research findings may serve as groundwork for the formulation of guidelines for a caring environment in nursing education. In addition, the guidelines may also provide foundational knowledge which could guide policy makers in nursing education and nursing practice as well. Scientifically portraying its significance, the guidelines may in turn advance nursing education while concurrently improving the quality of health care outcomes.

The new Democratic Government of National Unity in South Africa, which came in operation in 1994, introduced "The White Paper on Transforming Public Service Delivery in 1997, which set out the eight transformation imperatives or priorities and The Higher Education Act No. 101 for South Africa. Both documents targeted improving quality service delivery as one of the priority problems to be tackled. The Bathopele (People first) principles show a shift in emphasis from poor service rendering to quality service promotion and provision. There is, however, debate on the right strategies to achieve such goals. This study is therefore in line with the Democratic Government of National Unity policies, and comes at the right time to make a substantial contribution to the

debate and to policy recommendations and to put forward how the educational and health care systems problems can be alleviated on a sustainable basis.

This study may also be useful to the health care delivery system including educational system authorities and planners towards understanding of and appreciating the meaning and significance of a caring environment on lecturer-student interaction as a need and also the extent to which it is a problem. It is the hope and desire of the researcher that this study may be used alongside similar studies as a basis for further research on the subject not only in the North West Province, but also in other provinces of South Africa, and internationally as well.

1.6 Delimitations and limitations of the study

This section focuses on two items, namely the identification of the delimitations and limitations of the study. The sample size of the research was two groups of Bachelor of Nursing Science degree students at the North West University, Mafikeng Campus in the North West Province. Both groups were at the fourth year level but in different years of their study. One group comprised of twenty seven ($n=27$) nursing students registered in 2002 who had completed eight months of the fourth year level of their study in 2005 at the time of the study. Another group was made up of forty ($n=40$) nursing students registered in 2003 who were three months into the fourth year level of their study in 2006 at the time of the study.

In this study the researcher identified limitations which are stated as follows:

- The participants of the study were limited to one University Campus in the North West Province. Therefore, the findings of this study will not be generalised to other institutions of higher learning.
- As the research was a cross-sectional study done once only at the Mafikeng Campus, North West University, using African nursing students, such a highly specialised sample might have influenced the research outcomes;

- Initially, the research was intended to include nursing students from two University campuses in the North West Province that would have resulted in diverse cultural groups participating in the research. Unfortunately that could not happen due to conflict of interest and intellectual thinking regarding the format of the data collection instrument to be employed at that point in time. The researcher decided to withdraw from the second campus since the data collection instrument suggested was too prescriptive and did not allow room for creativity and flexibility. Also a change of data collection instrument was not in accordance with the researcher's plans thus it clashed with her vision;
- Some of the participants did not answer the questions of narrative sketches utilized in the study explicitly, but gave the meaning of what a caring environment should be. This could then be interpreted as shortcomings that students are experiencing in the current nursing education environment. The data was purely what the nursing students perceive as a caring environment and is not specific to the Mafikeng Campus of the North West University;
- The findings of this study will not be generalised to other institutions of higher learning.

1.7 Definition of key concepts

The study proceeds by briefly presenting key terms/concepts as a way of contextualising their usage. Conceptualisation of the key concepts is put into perspective in order to guide the research process of this study. For the purpose of clarification, specific concepts used in this study are defined as follows:

1.7.1 Caring

The term 'caring' is crucial for this study hence attempts to contextualize its usage. According to Booyens (2001:223), caring is a highly developed competence, based on psychosocial, spiritual and physiological comprehension of self and others. It is a human

attribute, a moral imperative, an affective competence, an interpersonal interaction and a therapeutic intervention. Therefore, for this study, caring refers to an essence of nursing which is symbolised by mutual interaction and interpersonal relationships between the lecturer and student. This is imperative for the attainment of the physical, social, psychological, emotional, intellectual and spiritual wellbeing of a student in nursing education. This concept is further elaborated on in section 2.4.2.1:52.

1.7.2 Caring environment

Caring environment refers to a most extensive teaching and learning setting that cultivates and nurture substantial and meaningful relationships and growth amongst people at all levels. It is a climate or an atmosphere that offers the growth and the development of potential, while permitting one to select the best action for herself or himself at a given point in time (Booyens, 2001:220). A caring environment in this study is the lecturer's interaction through participation and involvement with the nursing student to ascertain or establish the unique meaning and significance which the nursing educational experience has for that particular nursing student. This concept is further discussed in section 2.2.2:24.

1.7.3 Environment

An environment is the sum total of internal or external conditions influencing the life and development of a living creature e.g. human being (Young, Van Niekerk & Mogotlane, 2004:14). Additionally, an environment as articulated by the Western University of Health sciences (2010:2) is both internal and external contexts of the person. It entails multidimensional forces which impact on the person's health and well being. Therefore, an environment in this study is the North West University, Mafikeng Campus in the North West Province that is approved by the South African Nursing Council (SANC) for education and training of Bachelor of Nursing Science degree nursing students. The concept is further highlighted in section 2.4.1.3:42.

1.7.4 Interaction

Interaction is any contact or communication between an individual and other human beings (Beck, 2004:1). It is a collection of processes occurring amongst human beings that cannot be detached into segregated parts (Maurer & Smith, 2005:281). Interaction in this study is an encounter or a contact and communication the lecturer and nursing student have with one another in the nursing educational setting. This concept is further highlighted in section 2.4.1.1:37.

1.7.5 Nursing education

Nursing education is the process whereby nursing students are guided, assisted and provided with the means which empower them to learn the art and science of nursing so that they can apply it to the nursing care of people who need such care (Mellish, Brink & Paton, 2001:7). Nursing education according to the Western University of Health Sciences (2010:2), is the flexible teaching-learning process that provides opportunities to expand and extend knowledge for continued growth and competency of the person and the profession. Through this process, lecturers and students collaborate to establish a caring environment for the students to develop professional nursing practice competences. Therefore, nursing education in this study is the professional socialisation process whereby nursing students acquire and understand specified learning outcomes such as knowledge, competences, values, norms and attitudes essential in the nursing professional practice. This concept is further highlighted in section 2.2.3:25.

1.7.6 Nursing student

Nursing student is a person registered with the South African Nursing Council (SANC) under regulations R425 of 22 February 1985 as amended relating to the approval of and the minimum requirements for education and training of a nurse (General, Psychiatric and Community) and Midwife leading to registration (South African Nursing Council, 1985:1).

Nursing student is a person who receives education and training at North West University, Mafikeng Campus in the North West Province that is approved by the South African Nursing Council (SANC). This student meets all requirements for accreditation according to the National Qualifications Framework (NQF) and is accredited on the National Learner Records Database (SANC, 2008:1 & 9).

Nursing student means a person registered as a "learner nurse" under Section 32 of the Nursing Act No. 33 of 2005 and receives education and training at the North West University, Mafikeng Campus in the North West Province that is approved by the South African Nursing Council (South Africa Nursing Council, 2005:5).

Nursing student is a unique human being with diverse differences such as culture, interests, psychological needs, personality, self-concept, intellectual expertise, previous knowledge, motivational level, preferred learning styles and expectations about what is to be learnt (Mellish, Brink & Paton, 2001:63). Therefore, a nursing student in this study is at the fourth year level of his or her study and is registered for the Bachelor of Nursing Science degree at the North West University, Mafikeng Campus in the North West Province that is approved by the South African Nursing Council for education and training.

1.8 Ethical considerations of the study

The proposed research observed the ethical standards for nurse researchers as outlined by Brink (2002:51-53). The following components were included: the quality of the research, confidentiality and anonymity, privacy, informed consent and prevention of harm.

1.8.1 The quality of the research

The researcher and the researcher's promoters complied with the highest possible ethical standards by ensuring the quality of the research process is adhered to. The researcher

and the promoters have substantive expertise such as knowledge, competences and experience with regard to the scope of this study. The researcher approached the study with integrity and took cognisance of personal biases and values by engaging the independent coder in the data analysis open coding process. The research was conducted honestly and without fraudulent acts or misconduct at any stage of the research process. All findings were fully reported, without the omission of significant data (Brink, 2002:51).

1.8.2 Confidentiality and anonymity

Confidentiality according to Brink (2002:51) means that any information disclosed by participants should not be made accessible to any other person. When participants agree to participate in the research study, they waive such a right, since the generated data should be incorporated in the research report. The confidentiality and anonymity of participants and institutions as observed by Brink (2002:51) and Polit and Beck (2004:711, 714) should however be protected and guaranteed by making it impossible to link generated data with the participants and institution and are never publicly divulged. Hence, the confidentiality and anonymity of participants in this study was ensured seeing that their identities were not linked with their responses.

When the completed narrative sketches were received from participants, the covering letter and signed consent form were removed from each narrative sketch to ensure anonymity of participants. Throughout the focus group interview sessions, participants were requested not to call each other by name but rather to say "my brother" or "my sister" to each other so as to ensure confidentiality and anonymity. Also focus group interview sessions were audio-tape recorded and transcribed verbatim. Therefore participants were kept nameless without any identification and all raw data for both narrative sketches and focus group interview sessions were destroyed after the compilation of the final version of the thesis.

1.8.3 Privacy

Privacy is the autonomy a person has to determine whether to divulge or withhold private information from others. Privacy means a participant may behave, believe and think without such private behaviour, beliefs or thoughts being used to dishonour her or him. The privacy of participants in this research was protected and guaranteed and no privately disclosed behaviour, beliefs or thoughts were used to humiliate them (Brink, 2002:52). Data collection for both narrative sketches and focus group interview sessions were conducted in a quiet and private classroom. Each participant was requested to sit at a single table with a chair, free from any distractions to create a calm environment in which he/she could relax and participate freely in the study.

1.8.4 Obtaining permission to conduct the study

The researcher submitted a letter to the Mafikeng Campus Research Committee of the North West University, Mafikeng Campus seeking permission to undertake this study. The purpose and objectives of the study were clearly spelled out in the letter (Appendix A). All participants were invited with a written letter to take part in this study (Appendix B).

1.8.5 Informed consent

Written informed consent was obtained from all participants, and the purpose, objectives, methods and procedures were explained to participants before distribution of narrative sketches and the conducting of focus group interview sessions (Appendix C). The researcher also sought permission from participants to record each focus group interview session with two tape-recorders including taking field notes during each session.

1.8.6 Prevention of harm

The researcher ensured that no physical or psychological harm was experienced by

participants since the nature of participation was self-reporting in a narrative sketch form. Also during focus group interview sessions no harm was experienced by interviewees (Brink, 2002:53). The researcher allowed free expressions of perceptions, ideas and also used probes and paraphrases which were neutral to avoid biasing the participants' responses. In support, Burns and Grove (2003:276) affirm that probing should be done within reasonable guidelines to prevent the participants feeling that they are being interrogated.

1.9 Organisation of the study

This section gives a preview of how this study's chapters are to be organized. This is done as follows:

Chapter One: Orientation to the study

This chapter describes the introductory background to the problem, formulates the problem statement, research questions, purpose of the study and objectives based upon research questions. The delimitations and limitations of the study, rationale for the study, definition of key concepts and ethical considerations of the study are also discussed. Included also in this chapter is the outline regarding the organisation of the chapters for the study.

Chapter Two: Literature review

In this chapter, the researcher aims to clarify and describe how a 'caring environment' in the nursing education context could be created. In order to achieve that, this chapter reviewed the national and international literature extensively until a clear comprehension of the problem to be pursued was acquired. The ultimate aim is to put the study in the context of the general body of scientific knowledge with the view of minimising the likelihood of an unintentional duplication and misconception of conceptual definitions thus

reducing biases in the study.

Chapter Three: Research design and methodology

An overview of the research design and methodology used in the study to elicit the perceptions and explore the expectations of nursing students regarding a caring environment in nursing education at the North West University, Mafikeng Campus in the North West Province is presented. In this chapter, an explicit description is provided of how a sample was chosen from the population. The methods on how data collection and analysis were conducted are outlined. Measures to ensure trustworthiness and ethical considerations are also highlighted.

Chapter Four: Data analysis and interpretation

In this chapter, analysis and interpretation of data is done through the application of descriptive data analysis open coding process which is qualitative in nature. The research findings serve as the groundwork for the formulation of guidelines for a caring environment in nursing education.

Chapter Five: Summary, conclusion and recommendations

This chapter provides a summary, conclusion as well as recommendations arising from the research findings of the study. A summary, conclusion and recommendations of the study are based on the outcomes of the study.

1.10 Summary

This chapter laid the foundation for the study. It poses the research questions that define the scope of the study. Any other envisaged landmark contributions, the study propounds a high quality of student-lecturer interaction and caring relationships with special

reference to a caring environment in nursing education. The chapter states that this study seeks to understand the reality of how a caring environment in the nursing education context could be created. It highlighted the purpose of the study, three objectives based on the research questions that define its scope. The issues related to the literature review, research design and methodology, data analysis and interpretation, have been left for Chapters Two, Three and Four respectively. The next chapter deals with literature review.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This section undertakes a literature review that seeks to identify what literature says about the present scope. It adopts an approach that allows it to start by focusing on conceptualisation of the key concepts. This is followed with an in-depth review of key policies and legislative frameworks before an overview of the theoretical perspectives is done. This is done in an attempt to properly situate this study in the context of the general body of scientific knowledge. In order to achieve the purpose of the study, the researcher reviewed the national and international literature extensively until a clear comprehension of the problem pursued was acquired. Furthermore, a more rigorous literature review was conducted adhering to Rogers and Knafl (1993:80) evolutionary method of concept analysis. The approach increased the rigour of the study (Rogers & Knafl, 1993:82).

Mouton (1998:110) articulates that theoretical validity is guaranteed if the theoretical definition is drawn from a substantiated conceptual and theoretical framework that has been favourably appropriated to account for similar phenomena previously. It is thus likely to strengthen the conclusions that could be derived from the research. Mouton (1998:117) further reflects that theoretical concepts are rich in connotation. This implies that within a specified field of meaning, certain dimensions or aspects of meaning are more intimately connected than others. To arrange concepts logically implies that logical rules of correct classification and rules of mutual exclusion and exhaustiveness should be adhered to. A concept is viewed by Babbie and Mouton (2004:111, 113) as a term that ideally outlines and names a phenomenon, consequently supplying it with a separate identity or meaning. Therefore, the definition of a concept is more comprehensive and includes associated meanings the term or word may possess and also yields consistency in the utilisation of

such. Brink, Van der Walt and Van Rensburg (2006:86-87) indicated that conceptual definition expresses the general theoretical meaning, and for it to be considered effective, it should:

- indicate the exceptional attributes of that which is defined;
- not outline something by employing the same concept;
- be explicit and clearly constructed or expressed to avoid diverse interpretations;
- encompass all aspects of the impression the researcher wants to put across;
- be meaningful and possess meaning within the specific theoretical context;
- reflect the theory employed in the study,
- be suitable to and for the study; and
- be consistent with the universal usage, literature and practice.

The following key concepts which are the thrust of the study are further highlighted in the next section: guidelines, caring environment and nursing education. In examining them, it is necessary to define their meanings. Conceptual meaning as articulated by Chinn and Kramer (1995:79) enhances the researcher's knowledge of the range of possible uses and meanings of the concepts.

2.2 Conceptualisation of the key concepts for the study

2.2.1 Guidelines

A guideline is conceptualised by Wikipedia (2010:1) as any document that seeks to streamline or make more cost-effective specific practices according to a set of standards. It implies that following a guideline is never mandatory. Guidelines according to Wikipedia (2010:1) are a fundamental component of the substantial process of governance. They may be issued by and used by any organisation (governmental or private) to make the actions of its employees or divisions more predictable, and presumably of higher quality. In this study, the researcher considers guidelines as standards or statements systematically developed to assist in determining how a caring environment in nursing education can be

most effectively and appropriately created during the lecturer-student interaction relationship.

2.2.2 Caring environment

By way of building on section 1.7.2:14, a caring environment according to Booyens (2001:220), is a climate or an atmosphere that offers the development of one's potential, while permitting one to select the best action for himself or herself at a given point in time. This implies that a caring environment is a climate that provides moments and opportunities for the growth and development of an individual's potential and in the interim, granting him or her opportunity to make the best choice for himself or herself at a given point in time.

In many instances, lecturers, according to Darling-Hammond and Bransford, (2005:117), will discover that the educational systems in which they teach are not planned to be supportive of students and their healthy growth and development. In such instances, lecturers have to comprehend what characterises a healthy and caring environment. Furthermore, they have to understand how to work collaboratively with colleagues to establish and develop changes that permit their operation and interaction with students to be a success.

A caring environment is a most extensive teaching and learning setting that cultivates and nurtures substantial and meaningful caring and interactive relationships among all stakeholders including nursing students and their growth at all levels. In creating a caring environment, the lecturer participates and is actively involved with the nursing student in ascertaining or establishing the unique meaning and significance which the nursing educational experience has for that particular student. This occurs through professional socialisation of nursing students into the nursing profession amongst all involved in the process. In turn nursing students acquire and understand specified learning outcomes such as knowledge, competences, values, norms and attitudes essential in nursing

professional practice. When the proper caring interaction opportunities are accessible and nurtured, the student can gradually perceive his or her own individual and human existence, its contradictions, and become conscious of his or her perception of existence and meaning, and critically and creatively handle that.

2.2.3 Nursing education

In order to build on section 1.7.5:15, nursing education as articulated by Western University (2010:2), is the flexible teaching-learning process whereby lecturers work in partnership with students to help them in attaining academic and professional goals. Consequently, lecturers cultivate and nurture a caring environment to optimise learning experiences empowering students to develop caring relationships with others and consumers in the health care system. In turn students develop competences in professional nursing practice by being actively involved in their ongoing educational process for the self-directed pursuit of knowledge. Students also supported and developed personally, socially and intellectually. Ultimately they become creative, independent and critical thinkers.

In nursing education, caring and interactive relationships between the lecturer and the student involve giving and receiving caring from each other, while allowing discerning and their related aspect to influence their consciousness. This is manifested in an act of love, respect, commitment, attachment, inclination, interest, reasoning, understanding, openness and reflection. It also symbolises caring which is enriching, illuminating, nurturing while cultivating and fostering the development of caring behaviours and attitudes in both the lecturer and the student. Furthermore, through their unique interactions, both the lecturer and the student enter into a relationship participating equally as partners in educational settings and growing and learning from the encounter.

In principle nursing education works hand-in-hand with education. Therefore the nursing education will be outlined in the context of education.

Freire (1977:45-46) views the education and the use of education as a strategy for awakening social consciousness in the students. Of particular significance are his standpoints of the dichotomy embedded in the lecturer-student roles occurring in an educational environment created for empowerment and liberation. Hence, he advocates that a solution be achieved wherein the relationship between lecturer and students is no longer domineering, but where "both are simultaneously lecturers and students."

Education according to Noddings' (1992:173; 2005:2) observation should be arranged in centres of care rather than the liberal education which is a set of traditional disciplines. The author therefore proposes that students should learn to care for themselves and others, as well as ideas. Noddings (1992:174) further asserts that the ultimate aim of education should be to produce competent, more caring, loving and lovable people which is a moral priority disregarded by the educational system. In addition, Noddings (2002:283) perceives education as being pivotal to the cultivation of caring in society. The author defines education as a set of encounters, both planned and unplanned, that promotes growth through gaining knowledge, competences, comprehension and appreciation. Noddings (1992:14) strongly contends that lecturers should take a shared responsibility to develop healthy, competent and content students with the mainstream education system playing a pivotal role in this task. Simply put, students cannot achieve their academic goals if they do not feel as if lecturers care for them or if they themselves do not show caring for others. Therefore, nursing education in this study is the professional socialisation process whereby nursing students acquire and understand specified learning outcomes such as knowledge, competences, values, norms and attitudes essential in nursing professional practice. Key policies and legislative frameworks that have a bearing on the environment in nursing education are discussed in the next section below.

2.3 Key policies and legislative frameworks

Within the South African context, various factors influence an environment in nursing education, and the most pertinent influence is the effect of key policies and legislative frameworks on institutions of Higher Education and Training. Those key policies and legislative frameworks which have the most pertinent influence on environment in nursing education are discussed. This section reviews six related factors namely: brief historical overview of the nursing education curriculum in South Africa, key Higher Education policies and legislative frameworks, The South African Constitution Act No. 108 of 1996 as amended, The South African Qualifications Authority Act No. 58 of 1995 as repealed by National Qualifications Framework Bill, 2008, Higher Education Act No.101 of 1997 as amended and The White Paper on Transforming Public Service delivery. Based on these related factors that influence an environment in nursing education it is therefore, timely for this study to ascertain or determine whether or not nursing education, as presented at the North west University, Mafikeng Campus provides a caring environment.

2.3.1 Brief historical overview of the nursing education curriculum in South Africa

This section reviews the nursing education curriculum in South Africa with the intention of gleaning what it says about the provision of a caring environment. In 1981, the De Lange commission, established to examine the provision of education in the Republic of South Africa (HSRC, 1981), aimed at restructuring South African Colleges, Technikons and Universities. The attempt was to enhance the student mobility across those institutions for the production of high level competencies. For the production of high level of competencies to be realised in those institutions, a caring environment should be created. Also without a caring environment, the production of high level of competencies could not be evident. The restructuring in nursing education became evident in 1986 when the South African Nursing Council (SANC) introduced a four year comprehensive basic course comprising Nursing (General, Psychiatric and Community) and Midwifery under the SANC

regulations R425 of February 1985 as amended (SANC, 1985:4). This basic comprehensive programme is offered both at nursing colleges and university departments of nursing education. The programme constitutes extensive preparation conforming to sound educational principles and standards to meet ongoing expanded national needs.

The SANC as a statutory body in South Africa under the South African Nursing Council Act No. 50 of 1978 as amended by Act No. 33 of 2005, defines nursing education and educational standards for the nursing profession and regulates nursing education and nursing practice. In a discussion document (SANC, 1999a:1-8), on the "Transformation of Nursing Education and Training in SA", SANC affirmed that such transformation should be in accordance with core competencies and learning outcomes. The development and implementation of nursing education programmes should be in line with the principles of the National Qualifications Framework (NQF). The SANC according to Isaacs (2000:7) has been accredited by the South African Qualifications Authority (SAQA) as one of the Education and Training Qualification Assurance (ETQA) bodies to monitor and audit the provision, assessment and achievement of nursing education and nursing practice standards and qualifications in accordance with National Qualifications Framework (NQF). In order for the SANC's aspiration to be realised together with that of SAQA, this study should therefore be undertaken to investigate whether or not nursing education as presented at the North West University, Mafikeng Campus provides a caring environment.

In line with the SANC's perspective, the Bachelor of Nursing Science degree at the North West University, Mafikeng Campus in the North West Province aims to develop an independent, caring and compassionate nurse practitioner and midwife, who should render comprehensive and scientific health care services to recipients throughout their working lives. To realise its mission, the nursing department, through its teaching-learning process enhances personal and professional maturity of nursing students. As a result, students acquire knowledge, skills, attitudes and values that lead to independence and commitment to work. It is only through the creation of a caring environment in nursing education that the Department of Nursing Science could realise its mission. As a way of

concluding this segment, it emerges that caring issues are pertinent and where they are not observed, measures should be put in place to redress the anomaly.

2.3.2 Key Higher Educational policies and legislative frameworks

This section reviews the key Higher Educational policies and legislative frameworks introduced since 1994 with the intention of identifying what they say about the provision of a caring environment in education. These policies and legislative frameworks introduced by the Democratic Government of National Unity in South Africa are continually changing. They are developed and implemented in accordance with the cultural, political, social and economic transformation and developments comparable to global best practices and credible standards. These key policies and legislative frameworks are geared to promote lifelong education and training of high quality and a flexible career-path for all citizens to be self-directed. In turn, they impact greatly on nursing education and nursing practice and also constitute a major thrust for this study.

Key policies and legislative frameworks for the transformation of the Higher Education system in South Africa to be more flexible and open are highlighted. The South African Qualifications Authority Act No. 58 Of 1995, and the National Commission on Higher Education (NCHE, 1996:2, 89) proposed that institutions of Higher Education and Training should be under a single national unified regulatory framework in order to be more responsive to national socio-economic priorities. Further, to promote articulation, mobility and effective and efficient evaluation of quality in Higher Education and Training system. The White Paper of 1997 (Department of Education: South Africa, 1997:9) also echoed the same sentiments by indicating that this transformation is a component of the wider process of political, social and economic reconstruction and development.

The Higher Education Act No. 101 of 1997 and the National Plan for Higher Education of the Ministry of Education: South Africa (Ministry of Education, 2001) recognised and supported meticulous standards of academic quality as one of the principles in the

transformation of Higher Education and Training system. For the meticulous standards of academic quality to be recognised and be evident in Higher Education and Training system, a caring environment in nursing education is mandatory since caring is a yardstick of quality. For that reason, quality cannot occur without caring. Therefore, the focus of this study is to ascertain whether or not nursing education, as presented at the North West University, Mafikeng Campus provides a caring environment.

2.3.3 The South African Constitution Act No. 108 of 1996 as amended

The review of the South African constitution is done here. Among other things, this constitution enshrines the ideals the South African people aspire for. It is within this context that this review seeks to establish what the constitution says about the provision of a caring environment in nursing education. The South African Constitution (Act No. 108 of 1996:6, 25) has mandated that all the governmental departments (departments of nursing education included) should be open to transformation based on democratic values such as human dignity, equality, freedom, human rights, loyalty, mutual trust, respect, support and transparency. It implies that everyone's (nursing student included) inherent dignity should be respected and protected. In the context of this study, the South African Constitution Act is the most crucial legislative framework the nursing practice and nursing education specifically, have to comply with.

In this context, the paradigm shift is towards investigating whether or not nursing education, as presented at the North West University, Mafikeng Campus in the North West Province, provides a caring environment. This is crucial if the nursing education and nursing practice are to:

- Fit within the context of the South African Constitution Act mandatory to the transformation based on democratic values;
- Be viewed as part of the strategy that substantially contributes towards global social and economic development; and

- Be appropriate, relevant and of quality in the 21st century.

2.3.4 The South African Qualifications Authority Act No. 58 of 1995 as repealed by National Qualifications Framework Bill, 2008

The review of this section implies that the South African Qualifications Authority (SAQA) Act No. 58 of 1995 introduced in October 1995 as repealed by the National Qualifications Framework Bill, 2008, is a major step in the provision of a caring environment by the government of South Africa. This is said in the context of the Recognition of Prior Learning specifications. The South African Qualifications Authority (SAQA) Act No. 58 of 1995 introduced in October 1995 as repealed by the National Qualifications Framework Bill, 2008, was envisaged to develop and implement a National Qualifications Framework (NQF) and forthrightly to establish the South African Qualifications Authority. SAQA, according to Isaacs (2000:2, 4) ensures that the development and implementation of a NQF in South Africa reflects a flexible, coherent and integrated approach which addresses both students' and national needs. It implies that NQF contributes to the full development of every student as a critical, reflective, analytical and creative thinker and to the national social and economic development. NQF is also a register for nationally and globally acceptable credible standards defined as learning outcomes relevant to personal and national socio-economic development.

The transformational approach to Outcomes-Based Education (OBE) amongst others includes critical cross-field outcomes such as effective communication, decision making, problem solving, teamwork, lifelong and self-directed learning. It also allows access, mobility and progression through the articulation and portability of credits and qualifications and also recognition of prior learning. All these attributes as envisaged and set up in these policies are caring traits fundamental to the development of every student

to fulfil his or her full potential. Therefore in addressing or meeting the envisaged caring attributes as spelled out in these policies, it is then proper to determine or ascertain whether or not nursing education, as presented at the North West University, Mafikeng Campus, provides a caring environment.

Recognition of prior learning (RPL) according to SAQA (2002:3) means the comparison of a student's previous learning and experience, howsoever acquired, against the learning outcomes required for a specified qualification, and the acceptance for purposes of qualification of that which meets the requirements. It implies that recognition of prior learning is to ensure that a student is accorded an opportunity to demonstrate the knowledge, skills, values and attitudes he/she has already acquired in different ways and match these with proposed standards and qualifications. The student's experience is also to be considered in relation to standards and qualifications and awarded such should he/she be found competent during assessment. In the final analysis, it is imperative that this study's point of departure is to investigate whether or not nursing education, as presented at the North West University, Mafikeng Campus, provides a caring environment as deemed necessary by these policies and legislative frameworks. It is therefore, appropriate for all stakeholders in nursing education and nursing practice to be proactive and responsive to the South African professional, Higher Educational and Training policies and legislative frameworks which are comparable to those in use globally.

2.3.5 Higher Education Act No. 101 of 1997 as amended

This section aims to discuss issues raised by the Higher Education Act that pertains to the provision of a caring education environment. Education and training are fundamental components of human resource development and are considered the highest priority by the Democratic Government of National Unity. By 1997 the government had introduced the "Higher Education Act No. 101 of 1997" for South Africa. Though amended several times, the Act has, as its essence, the raising of standards of academic quality. The Act

specifically amongst others, addresses the provision of optimal opportunities for learning, knowledge creation, academic freedom, the pursuit of excellence, and the full development of every student. Values such as tolerance, appreciation of diversity, freedom of speech, expression of creativity, equality, freedom through the fostering of an open and democratic society based on human dignity are also addressed by the Act. It implies that the overarching goals of the Act, is to make it possible for all citizens to have equity of access to and to succeed in lifelong education and training of quality and also to be self-directed. The values as explicitly laid down in the Act are caring attributes reflecting a caring environment. However, for these values to be evident in nursing education and nursing practice they must be embedded in the nursing education programmes at all levels. Consequently, all stakeholders including nursing students will internalise and assimilate these values in their inner being. Therefore, for these set values to be attained, it is important to examine whether or not nursing education, as presented at the North West University, Mafikeng Campus, provides a caring environment.

The Department of Education: South Africa (2001:11) also holds this view that everyone is responsible for and challenged to establish a humane and caring society for all South Africans. In developing a higher education and training system for the 21st century, all South Africans have a special responsibility to implement these values and ensure that all students, with and without disabilities, pursue their learning potential to the fullest.

In order to realise the goals of the Act, the Council on Higher Education (2002:1, 5) asserts that the Higher Education Quality Committee's (HEQC) quality assurance system aims to be responsive and proactive in promoting and improving standards of academic quality aligned with, and sustained by other national and institutional initiatives associated with planning, standard setting and quality assurance. It also ensures that amongst others, increased equity of access, curricula and other higher education transformations are accompanied by satisfactory standards of service provision. Further, that the interests and needs of various stakeholders including students are considered. Such imperatives, together with the increasing higher education globalisation, have led to the HEQC shaping

a perspective of quality based on purpose, value for money, and transformation regarding individual students as well as social and economic development. In support, Pretorius (2003:13) indicated that perspective of quality may lead to value and meaning for students, and empower them to become lifelong and self-directed students. On this account, it could be noted that for nursing education to meet the challenge of the Higher Education Act, a caring environment in nursing education should prevail.

The Higher Education system in South Africa has built-in mechanisms not only to facilitate equity of access, but also to ensure that the quality of education and training programmes are attuned to national development needs and are comparable internationally. For nursing education that quality should be acceptable to all stakeholders including nursing students. The values and competences expected of nursing students should be integral to the nursing education programme. Because health care is changing and globalisation is a reality worldwide, nursing students should develop the value of lifelong learning and be self-directed. If this is a value of nursing education programme, then its students will be empowered to become lifelong and self directed students. In order for nursing students to render quality care, they should be provided with greater depth of teaching in cultivating caring and interaction styles in their inner being. Also they should be presented with interaction and caring opportunities, including interpersonal skills for diverse and meaningful learning experiences in nursing education and nursing practice settings. Equally important, it should be noted that providing a caring environment in nursing education is a professional responsibility of all stakeholders and is also a nursing student's expectation.

2.3.6 The White Paper on Transforming Public Service Delivery

This section devotes time to the review of what the White Paper on Transforming Public Service delivery says about the provision of a caring environment in nursing education system. The legislative framework introduced in 1997, should be adhered to in nursing education and nursing practice for a caring environment to be realised. Among the

contents of this paper are eight transformation imperatives referred to as Bathopele (People first) principles, envisaged to improve quality service delivery. This study also comes at the right time to make a contribution to the debate and policy recommendations put forward on how the problems in higher educational and health care systems can be alleviated on a sustainable basis. In line with these views, it is evident to ascertain whether or not nursing education, as presented at the North West University, Mafikeng Campus, provides a caring environment. Therefore it is crucial to undertake this study if nursing education is to be viewed as part of the improved quality service delivery. Also attributed to the Bathopele Principles is that they are predetermined to meet the basic needs of all South Africans by moving away from poor service rendering to good quality service promotion and provision. For the Bathopele Principles to be recognised, it is crucial that these principles be embedded in the nursing education learning programmes at all levels. In turn, nurses in general, and nursing lecturers in particular, may be empowered to deliver a quality nursing education, based on consultation, service standards, access, courtesy, information, openness and transparency and value for money underpinned by a caring environment resulting in customer satisfaction.

These Higher Education system scenarios that are emerging world-wide, and in South Africa specifically, are making new and far-reaching demands on the nursing profession generally and nursing education in particular. Such scenarios also have significant implications for the teaching-learning process with specific reference to a caring environment in nursing education. As such, nursing lecturers are presented with an opportunity to play a significant role in meeting the challenge. Thus they need to reflect on major changes that should occur in nursing education if they are to remain proactive and responsive to these emerging scenarios. For this to be realised, Romyn (2001:1) aptly asserts that nursing lecturers are to embrace an emancipation paradigm that will free both lecturers and students from the authoritarian coercion of behaviouristic models of education, and empower them to be social change agents. Foremost among these changes are to:

- Rethink definitions of teaching and learning (Romyn, 2001:1);

- Reconceptualise lecturer-student relationships (Romyn, 2001:1);
- Shift the locus of care from the biotechnical, disease-oriented model (Frankel & Rosenblum, 2004:1).

As a way of winding up this section, it became apparent that Higher Education policies and legislative frameworks within the South African context have the most pertinent influence on the environment in nursing education. Where these policies and legislative framework are not adhered to, built-in mechanisms should be in place to restore incongruity. The next section focuses on an overview of the theoretical perspectives significant to this study.

2.4 Overview of the theoretical perspectives

In this section, the theoretical perspectives that provide a framework in terms of which the research problem, the nature of the study and the findings can be understood are discussed. These theoretical perspectives form the core of a theoretical framework in this study, and involve both interaction and caring perspectives. Both theoretical perspectives are pertinent and relevant to this study since they:

- Highlight the significance of the socio-cultural environment in the formation and comprehension of human behaviour or social conduct and attitudes;
- Focus on how that which is perceived or anticipated within specific interaction and caring contexts impacts on human experiences and functioning.

The theoretical underpinning of this study is grounded on the interaction and the caring perspectives. Both theoretical perspectives are interrelated and highlight the fact that people are social, living beings (individual personalities) consistently judging themselves. They are also managing their behaviour and attitudes to ensure that the perceptions of self and others are recognised and that the expectations of self and others are accomplished. According to these perspectives, a person's level of self-esteem, self-

factors in developing their respective responses. However, they are directing, checking, bending and altering their actions in the light of what they encounter in others' conducts and attitudes. All these seem to have an impact on the meaning and significance attached to the experience of the encounter.

Symbolic interactionism, as defined by Nelson (2005:1) is a theory about human behaviour, and also a perspective on the study of human behaviour or conduct including social group life. It is concerned about how people define events or situations or circumstances or reality and how they act or behave in relation to their beliefs. This perspective is also regarded as an interaction process for the establishment of meanings to people. The starting point of meaning is central in human conduct. Therefore attaining meaning plays a pivotal role in the overall human functioning resulting in good physical health as well as positive mental health. The author further indicates that people are best understood in relation to their environment. It implies that a symbolic interactionism perspective focuses on the meaning and significance of events, situations or circumstances of people in a natural setting and is therefore related to phenomenology. With this background of the description of an interaction, it is imperative that the construction of meaning through interaction be outlined.

2.4.1.2 Formation of meaning through interaction

Meaning as expressed by Bezuidenhout (2002:35) is shared mental images of possible associations between things, circumstances or situations and relationships between people. It is an enlightenment of sequence and coherence and purpose in a person's life. Meaning is also viewed as a quest for and an achievement of worthwhile goals with a sense of fulfilment. In addition, meaning is perceptual, cognitive and emotional frame of reference upon which a person's symbolic code or system is built. It also values human beings attach to their own being including life experiences. Therefore, the formation of meaning through interaction is a fundamental element of the development of self and identity. In turn, the formation of meaning is persuaded by the challenges of life and

these challenges are created in environmental expectations.

According to Sarantakos (2005:37), meanings are not permanent but emanate from human beings' interaction with the world they create. Meanings do not come into existence before they are connected or linked to a mind. Sarantakos (2005:39) further postulates that the degree to which human beings construct meanings in interaction with objects differs. However, human beings attribute such meanings each time they interact with each other. The formation of meanings during an interaction is supported by socialisation process which is a cultural means where human beings learn to recognise and appreciate meanings in others. At this point, the formation of meanings is based on culturally characterised and historically situated comprehensions including individual experiences. In the light of that, the socialisation process expresses or puts across such meanings and teaches individuals where, under what conditions, and how to assign them. Such skills and practices generate or establish the competence to challenge the world wisely and consistently and establish meanings in accordance with intellectual standards and principles. Furthermore, these skills attribute such meanings to people and so make sense of the world. However, the formation of meanings is more complex than it seems, and definitely not without consequences.

It implies that the social constructionist as indicated by Sarantakos (2005:39) recognises and accepts the strong contribution made by human beings in the formation of meanings. The social constructionist also highlights and accentuates that culture and society play a pivotal role in constructing meanings through the socialisation process. Meanings are generated collectively and are readily accessible. They are already formed by and articulated through culture. Meanings also are shared and socially constructed, maintained and reconstructed through interaction.

Human conduct as observed by Blumer (1996:132) arises from huge interpretative process in which individuals personally or collectively, guide themselves by defining the objects, occurrences and situations they encounter. Symbolic interactionism focuses on

the meanings of occurrences to individuals and symbols utilised to convey those meanings. Meanings are formed through experience or interaction. Fundamental to the formation of meanings according to Blumer (1969:5), is the human competence to possess a self-concept and to communicate with self.

Similarly, human beings according to Wong's (2005:2) perspective are competent in rising above biological, environmental and historical influences. They are autonomous and accountable to choose their own futures and are the biographers of their own life stories. Furthermore, they are capable of interpreting their own experiences by assigning unique meanings to each situation. People are meaning-making and meaning-searching creatures who are inspired to make sense of the world and discover meaning for their existence and behaviours. Thus they exist in a world of meanings. Their views of events frequently impact them more than events themselves.

The symbolic interactionism perspective according to Sarantakos (2005:43), focuses on people and everyday social interaction processes between them. In dealing with social life at a personal or collective level, this perspective places importance on human symbolic processes. Symbolic interaction means an unusual and exceptional attribute of the interaction that occurs between people and their environment. The peculiarity comprises the fact that people as social beings are involved in defining and interpreting each other's behaviours and attitudes instead of simply and only reacting to each other's behaviours and attitudes. Such response is not made directly to the behaviours and attitudes of one another but instead is founded on the meaning attached to such behaviours and attitudes. Thus, social interaction is negotiated by using symbols, by interpretation, or by ascertaining the meaning of another's behaviours and attitudes. Such negotiation is equal to adding an interpretative process between stimulus and reaction in the case of social behaviours and attitudes.

As noted by Blumer (1969:55), symbolic interactionism relies on the belief that a human being is not merely and just responding to the play of factors from one's environment

or from himself or herself but acts to cope with and handle such factors, in so doing has to shape one's conduct and attitudes. The building blocks of symbolic interactionism as outlined by Blumer (1969:2) are as follows:

- People behave toward others on the ground of the meanings others have for them, or towards circumstances one encounters in everyday life;
- The meanings of those people originates from the social interaction the person has with others;
- These meanings are dealt with and reformed through an interpretative process utilised by the person during the encounter with others;
- People in interaction are not just giving expression to such determining factors in developing their respective responses, but are selecting, directing, checking, bending and transforming the meanings in the light of what they encounter in the actions of others;
- Meanings are employed and amended as devices for guidance and behaviour formation.

According to the symbolic interactionism perspective, meaning guides behaviour or conduct and is a stage of deliberation for the formation of meaning which is attached to events or situations or circumstances. The meaning of events or situations or circumstances is created by people and leads to behaviours and attitudes. Therefore, all meanings are ultimately negotiated and integrated through interactions between people. People attach meanings to situations with resultant of an action and its consequences.

One of the primary styles or practices human beings explore and learn as observed by Beck (2004:4) is through interaction with others. By interacting with friends, peers, partners, family members, significant others and people (lecturers and students included) in a social environment, people at that moment focus and concentrate on one another and adjust their behaviours and attitudes to one another. Through such interaction with others, they learn how to adapt, adjust, care, nurture, communicate, confide, co-

operate, forgive, give, receive, share, trust, understand, support, and be responsible and accountable. These attributes are also applicable in the teaching-learning settings.

In the final analysis, an interaction perspective is characterised by social interaction which is a moving process whereby human beings involved are interpreting or defining each other's behaviours and attitudes instead of sheer reaction founded on meaning. However, all meaning is decisively cultivated and negotiated through experience or interaction and not readily accessible or in one's own mind, but it integrates or blends through one's interactions in the environment with others. An environment as a determinant of an interaction is then explained in the next section.

2.4.1.3 An environment as a determinant of an interaction

In order to build on section 1.7.4:14, an environment of interpersonal interaction fostered by a trust relationship between the lecturer and student encourages learning. It is vitally important according Darling-Hammond & Bransford (2005:116) that lecturers take cognisance that educational settings have cultures which can themselves be developmentally healthy or unhealthy. The lecturers' work in the classroom can be much more helpful if it signifies shared values and norms throughout an entire educational system. The authors assert that an educational environment that is nurturing, challenging and supportive provides the nourishment that students require to be healthy, whole and successful. This environment is accomplished provided lecturers engage their students as partners in education and as a result will be able to learn how to embed child development principles in every aspect of their work. Furthermore, treating the educational setting as an environmental system, establish a powerful context in moulding the students' behaviours, attitudes and achievement. Such behaviours and attitudes include not only those directed toward the students in the classroom but among all the members in the educational setting.

Varying interactions in the educational system as aptly pointed out by Darling-Hammond and Bransford (2005:117) are fundamental to modifying the outcomes for students. The

educational environment becomes a powerful support for students' growth, development along all of the growth and developmental pathways provided all adults work together to establish norms of support and expectation. They also model and teach students a coherent set of respectful and responsible behaviours and attitudes that support positive self-identities. Additionally, when adults are more diverse, supporting mutual values, goals and hopes for students, it is more likely that students will internalise and assimilate that into their own personal identity.

Darling-Hammond and Bransford (2005:117) assert that those who apply an environmental framework must also look at the environment to see what should be altered to support healthy growth and development instead of expecting the student to adjust to the environment. They further report that countless problems encountered in adolescence are actually the consequence of the educational setting not being conducive to the students' developmental needs. Mostly adolescents require intellectual challenge, opportunities to express ideas, be involved and participate in decision making processes. Additionally, adolescents need caring relationships, and affirmation in developing competence and identity. Many are placed in large, impersonal, departmentalised structures where rules are more rigid, their participation is less sought, teaching and learning is less engaging. They are less attached to adults (lecturers included), and their sense of identity is undermined. On the contrary, more personalised educational settings that permit more participation, involvement and responsibility taking, generate immense achievement and wonderful caring relationships. Furthermore, they are attached to adults (lecturers included) and to the academic enterprise.

In the final analysis, as recommended by Darling-Hammond and Bransford, (2005:117), effective lecturers require a good foundation in normal development within diverse cultural contexts. Preparing a lecturer to be a substantial contributing member of a supportive educational setting also means assisting that lecturer to comprehend how students' development is moulded by the overall environment, and how that environment should be deliberately moulded by the joint efforts of all academic staff members. The emergence of

self, self-concept and self-esteem is highlighted in the next section.

2.4.1.4 Emergence of self, self-concept and self-esteem

- Self or identity

Self, according to Huitt (2005:1), is the conscious reflection of one's personal identity, as an object detached from other or from the environment. Doyle (2005:1) views self from the pragmatic philosophy as a complex process of gaining self-consciousness. Through interaction with others, one develops a concept of who he or she is and accomplishes a sense of self. A person is capable of being a recipient to self, and fulfils a sense of self through role taking. As the person assumes the role of others, the ability to reflect self, an incomparably social potential, is learned. Such social potential to perceive and to anticipate self from the perspectives and perceptions of others enables a person to hold an image of self. This self-image is learned during childhood and through social interaction. This implies that people learn who they are and what they expect of themselves by communicating with one another. The author further indicates that according to post-modern self, a sense of self is a relational perspective that is defined and negotiated in relational communities.

One's sense of self or personal identity according to Doyle (2005:2) is developed and established through communication and interaction with others and at the same time determines such interaction. Social experience is vital to one's sense of self. Self is both the object (the 'me') derived from other people's behaviour and attitudes while the subject (the 'I') is the person's inner reaction to other people's behaviours and attitudes. Hence, the self is not fundamentally a fixed and rigid self, but the one that is frequently adjusting and adapting to others. The self is one that emerges not just from the individual, but with how others view the person and how that person reacts to and develops his or her own responses to this. This implies that people respond in terms of feelings or an idea i.e. the meaning behind the behaviours and attitudes that are involved in the system of mutual

expectations, as being present in the interacting situation. Whenever people come into contact, a certain mode of interaction transpires. Furthermore, the ways people behave towards each other convey the message about or determine the types of people they are with the result that personal identity continually changes.

According to Mellish, Brink and Paton (2001:33), from a humanistic perspective, a man or a human being, is a holistic being with physical, social, mental and emotional dimensions. A human being possesses feelings, attitudes and values and has a natural need to accomplish her or his own potential. This perspective stresses the relationship between the lecturer and the student including the development of the student's full potential. Therefore, it is imperatively fundamental for a lecturer to take cognisance of the fact that a student is a holistic being with learning needs which are her physical, social, cultural, spiritual, mental and emotional dimensions or traits, and these are to be nurtured and cultivated during teaching and learning processes. In this way, the student's potential may be accomplished. The acquisition of knowledge should not be an end in itself but rather a means to improve oneself and finally the environment in which one lives.

A human being's calling as observed by Freire (1977:12) is to be a person who acts upon and changes his or her world and to progress individually and collectively towards ever new possibilities of a fuller and richer life. Each person, whether uninformed or immersed in the "culture of silence", has the capacity to critically perceive his or her world in a dialogical encounter with others. When one is provided with proper tools for such an encounter, one can gradually perceive one's own personal and human existence including the contradictions in it, become aware of one's perception of that reality and meaning, and deal critically with it. In this process the old, paternalistic lecturer-student relationship is overpowered. This implies that in the teaching and learning settings, both the lecturer and the student, whether unenlightened or immersed in the "culture of silence", have the ability to critically perceive their own world in a dialogical interaction with others. When the proper interaction opportunities are accessible and nurtured, the student can gradually perceive her or his own

individual and human existence, its contradictions, and become conscious of his or her perception of existence and meaning, and critically handle that. Thus the obsolete and rigid lecturer-student relationship is conquered.

Furthermore, when an uninformed person is engaged in the educational experience, he or she starts to see self differently, have a different picture of self, develops a new sense of dignity and becomes motivated by a new vision. Therefore, education either domesticates or liberates people to deal critically and creatively with reality, and discover how to participate and be involved in changing their world (Freire, 1977:13).

Finally, each person is unique (lecturer and student included), needs to be accepted, appreciated, and respected and to feel free to learn, reflect, change, grow and develop personally and professionally. He or she should have the opportunity to share appropriately his or her insight, experiences, ideas and feelings fully in any encounter. He or she also should have the opportunity to know others personally, including their experiences, opinions, ideas, expectations, issues and challenges considered vitally important in life and in educational circumstances. One's personal identity is developed and established through communication and interaction with others and simultaneously determines such interaction. The development of personal identity is dynamic and continually adjusting and adapting to others' behaviour and attitudes.

- Self-concept

Self-concept according to Potter and Perry (2001:541), is a subjective sense of self and a multifaceted blend of conscious and unconscious thoughts, feelings, attitudes and perceptions. It provides one with a frame of reference that influence one's management of situations and relationships with others. Self-concept is developed through a very intricate process that entails many variables and comprises four elements such as identity, body image, and self-esteem and role performance. It is the psychic image of a human being, the fundamental part of "I" around which all perceptions and

experiences are sorted out. The authors further describe self-concept as a dynamic blend formulated over years and based on:

- Reactions of others to one's body;
- Continuous perceptions of the responses of others to the self;
- Relationships with self and others;
- Spiritual identity;
- Personality structure;
- Perceptions of stimuli that have an influence on self;
- Prior and new experiences;
- Present feelings about the physical, emotional, and social self;
- Expectations about the self.

A positive and healthy self-concept as viewed by Potter and Perry (2001:541) gives one a sense of stability, wholeness and consistency with a high degree of continuity and generates optimistic feelings toward the self. In addition, Huitt (2005:1) describes self-concept as a cognitive or thinking element of self, pertinent to one's self-image. It is the common idea one possesses of oneself. The author further describes self-concept as the sum of a complex, orderly, and dynamic system of learned beliefs, behaviours, attitudes and opinions that each human being regards to be true about his or her personal existence or personality. It is the underpinning of all motivated behaviour and attitudes and gives rise to possible or potential self that create and develop the motivation for behaviours and attitudes. Furthermore, one's paradigm and the relationship to that perspective provide the limitations and circumstances within which one develops one's vision of possibilities. The self-concept leads to meaning and self-directed behaviours and attitudes, and is unique to people. A person has a self-concept and also acts towards self as towards others and communicates with self. The person's ability to hold a concept of self and for self-interaction is a foundation for the formation of meaning and experience in everyday life.

The person develops the concept of self through a gradual and complex process that continues throughout life. Doyle (2005:1) speculates that one's life and a sense of self are in a process and as one grows and changes over time, the quality and substance of one's communications with others also change. One's concept is the image that he or she builds only with the assistance of others whose efforts are appreciated and rewarded. If this assistance is consistent and repeated frequently, one will develop a feeling of acceptance and self-confidence. It is through the responses of others that one decides whether he or she is intelligent or stupid, worthy or worthless, depending on whether the responses of others are positive or negative. The assessment of the self thus depends on people's perception to others; people's judgements; and people's feelings about these judgements. Furthermore, the perception of the reactions of others gives an image of the social self, the way a reflection in the mirror portrays an image of the physical self.

In support of the given description of self concept, Huitt (2005:2), expounds that one's self-concept is developed and sustained through action taking and reflective processes on what one has done and what others tell him or her concerning what he or she has done. A person reflects on what has been done and could be done in comparison to one's expectations, and that of others, including their attributes and achievements. The self-concept is continually changing and is not hereditary, but is developed or evolved by the person through interaction with the environment, and reflecting on that interaction or encounter. The author further indicates that there is growing research evidence that self-concept changes i.e. self-change which does not come by choice but is dependent on the self-reflection process. Through such a process, one frequently perceives oneself in a new, more powerful way and it is through such perception of the self that a person can develop potential self. In addition, Mellish, Brink and Paton (2001:99), contend that reflection is a thinking process associated with a learning experience. The outcome of such a deliberation is to attach meaning to the experience and to incorporate the experience into one's perception or assessment of self. As a result, reflection has the potential to provide for personal growth and development.

According to Huitt (2005:2), there are several elements of self-concept - physical, social, transpersonal and academic. Physical self-concept is associated with that which is concrete or real e.g. what one looks like, one's gender, while social self-concept is concerned with one's relationship to others, and transpersonal self-concept describes one's relationship with the supernatural or the unknowns. The academic self-concept on the other hand, is associated with how one does in school or how well one learns. It comprises a general academic self-concept which denotes how good one is as a whole, and includes a set of specific content-related self-concepts that is associated with how good one is in a particular subject. The author further indicates that there is a very specific relationship between self-concept and school achievement. General self-concept and non-academic self-concept are not associated with academic work. General academic achievement measures are moderately associated with academic accomplishment, or success, but specific measures of subject-related self-concepts are highly associated with success in that content area. The author indicates that the level of self-esteem does not predict the level of school success. This implies that lecturers need to focus on the academic successes and failures of their students. It is the student's history of success and failure that provides lecturers with the data to assess themselves (lecturers).

- Self-esteem or self-worth

Self-esteem as articulated and expounded by Leary and Baumeister (2000:1-2) is an inner, psychological monitor of social belongingness which is extremely significant to human beings. It is one's view of one's value. Fundamentally, self-esteem is an individual's personal perception of how one is coping about being a valuable, viable and sought-after member of the groups and relationships which one belongs and aspires to belong. Similarly, it is a personal view and, consequently, may or may not directly reflect one's objective talents or accomplishments. In reality, it is associated more strongly to perceptions of others' appraisals of oneself than apparently objective indicators of one's ability or goodness. In support, Huitt (2005:1) describes self-esteem as the affective or emotional element of self that denotes how one feels about oneself or

how one value oneself which is one's self-worth. Self-concept is concerned with the general idea one holds of oneself while self-esteem means specific measures on elements of self-concept. The author indicates that these concepts are used interchangeably by other authors. Self-esteem is associated with self-concept since an individual with good self-esteem or self-worth, has a clearly differentiated self-concept. When an individual knows herself or himself, he or she can maximise outcomes since he or she knows her or his capabilities and limitations.

On the contrary, Potter and Perry (2001:452) point out that an individual who feels worthless and who receives little respect from others, typically has low self-esteem. Self-esteem is a person's sense of self-worth and is based on both internal and external factors. It is affected by both self-assessment which is a continuous mental process of one's own worth and the reactions of others. An individual who values himself or herself positively, despite weaknesses and limitations, and who feels valued by others generally has a high self-esteem. Potter & Perry (2001:453) hold a view that a positive sense of self-worth or self-esteem is an essential human need. One's self-esteem influences how one operates in the world and also influences one's self-concept.

Human beings as observed by Leary and Baumeister (2000:11) seem to be mostly inclined to pursue and preserve interpersonal relationships that depict stability, affective concern, ongoing contact and persistent expectations. Additionally, stable, caring and enduring relationships that engage persistent interventions are more valuable to people's everyday contentment and wellbeing. Therefore, even though individuals shun being disgraced or rejected by others, they are mainly concerned with maintaining certain kinds of close interpersonal relationships.

The concept is the image that one builds only with the assistance of others whose efforts are appreciated and rewarded. If this assistance is consistently and frequently repeated, one will develop a feeling of acceptance and self-confidence. It is through the responses of others that one decides whether he or she is intelligent or stupid, worthy or worthless

depending on whether the responses of others are positive or negative. Social interaction involves contact or encounter. It is not mere physical contact that counts, but meaningful or symbolic contact. Social behaviour of people comprises acquired responses to meaningful responses by others.

As a student masters various skills, his or her self-confidence grows and so does his or her desire to attempt new challenges. Through personal and social development, a student discovers his or her responsibilities in the teaching-learning settings. Balanced relationships through social interaction are dependent on a positive self-image from the student. In enhancing and nurturing such self-image in the student, Huitt (2005:3) urges that the lecturers and parents should provide experiences through meaningful dialogue for appropriate social behaviour and attitudes in a variety of teaching and learning settings. Through interpersonal activities the student learns to respect others and is sensitive and responsive to their needs. The lecturer's goal is to provide opportunities whereby a student can build a comprehension of self-worth, develop leadership qualities, foster good character and nurture an appreciation of the rights of others. Each student is encouraged to grow and develop personally and acquire skills necessary to participate professionally; to recognise his or her gifts and talents and to share them with one's community.

As a way of concluding this section on theoretical overview of interaction perspective, it emerged from the literature reviewed that a person is not merely acted upon but he or she also acts. All meanings are decisively negotiated and integrated through social interactions between people. People attach meanings to situations resulting in behaviour and attitudes and their consequences. Furthermore, it should be noted that people are social beings consistently judging themselves and managing their behaviour and attitudes to ensure that the expectations of self and others are accomplished. According to the related literature reviewed, a student's level of self-concept, personal identity, self-esteem (self-worth), and self-respect, are dependent predominantly on the positive or negative feedback received or anticipated from significant others, including lecturers. The student

develops the concept of self through a gradual and complex process that continues throughout life.

The interaction perspective is relevant and appropriate to this study because it highlights that through interaction with people, situations, and events and self, people, situations, events and self are defined, and meaning is attached to them. This framework can be used to understand the perceptions and expectations of students regarding the meaning and significance of a caring environment in nursing education.

The theoretical overview of a caring perspective is highlighted below.

2.4.2 Theoretical overview of a caring perspective

2.4.2.1 Caring as a concept

By way of building on section 1.7.1:13, caring as viewed by Potter and Perry (2001:102) is a general phenomenon that affects human beings' styles of thinking, feeling and behaving in relation to each other. It is having a constructive regard for another person and is essential to a helping relationship. Furthermore, Potter and Perry (2001:327) indicate that nursing scholars (researchers) have developed theories on caring because of its importance not only to the nursing practice but also to the existence people.

Caring is one of the nursing care domains essential for its effectiveness. When a person interacts with another according to Booyens (2001:212) caring is suppose to occur and is demonstrated by tenderness, thoughtfulness, compassion and respect. It should daily saturate the work, behaviour and attitudes of nurses in general and lecturers specifically. In addition, Booyens (2001:221) points out that caring is articulated through commitment, compassion, confidence, conscience and competence. Caring as described by Potter and Perry (2001:104) is a sustainable means of connecting to a significant person towards whom one experiences a personal sense of commitment and obligation. It is also a pivotal

nursing phenomenon but not essentially unique to the nursing practice. Such caring is denoted by:

- Knowing - striving to comprehend an event as it has meaning in another person's life;
- Being with - being emotionally present to the other, experiencing with, being available and involved;
- Doing for - concern and love for others i.e. doing for another person as he or she would do for herself or himself if it were feasible;
- Enabling - facilitating another person's journey through life changes and unusual events;
- Maintaining belief - nurturing and instilling faith in another person's potential to get through change or an event and face a future with meaning.

Therefore, caring as highlighted above can then be viewed as:

- A general phenomenon that impacts one's thought process, sensitivity, conduct and attitudes in relation to others;
- A sustaining means of connecting to a significant person towards whom one experiences a personal sense of being with i.e. presence, concern and love for others, commitment, consideration, doing for, expression of compassion, interpersonal valuing and involvement, knowing, obligation, nurturing faith and hope, respect, tenderness, actualisation, confidence, conscience and competence;
- A humane and mutual caring process for both the lecturer and the student through interactive, comprehensive, reflective and retrospective relationships resulting in discovery of personal essence.

Such attributes of caring are also applicable in the teaching learning contexts as they depict a caring environment. In line with this perspective, the researcher therefore affirms that a broader, more appropriate, relevant, and clear understanding of what a caring environment is, is a necessity. Furthermore, the significance caring has on the lecturer-student interaction, and how caring reveals itself, is required. It is also

imperative for all participants in the educational settings, to create the type of environment for caring that they require in those settings.

2.4.2.2 Caring relationship perspective

Caring as expressed by Smith (2005:2) is feministic in essence and is a part of ethics and moral education. Therefore, it should be a basis for ethical decisions. The lecturer practising the "caring ethic" should uphold preparedness to care and focus on the wellbeing (interest), protection, or support of the student(s). Caring is an essential part of human life and it is to act with love and respect. Caring and caring relationships encompass feelings for another, receiving another unto oneself, reasoning with and understanding another, and also a commitment to the service of another person. Basically caring is ascribed by relatedness, connectedness, engrossment, motivational displacement, reflectivity, and receptivity. When a person cares for others and is cared for by them, caring for oneself is also feasible.

In nursing education, a caring relationship implies that both the lecturer and the student are involved in giving and receiving caring from each other, while allowing the discerning, relating aspect of themselves to encroach on their awareness. That is demonstrated by an act of love, respect, commitment, attachment, inclination, interest, reasoning and understanding, openness, motivational displacement, and reflection. It also symbolises caring which is enriching, illuminating, nurturing, while cultivating and fostering the development of caring behaviours and attitudes in both the lecturer and the student. Furthermore, through their unique interactions, both the lecturer and the student enter into a relationship participating equally as partners in educational settings, and growing and learning from the encounter. As such, all participants quest for greater self-consciousness and greater spiritual awareness with appreciation for people.

Smith (2005:8) indicated that caring can be viewed as an essential principle whereby human beings at all times act so as to create, sustain and enhance caring relations. The

lecturer, conversely, does not refer to such a principle when he or she reacts to the student. The principle is descriptive and not prescriptive. The conducts and attitudes of lecturers are well outlined by such a principle, but the motivation crops up either naturally or through deliberate reflection on an ideal of caring that has become part of their character. It implies that while a person becomes content with a personal caring relationship, caring then becomes a component of his or her fundamental principle of life and inner being. In the researcher's view, in order for social relationships as vital sources of caring to be realised in the teaching and learning settings, a caring environment in nursing education should be established. Similarly, Noddings (2005:3) proposes that lecturers and students should spend more time together to establish trusting relations.

Mellish, Brink and Paton (2001:73) assert that it is advisable for lecturers to reflect on their own general feelings, thoughts, behaviours and attitudes towards students. A virtuous lecturer-student relationship originates from lecturers who accept their role as lecturers, and who possess expertise, attributes and commitment to facilitate learning. In support of Mellish, Brink and Paton (2001), Beck (2004:8) articulates and expounds that when the lecturer is with the student, the lecturer can appreciate the student as a valuable and unique person. It is significantly essential in human relationship not to ignore the importance of love and joy by treating people as objects instead of as the divine essence. Human relationship teaches people a lot about themselves. No person can irritate someone unless one permits that to happen within oneself. Personal interaction and communication provide ongoing lessons in self-awareness and the art of loving. With a friendly attitude and conduct toward all people one interacts with, these experiences are more pleasurable and uplifting. People are inclined to treat one another according to the treatment they receive from one another. Thus they learn creativity, responsibility and justice through interaction. Furthermore, social situations as expounded by Beck are ascertained by people in how they regard or consider or experience or perceive the situation. People portray their roles and relationships by their attitudes and conduct.

From the caring perspective, the personal and professional growth of students is vitally important as observed by Smith (2005:9). Lecturers are responsible for support, and to foresee, assess and encourage worthwhile activities by students. Students, lawfully, are to pursue activities mutually constructed and approved by both lecturers and students. Noddings (1992:174) postulates that lecturers, like mothers, should attempt to raise individuals and students who are acceptable, admirable, compassionate, loving, productive or competent, respectable, trustworthy, and not obsessive but committed to caring. However, this moral priority is disregarded by the educational system. In facilitating the professional development of such individuals and students, lecturers require both intellectual capabilities and a knowledge base regarding those particular individuals and students with whom they are interacting.

Caring relationships should be cultivated by encouraging students to share ideas, potentials, competences in response to each other's learning needs; to recognise personal strengths and weaknesses; to exhibit mutual respect, acceptance and cooperation in developing a caring environment.

2.4.2.3 Lecturer-student relationship

Freire (1977:45-46) renders a careful analysis of the lecturer-student relationship which reveals its critically narrative character. This relationship consists of the lecturer as a narrating subject with the student as a patient, receptive, listening object. The student is a passive receiver of facts, and education is reduced to "an act of depositing," in which the students are the depositories and the lecturer is the depositor. It means the 'banking' concept of education in which the scope of action allowed to the students extends only as far as receiving, filing and storing deposits. On the contrary, Freire advocates for the pedagogy of liberation for both the oppressed (students) and the oppressors (lecturers). His focus is on education and the use of education as a strategy for awakening social consciousness in the students. Of particular significance are his views of the dichotomy embedded in the lecturer-student roles occurring in an

educational environment created for empowerment and liberation. Therefore, the author advocates that a solution be achieved wherein the relationship between the lecturer and students is no longer domineering, but where "both are simultaneously lecturers and students."

Students, according to Noddings' (2005:2) observations are not usually as close or intimate to lecturers as children are to their parents but the relationship is still ideally a close or intimate one. However, for some students, lecturers are more significant than parents. The author reflecting back on her experiences indicates that a series of lecturers she came in contact with while she was a student, played an instrumental and pivotal role in her life. She cannot think what her life would have been like without such lecturers. She further states that human beings learn from those they love. The lecturer-student relation or bond is, inevitably unequal since lecturers have distinct roles students cannot undertake. A possible remedy for the situation according to Noddings (2005:3) is that lecturers should:

- Practice inclusion by assuming a dual perspective i.e. their own and that of their students;
- Perceive the world from their students' perspective in order to reposition them from a lesser to a more satisfactory outlook; and
- Remain aware that the relation or connection is unequal.

Therefore, virtuous lecturers, according to Noddings (2005:3), do not reject or cast-off what students perceive and experience, but, somehow operate with what is directly and forthwith perceived and experienced so as to build a stronger position for each student. For this to be realised and accomplished, the establishment and sustenance of a trusting relationship is needed. Good lecturers strive to liberate their students to pursue their own growth without being held back by their lecturers own personal and professional needs.

Mellish, Brink and Paton (2001:73) indicate that according to research evidence, lecturer's personal traits are fundamental to involving students in the teaching-learning process and motivating them to learn. The lecturer's personal traits fundamental for successful learning are:

- Demonstration of self-confidence in self and students;
- Being dynamic and zealous;
- Being open-minded and non-judgmental;
- Displaying a sense of humour;
- Admitting mistakes and limitations;
- Being co-operative and patient; and
- Being flexible when the situation calls for it.

In the light of the given explanation of the lecturer-student relationship, Noddings (2005:3) expounds that the lecturers can both see students and see with them. While students on the other hand, by definition, cannot see in the same manner as the lecturers, nor should they be expected to. When a lecturer-student relationship takes this route, the relationship becomes one of mature friendships and the authoritarian and overbearing relationship disappears. Students are set free or liberated by their lecturers' attempts at inclusion so that they can pursue their own personal and professional growth and development. This is precisely what the virtuous lecturer strives at or quests for. Lecturers do not desire their students to be coerced or compelled by their lecturers' personal or professional needs. The responsibility and accountability is just tremendous and great. Students also have a part to play as care-recipients by responding positively to their lecturers' attempts. Frequently this occurs in an evidently natural way.

Beck (2004:7) regards friendship as an art of loving those we know. It is a mutual relationship that is ideally sound, harmonious and free derived from friendly conduct and attitudes. Furthermore, it is characterised by being honest, courageous and communicating how one feels and what one thinks pertaining to issues and situations. This principle is also applicable in one's relationship with others when one is honest in

expressing one's feelings and thoughts about others. Another attribute of friendship is openness and sharing oneself and acknowledging one's own doubts and inadequacies. From the encounter, there is a lesson learned on how to resolve one's doubts and fears and to work on one's weaknesses to strengthen them. Therefore, one grows in awareness, instead of concealing and repressing one's faults. In addition, should one have a problem with someone that is to be resolved, one could discreetly, conscientiously and lovingly be honest regarding how one feels so that a two-way communication can occur and the problem solved as amicably as possible. No other person is compelled to do what another person desires, but someone can communicate his or her standpoints so that another person may know his or her ideas and feelings, and be free to make an informed decision.

According to Noddings' (2005:4) observation, children who have been cared for at home will spontaneously respond positively towards lecturers. But if lecturers conduct themselves in strange ways, students may have a problem in discovering caring endeavours. Students may also encounter a problem in perceiving care if it comes in forms they have already conceived and assessed as non-caring. If lecturers rationalise abusive conduct on the basis that it is for the student's own good, a student may well distrust all attempts to improve his or her condition. This places an enormous weight on lecturers to listen, receive, and respond to what is actually prevailing. Therefore, lecturers must bear in mind that students are from different backgrounds and cultures but are unique human beings, each in need of a special relation with his or her lecturer. They strive to feel safe in their relationships with lecturers. It must be acceptable to admit error, confusion or even a dislike of a particular subject.

Noddings (2005:4), further points out that the students should also take responsibility in communicating their needs to their lecturers. They should also comprehend that their behaviour and attitudes or responses invigorate and vitalise or dampen their lecturers' enthusiasm. Students have an immense impact on their lecturers and these probabilities should be openly discussed. Lecturers' and students' contributions are unequal, but they

are however mutual and dispensable. The relationship is characterised by reciprocity that implies that caring is a relation or connection involving dialogue and exchange. Both can learn and gain from the experience and can also appeal to that principle. However, students cannot be expected to teach their lecturers. They can be expected to respond with growing sensitivity to their lecturers' endeavours to foster and enhance their own personal and professional growth and development. Similarly, they can promote their own growth in acquiring academic knowledge and a relation that might yield a lifetime of friendship and wisdom. In unequal relationships by way of illustration, things can become complicated since time, intensity and situational variations also have to be considered. One of the greatest challenges lecturers are facing, is to assist students to learn how to be 'care-recipients'.

Positive or incontestable lecturer-student relationships as evidenced through some research reports, according to Mellish, Brink and Paton (2001:72) are most significant and substantial in successful learning. A meaningful component in establishing such profound lecturer-student relationships is the lecturer's commitment to teaching in a caring way, since teaching demands an enormous amount of caring for others, and giving of self. Therefore, in helping and caring relationships, a lecturer:

- Is approachable, available, friendly, genuine and honest;
- Fosters mutual respect;
- Provides support and encouragement;
- Listens attentively;
- Exhibits profound respect for students as human beings and
- Harmoniously endeavours to handle them at their level of comprehension;
- Is conscious that each student is a unique being with biological, psychological, social and spiritual needs and has the right to dignity, worth and autonomy;
- Accepts each student's individual differences;
- Respects learners' rights to challenge, question and to express own standpoints;
- Fosters independence in each student;
- Displays empathetic understanding;

- Responds to students' experiences and feelings; and
- Is capable of communicating understanding warmth to them.

2.4.2.4 Moral education from an ethical caring perspective

Ethical caring from the feministic perspective according to Noddings (2002:11) is a state of being in the relation or connection of individuals ascribed by unspecified affective awareness of each other. Ethical caring arises out of natural caring and is found in receptivity, relatedness, engrossment, reflectivity, motivational displacement and responsiveness. Caring should be a foundation for ethical decision-making. The author views care as basic in human life, implying that all people want to be cared for. What caring actually means and entails is not that easy to establish. However, according to Noddings (2002:13) in caring encounters people discover things about themselves since they are receptive and are attentive in a special way. Natural caring, similar to that of a mother for a child, appears prior to ethical caring and is preferable to it. It is that relationship or connection in which people react as 'one-caring' out of love or natural inclination. Natural caring is the social condition or state that people consciously or unconsciously perceive as good. It is the state which people desire and quest for that unique relationship that grants motivation for people to be moral. People desire to be moral in order to stay in a caring relationship and to heighten the ideal of them as 'one-caring'.

On the contrary, ethical caring according to Smith (2005:5) has to be pursued. People should not need to turn to a principle. More effectively and substantially people turn to their memories of caring and of being cared for and a picture or ideal of themselves as caring for others. The essential contribution of ethical caring is to guide action or behaviour long enough for natural caring to be restored or invigorated and for people once more to interact with mutual and spontaneous or candid respect. Therefore, it may be inferred that ethical caring is contributory to the establishment or restoration of natural caring. Moral education from an ethical caring perspective comprises core

elements of modeling, dialogue, practice and confirmation as articulated by Smith (2005:5). Modeling as one of the core elements of moral education from an ethical caring perspective is now outlined.

- Modeling

Modeling is expressed as an enactment of behaviours and attitudes displayed by the lecturer to the student. According to Smith (2005:5), lecturers are interested in and concerned with human beings' growth and development as caring for others and those cared for. Lecturers are also to display or demonstrate in their conducts and attitudes what it means to care. They do not merely inform the students to care and offer them texts to read about the subject. Instead they display caring in their relationships with them. Lecturers model caring behaviour and attitudes when they faithfully and steadfastly cultivate and nurture self-affirmation in their students. They are not only concerned with the students' academic achievement but endeavour to develop fully moral individuals. Lecturers from the social relationship perspective model not only exclusively commendable and praiseworthy styles of intellectual activity, but they also model fascinating and appealing approaches in interacting with people. Such lecturers treat students with respect, (esteem) and consideration and encourage them to do likewise with one another. They utilise teaching moments as caring opportunities.

It implies that the lecturer who is caring also strives that students have practice in caring. In a classroom dedicated to caring, students are encouraged to support one another. Opportunities for peer interaction are provided or created, and the quality of that interaction is vital to both the lecturer and the student as academic outcomes. Through the teaching of caring relationships, coupled with lecturers' modeling and constant reinforcement of humanness, the student develops a well-grounded inner being. Through interaction with lecturers, students also acquire and internalize values and morals essential in the teaching and learning settings to meet the challenges of a dynamic and complex life. For this to be realised, a meaningful dialogue between the

lecturer and student should prevail.

- Dialogue

Dialogue is viewed by Freire (1977:61) as a process of naming the world. It is a process that opens the opportunity for participants to pose problems, to critically reflect and to perceive solutions not previously realised. This process as observed by Noddings (1995:191) transpires within a caring relation where the lecturer and the students show evidence of receptivity that is depicted by openness, accessibility, interest and approachability. Receptivity simply means a willingness to "receive the other in an open and genuine way." Noddings (1995:191) further perceives openness as engrossment implying a non-selective way of attention that permits the other to establish a frame of reference and invites him or her to enter it. Dialogue among lecturers and students is critical to learning the roles of the lecturer and the student. It encourages and brings up discussion or discourse about meanings of caring and fosters personal reflection about expressions of caring that might be confusing for students as they enter into the roles of lecturer and student. As dialogue unfolds, lecturers share in a mutual construction of the frame of reference that engages total receptivity, reflection, invitation, assessment, revision and further exploration.

During dialogue or discourse as articulated by Freire (1977:53), the 'lecturer-of-the-students' and the 'students-of the-lecturer' ceases and instead the lecturer-student with students-lecturers surface or emerge. Both lecturers and students are engaged in a dialogue where the lecturer no longer only teaches but is also taught while the student is taught and also teaches. In this process, both the lecturer and the student are jointly responsible and they both grow personally and professionally. Thus dialogue or discourse is a powerful tool in Freire's conceptualisation of education and it has important implications for successful teaching-learning outcomes. In problem-posing education as observed by Freire (1977:56), both the lecturer and students develop their power to perceive critically the way they exist in the world with which and in which they find

themselves. They come to see the world not as a static reality, but as a reality in process, in transformation.

Freire (1977:61) presents dialogue as more than an exchange of words. It imposes itself as the way by which people achieve significance as human beings. Dialogue is thus an existential necessity. Lecturer-students facilitate the dialogue of the students-lecturers; they pose problems that help move the students-lecturers to further dialogue. The outcome of this is critical reflection on the part of all participants on the students-lecturers' reality and identification of action(s) that the students-lecturers are now empowered to name. Only dialogue as articulated by Freire (1977:65), which requires critical thinking, is also able to generate critical thinking. Without dialogue there can be no communication and without communication there can be no true education.

Dialogue according to Smith (2005:5) is fundamental to moral education. It is an honest, open and reciprocal interaction between the lecturer and student to share mutual perspectives, thoughts and experiences, or the search for enlightenment or means to problem solution. Engaging in such dialogue does not mean that those involved should give up any principles they have and submit to the relationship. It implies that caring is a relationship engaging dialogue and exchange. Both the lecturer and student can learn and gain from the experience and can appeal to the principle. Evidently, more time is needed for that dialogue to occur.

Smith (2005:7) further indicates that both the lecturer and the student are to know each other very well for trust to develop. The purpose is to engage both lecturer and students in dialogue about caring. Dialogue is such a fundamental element of caring that the lecturer and students cannot model caring without engaging in it. Furthermore, in involving them in dialogue it is essential to talk directly about and explore one's caring since it may be demonstrated in various ways. Such involvement in dialogue might assist them to critique and better comprehend their own relationships and practice. In other words, dialogue permits people to examine their caring efforts. As they practice caring,

they are also assisted in their endeavours by the feedback received from the care-recipients. Essentially, dialogue contributes substantially and significantly to the personal and professional growth and development of students.

In the final analysis, education is a mutual teaching learning process whereby everyone is both a lecturer and student through genuine and authentic dialogue for discovery of valid solutions to problems. A caring environment in nursing education needs to be created in which an ongoing dialogue can take place so that each participant:

- Shares learning experiences;
- Shares own perceptions and expectations of a problem;
- Listens to;
- Offers own opinions and ideas;
- Have the opportunity to make decisions and/or recommendations;
- Learns from each other or others; and
- Feels respected and accepted.

For the aforementioned to be realised, the lecturer should also:

- Be sensitive to the dynamics in the group;
- Fosters openness of self and trust in self and others;
- Allow confrontation to facilitate a culture of learning and teaching; and
- Recognise and appreciate each student's uniqueness, experiences and insights.

It is the responsibility of each lecturer to create and avail caring opportunities through engaging students in dialogue. Also during such engagement, the environment should foster respect, acceptance, freedom to learn, to reflect and rethink one's own views, ideas, values, to change and grow, to share fully one's thoughts and feelings and experiences. As lecturers practice caring, students as care-recipients will also copy and imitate such practice and as a result grow and develop personally and professionally.

- Practice

Practice is required to learn the processes of receptivity and engrossment that are described by Noddings (1995:191) as critical aspects of effective dialogue. Practice is accomplished through experiencing relationships as both lecturer and student(s). Over time, the student has the opportunity to develop an appreciation for the presence and effects of caring. Both the lecturer and the student view the world with a caring outlook. The lecturers who are caring also strive for students to have practice in caring. In a classroom or in teaching-learning settings dedicated to caring, students are encouraged to support and assist each other. Opportunities for peer interaction are accessible. Students are given opportunities to practice caring and to reflect on such practice.

In ensuring that good caring practices are enhanced and sustained, appreciation, recognition and acknowledgement of such should be confirmed.

- Confirmation

Confirmation, according to Smith (2005:6) is an act or behaviour of affirming or confirming, promoting and supporting the best in others. This implies that the person to be affirmed or confirmed must be reasonably well known to others so that the better image or identity of her or him is discovered and his or her growth and development is promoted and supported. Otherwise, what that person is questing for, or what ideal he or she may actually desire cannot be noticed or observed by others. Instead something commendable or acceptable, striving to surface in each person encountered should be recognised and appreciated. An attribute must be viewed or perceived as valuable, meaningful and significant both by the person attempting to attain it and by others. Notably, such confirmation entails or embraces trust and continuity. Continuity is required as people require knowledge of the other and trust as the lecturer is required to be credible.

With the given core elements of moral education as a background, Noddings (2005:4) emphatically proposes that for moral education from an ethical caring perspective to be realised, it is crucial for lecturers and students to engage in modelling, dialogue, practice and confirmation. Furthermore, strategies to increase and expand the contact or interaction between lecturers and students need to be explored to maintain and sustain collaborative relationships.

Noddings (2002:283) perceives education as being pivotal to the cultivation of caring in society. It is imperative that lecturers comprehend and nurture this idea in any teaching-learning environment. For this to be realised, lecturers are to be the role models who symbolise caring traits of commitment, trust and competence and endeavours these as becoming a benchmark in the educational settings. As a result, students will assimilate and internalise such in their inner being and also be empowered to harmoniously display caring behaviours and attitudes in any setting they are exposed to.

2.4.2.5 Caring traits

- **Commitment**

Commitment as described by the University of Indianapolis (2005:6) is a blend of the passion, responsibility and an intentional choice to act or perform in congruence with them. It is also a quality that grows to be internalised as a value such that responsibilities are not considered as burdens. Therefore, a committed nurse (a lecturer included), as reported by Mokwena (1990:87) displays compassion, empathy, sensitivity, confidence and calmness when interacting with people (nursing student included). That lecturer copes in any situation whether new, challenging or unique by maintaining his or her individuality, dignity, integrity, and also respecting the rights of those entrusted to his or her care. Compassion is viewed by the University of Indianapolis (2005:6) as a belief that begins with an alertness of one's interconnection with all living creatures and progresses towards a sensitivity that empowers one to share with and accommodate others.

Confidence on the other hand is the belief in one's own sense of power to achieve goals. It promotes trust without enslavement, rigidity or reaction out of fear. This state of affairs is also applicable in nursing education.

- Trust

Trust and frankness according to Booyens (2001:164), are essential in all relationships. Potter and Perry (2001:329) regard genuine caring as a powerful means to gaining trust. Consequently, trust is relying undoubtedly or unquestionably on another person and that provides the basis for effective communication as one becomes more open in expressing feelings, concerns and thoughts. Caring as viewed by Booyens (2001:222) is a process whereby one (lecturer included) is assisting another (student included) through the provision of opportunities for growth and self-actualisation. This process according to Noddings (2005:3) emanates from time spent together to establish and sustain incessantly a profound and mutual trust and intensified relationships. Trust as articulated and expounded by Potter and Perry (2001:455) is depending on someone without reservation or questioning. Being trustworthy denotes assisting others without indecision when assistance is required. In cultivating and promoting trust, the nurse (lecturer included) communicates warmth and expresses consistency, reliability, honesty and competence. Trusting someone entails risk and vulnerability, however it also encourages open, therapeutic communication and boosts the expression of feelings, thoughts and needs. Therefore, learning is encouraged in an environment of interpersonal interaction fostered by a trust relationship between the lecturer and student.

These aspects imply that during any social interaction, both the lecturer and the student need to be constantly sensitive and responsive to each other's needs. They should be honest and open with each other, including building mutual trust with each other. The process of building mutual trust is continuous and requires great openness on the part of the lecturer. Lecturers are to be open to feedback about how they

operate and also take time to critically examine their own values, beliefs, behaviours, attitudes, knowledge and competences. Being a lecturer therefore implies that he or she should be engaged in a continuous mutual trusting relationship to demonstrate competence in creating a caring environment when interacting with students.

- Competence

Competence according to the University of Indianapolis (2005:6), is the form of possessing the knowledge, judgement, skills, energy, experience, expertise and motivation needed to respond positively to the challenges of one's professional obligations. The capacity to care and to care appropriately and efficiently requires that a human being (lecturer) possesses the liberty and privilege to learn, and the opportunity to practice in his or her respective profession in a way compatible with the dignity and needs of those (students) he or she serves. A lecturer can prioritise his or her tasks to encourage caring opportunities and model caring behaviour and attitudes by creating time to be with students through informal discussions, conversations, meetings and giving feedback during consultation. As students notice and experience such caring expressions, the caring behaviours and attitudes will be copied or imitated and assimilated into their inner being.

Cultivating a caring environment and relationships in the teaching and learning settings requires the lecturers to take time to interact with students informally whenever possible. When giving feedback on academic performance during consultation periods, lecturers are to create moments and opportunities to interact directly with an individual student or a group of students in which caring behaviour and attitudes are displayed. Such moments and opportunities for caring interactions and relationships are aimed at:

- Fostering an environment for sharing successes and identifying learning problems encountered in the teaching and learning settings more readily and at ease;
- Creating an environment for identifying learning gaps and give remedial

teaching at the spot (teachable moments);

- Improving the student(s) academic performance;
- Developing a feeling of self-worth in both the lecturer and the student(s); and
- Nurturing and enhancing the caring behaviours and attitudes in both the lecturer(s) and the student(s).

From the caring perspective, the personal and professional growth and development of students is vitally important (Noddings, 1992:174). The author argues that lecturers should strive to develop students who are acceptable, admirable, compassionate, loving, competent, respectable, trustworthy, and not obsessive but committed to caring. In modelling for the students, lecturers require both intellectual competences and a knowledge base concerning those students with whom they are interacting. They need more time to learn more about those students in order to obtain a level of comprehension and a quest to be involved more personally. Therefore, the caring relationship may develop into one of understanding and trust. In turn, the lecturer may feel ready and competent to contribute to the growth and development of the student. Commitment may be made to care for a student. The student who is cared for may be receptive and ready to be cared for.

In the final analysis, lecturers should create a caring environment for meaningful dialogue with students by demonstrating appropriate and acceptable social behaviour and attitudes in a variety of teaching and learning settings. Through such caring environment and relationships the student can:

- Recognise his or her potential, personal strengths and weaknesses;
- Develop a feeling of self-worth and self-confidence;
- Learn to love and respect others;
- Become sensitive to others' needs;
- Nurture an appreciation and respect for others' rights;
- Develop good caring traits;
- Develop and grow personally and professionally; and

- Acquire the caring behaviours and attitudes needed in the nursing profession generally and in nursing education specifically.

2.4.2.6 Caring as a moral perspective in the teaching learning process

A relational ethic or an ethical caring according to Noddings (2002:11), is commonly marked by responsibility and response and differs completely from traditional ethics. A relational ethic is firmly established and is dependent on natural caring. The one behaving from a caring perspective is forever affectionate and has a sense of obligation to invigorate natural caring for both the lecturer and the student, with ethical caring being its servant. The most significant contrast is that ethical caring turns the traditional emphasis on duty (in conformity to principle) upside down. On the contrary, the natural caring prefers behaviours and attitudes achieved out of love and natural inclination or preference. An individual behaving out of traditional ethics conforms to a rule or a principle, or special responsibility, only when love or inclination fails. The relation of natural caring is the social condition that people consciously or unconsciously view as good. It is that condition which people desire and quest for. It is their desire for caring, to be in that unique relationship that provides the motivation for them to be moral.

Education is a continuous process and is based on group action throughout the individual's lifespan. It is a shared responsibility. In essence, each person has a role to play in the education of the individual for optimal promotion, maintenance and protection of health, and shaping the environment where they live and learn. Therefore the teaching-learning process must take place in the total environment that has physical, social, intellectual, emotional and moral dimensions for optimal human growth and development.

Ruddick (1993:369) asserts that all thought or idea originates from human practice or custom. In their customs, human beings react to a reality or existence that emerges or surfaces to them as given, as presenting particular claims. The reaction or responses to

such claims is moulded by interests in or passion for preserving, reproducing, directing and understanding personal and group life. Furthermore, such customs or practices are marked by specific interests in meeting the claims that some reality imposes on its participants.

The lecturer's role often parallels that of the mother. It is the desire of each mother to see her child become an adult that she and significant others can appreciate and also to be accepted by peers and others. According to Ruddick's (1993:370) observation, a mother's role in raising her child may be supported or violated by the assistance and advice of fathers, lecturers, doctors, moralists, therapists and others whose interest is to enhance and mould that child's physical, emotional and intellectual growth and development. Furthermore, mothers have the same relation to maternal practice as lecturers have to educational practice. Mothers are ruled by their respective practices, as lecturers are governed by their educational practices. But the style, skill, commitment and integrity with which both the mother and the lecturer engage in these practices vary greatly from person to person.

The mother's role (the lecturer's role of educating and training) of raising an appreciable child (student) becomes a self-conscious, reflective expression of a disciplined conscience that grants and offers her unique opportunity to:

- Explore, create, asserts and maintains her own values;
- Train her child (student) for strength and integrity;
- Develop openness and relationship in regard to her child's (student's) most intimidating differences from her, i.e. moral ones (Ruddick, 1993:373).

Love according to Mokwena (1990:75) is caring and accepting responsibility for another person. This implies that in the educational settings, it is the responsibility of each lecturer to display caring and acceptable behaviour and attitudes when interacting with the student, in order for the student to feel loved and accepted and have a sense of belonging. Loving a child (student) as observed by Ruddick (1993:376) is not

exclusively profound attachments and affections, but it is a separation, a giving up and letting him or her grow. To love a child (student) is to perceive that child's (student's) existence with patient, loving attention. The patient, attentive love might appropriately outline the detachment of mother (lecturer) and child (student) from the mother's (the lecturer's) perspective. In addition, Noddings (2005:2) emphatically asserts that the reordering of priorities in the learning environment is fundamental. As such, Noddings (2005:4) urges that students should also learn to care for others. Consequently, the outcomes will not only be gaining academic knowledge but:

- A relation that might harvest a lifetime of friendship and wisdom;
- A healthy family life: happy and healthy children;
- Co-operative and considerate behaviours and attitudes;
- Competence in everyday affairs of life;
- Intellectual curiosity;
- Openness and willingness to share;
- A declared interest or passion in existential questions; including
- A growing capacity to contribute to and prosper in intimate or close relationships.

According to Beck (2004:5) parents are commonly responsible for caring for their children until they are mature and independent. The same applies to lecturers who have caring attitudes towards the students by regarding them as human beings.

2.4.2.7 Fostering a child's or a student's growth and development

For a mother or a lecturer to comprehend her child or a student, she must undertake the reality or existence of a conscious, enduring person whose attitudes and behaviours are significant and understandable in terms of perceptions and reactions to a meaning-filled world. She knows that the fantasies and thoughts of her child or student are linked not entirely or exclusively to the child's or student's acting ability but frequently are the only foundation for her to understand her child or student and for the child's or student's self-understanding (Ruddick, 1993:373). With the given exposition as

background, Noddings (2005:1) asserts that parenting and teaching are situations that both require long term time-continuity in relations. Virtuous and moral parenting or teaching begins with the establishment of substantial and profound trusting relationships and operates incessantly to build on the foundation of trust.

2.5 Summary

In this chapter, an extensive and more rigorous literature review was conducted in order to obtain effective representation of relevant issues related to the problem under study to intensify the rigour of the study thus reducing the researcher's biases. Conceptualisation of key concepts such as guidelines, caring environment and nursing education which are the thrust in the study were also highlighted. The key Higher Education policies and legislative frameworks which have the most pertinent influence on the environment in nursing education were also put into perspective. The theoretical underpinning of the study which provides theoretical framework in terms of which the research problem, the nature of the study and the findings can be understood was explored and described in detail. This theoretical underpinning is grounded in both the interaction and the caring perspectives which are integrated highlighting that people are individual personalities consistently judging themselves.

CHAPTER THREE

RESEARCH DESIGN AND METHODOLOGY

3.1 Introduction

In this chapter, a detailed account of the qualitative research design and methodology are presented and serves as bedrock for the planning and implementation of this study. It proceeds by giving an overview of qualitative research and justifies the researcher's choice for employing the perspective to elicit perceptions and explore expectations of nursing students regarding a caring environment in nursing education. This chapter devotes space to the discussion of research design and its type, research strategies and research context. It also gives an explicit outline of data gathering tools and data analysis followed by the realisation of findings to reflect a coherent way of thinking throughout the chapter. Finally, the chapter presents a detailed description of measures to ensure trustworthiness in this study.

3.2 Research design

Discussed here is the research design that informs this study. Research design is conceptualised by Brockopp and Hastings-Tolsma (2003:326) as a structure and plan of how the researcher intends to answer the research question. In addition, Burns and Grove (2003:195) view research design as a blueprint for conducting a study that maximizes control over extraneous variables. Such control intensifies the probability that research outcomes will be accurate reflections of reality. A research design, according to Babbie and Mouton (2004:74) focuses on the study being planned and the end-product. The importance is given to the logic of research by a clear presentation of evidence needed in addressing the research question satisfactorily. The research design implies an explicit structure and systematic plan of how research procedures will be carried out to find answers to the research question.

This study was conducted in a qualitative manner since the researcher sought both to explore the meaning of, and describe and promote comprehension of human experiences regarding a caring environment in nursing education from the participants' own frame of reference and context. The analysis and interpretation of findings were not, by and large, dependent upon the quantification of observations as expounded and articulated by Burns and Grove (2001:56; 2003:357) but entailed the gathering, integration and synthesis of nonnumeric narrative data. Consequently qualitative research design is a more pertinent and effective approach of investigating human emotions since they are not easy to quantify (Brink, 2002:119).

3.2.1 Type of research design

This segment focuses on the type of research design that was chosen. In this study, the researcher utilised a qualitative research design which concentrated on qualitative elements such as meaning, experience and comprehension. Such a design also studies human experience from participants' perspective and in the context where the research is conducted (Brink, Van der Walt & Van Rensburg, 2006:113).

Qualitative research according to Brockopp and Hastings-Tolsma (2003:328) is an inductive paradigm through which the researcher seeks to discover and build or expand knowledge base by identifying the meaning or relevance of a specific phenomenon to the individual. The analysis and interpretation of findings focus on comprehending the whole by exploring the depth, richness and complexity inherent in phenomena (Burns & Grove, 2003:357). The findings lead to understanding a phenomenon in a specific situation and are not generalised in the same way that quantitative studies are. It implies that qualitative research is descriptive and comprehending rather than explaining and predicting human conduct. Hence the qualitative researcher constantly attempts to examine human behaviours from the participants' perspective by gaining access to them in their natural setting.

A qualitative research paradigm as observed by Creswell (2003:181) is emergent, humanistic, interactive, sensitive and essentially interpretative in nature. Additionally, a qualitative research refers to inductive, orderly, process-oriented and subjective procedures employed by the researcher for comprehension, interpretation, description and development of a theory on a phenomena or setting (Burns & Grove, 2003:356-357). Consistent to this perspective, this research approach is the most appropriate design to capture insider perception which means seeing through the eyes of participants themselves. It is also referred to by anthropologists as the "emic" perspective. Hence, the theoretical frameworks are not predetermined (Babbie & Mouton, 2004:270) since the rules and procedures are not fixed, but are rather open and emerging. The researcher employed this approach to comprehend fully the research problem by exploring and describing the depth, richness and complexity inherent in the meaning of a caring environment (Burns & Grove, 2003:357). This was done through eliciting the perceptions and exploring the expectations of nursing students regarding a caring environment in nursing education from their perspective where the research was conducted (Brockopp & Hastings-Tolsma, 2003:328; Sarantakos, 2005:45; Brink, van der Walt & Van Rensburg, 2006:11 & 113). The researcher gained an insight from these processes which were supported by exploratory, descriptive research strategies which formed the bedrock for the formulation of guidelines for a caring environment in nursing education. Therefore, in order to complement and to reflect a coherent way of thinking, it is imperative to give a detailed account of research strategies which in essence are fundamental in this study.

Qualitative research strategies according to Brockopp and Hastings-Tolsma (2003:328) are valuable for developing facts and concepts about an area of interest that is less researched, or for exploring an area that has not yet been explored from a qualitative perspective. The perceptions and expectations of nursing students regarding a caring environment in nursing education have not been studied previously. Therefore, the focus of this study is to ascertain whether or not nursing education, as presented at the North West University, Mafikeng Campus, provides a caring environment.

3.2.2 Research strategies

The aim of this study is to investigate whether or not nursing education, as presented at the North West University, Mafikeng Campus, provides a caring environment. To achieve the identified aim, exploratory and descriptive research strategies with a qualitative orientation were applied as detailed under section 3.2.2.1:78 and section 3.2.2.2:79.

3.2.2.1 Exploratory research strategy

In the qualitative research design, the rules and procedures are not fixed, but are rather open and emerging. In this study, the research problem had to be explored since no substantial evidence has been documented in the literature on the research problem or the sample under study. The important variables as observed by Creswell (2003:22) are unknown to the researcher. Therefore, the research aspired to focus on the context that might shape the comprehension of the phenomenon studied.

An exploratory strategy is a means of gaining more understanding of a situation or phenomenon when there is limited or a lack of basic information in a new area of interest (Sarantakos, 2005:137; Bless, Higson-Smith & Kagee, 2006:47). The research also sought to construct and highlight a level of comprehension based on the nursing students' perspectives that is their frame of reference. In this study, the perceptions and expectations of nursing students regarding a caring environment in nursing education were elicited, explored and described through narrative sketches and focus group interview sessions since no substantial evidence has previously been reported in the literature. As a result, the research took an exploratory approach in an attempt to collect new data in areas where little or no previous research has been done into a caring environment in nursing education (Brockopp & Hastings-Tolsma, 2003:328; Creswell, 2003:22; Bless, Higson-Smith & Kagee, 2006:47). Literature was explored to gain insight on the perceptions and expectations of nursing students regarding a caring environment in nursing education.

3.2.2.2 Descriptive research strategy

Qualitative research is descriptive in nature since it seeks to give a precise account of attributes of specific individuals, events or groups in real-life situations for discovering new meaning. It describes what exists, determines the frequency with which something happens, and categorises data (Burns & Grove, 2003:27). In this research strategy, the researcher aims to gain more insight into phenomenon of interest through exploration and description of phenomenon in real-life situations without the manipulation of variables. Consequently, concepts are described, relationships are identified and assumptions are developed thereby providing a basis for future qualitative research. The researcher carefully described participants' behaviours, comprehending these in the contexts that were clear to participants themselves. The researcher also applies categories and concepts used by the participants themselves as a further attempt to describe, interpret and explicitly develop the social interaction in terms of the meanings that the participants themselves attach to it.

The descriptive research strategy allows for the compilation of new, complete, accurate and current data on a phenomenon (Brink, 2002:11) by simply describing the phenomenon (Brink, Van der Walt & Van Rensburg, 2006:104). The research according to Babbie and Mouton (2004:53 & 271) invariably endeavours to investigate human behaviour from an emerging perspective for descriptive and comprehensive purposes rather than to explain and predict such. During data collection, the fourth year nursing students were asked to describe their perceptions and expectations regarding a caring environment in nursing education. Based on their descriptions of the perceptions and expectations, the researcher was able to understand and comprehensively describe new emerging data for inclusion in the formulation of guidelines for a caring environment in nursing education (Babbie & Mouton, 2004:271-272). The research context is discussed.

3.2.3 Research context

A study is contextual when the phenomenon is studied for its intrinsic and immediate contextual significance (Mouton, 1998:133). Additionally, Creswell (2003:181) indicates that qualitative research is conducted in natural settings where human conduct and events take place. The researcher enters the participants' natural setting and through continuing interaction and involvement, pursues the participants' perspectives and meanings holistically, reflectively and sensitively. The researcher actively involved participants in the study and sought to build rapport and credibility with them. Furthermore the researcher utilised both inductive and deductive reasoning appropriate from data collection and analysis to problem reformulation.

A contextual strategy according to Babbie and Mouton (2004:272) is conceptualised as the holistic research strategy of qualitative research. In applying such a strategy, the researcher according to Meyers and Sylvester (2006:3) is always interested in the rich and detailed descriptions and interpretations of the participants' conducts as they happen. Furthermore, to comprehend such conducts in relation to their own beliefs, narrative or account within the concrete, natural context in which they took place. It is only, as observed by Babbie and Mouton (2004:272), if the researcher understands events against the background of the whole context and how such a context gives meaning to the events concerned, that she can actually claim to have comprehended the events.

The context in this study was the North West University, Mafikeng campus, in the North West Province where two groups of fourth year nursing students but at different year of their study had registered for the Bachelor of Nursing Science degree programme (see sections 3.3.1 & 3.3.2:81-83 for more detail). Each group described their perceptions and expectations regarding a caring environment in nursing education through narrative sketches and during the focus group interview sessions respectively. These two groups were capable of disclosing actual information in a specific context (Babbie & Mouton, 2004:272).

While the research design represented the research plan, the research methodology indicated the 'how' of the implementation. The research methodology is highlighted below.

3.3 Research methodology

The methods utilised to determine the population, sample, data gathering and data analysis are discussed in detail. Firstly, the research describes the population, sample, and then the data gathering and data analysis processes. Measures to ensure trustworthiness are also highlighted.

3.3.1 Population

A population includes all components that meet certain criteria for inclusion in a study (Burns & Grove, 2003:43). Hence Bless, Higson-Smith and Kagee (2006:98) viewed population as the complete set of individuals who are the research focus and possess specific attributes the researcher is interested to investigate. The population at the time of the study included all registered nursing students in the North West University, Mafikeng Campus, in the North West Province. The population was two hundred and twelve (n=212) nursing students (from first year to fourth year level of study) registered for the Bachelor of Nursing Science degree programme at the North West University, Mafikeng Campus, in the North West Province.

3.3.2 Sample and sampling technique

Accessible sample for this study are all registered fourth year nursing students in the North West University, Mafikeng Campus, in the North West Province. Sampling is the process of choosing the sample from a population in order to obtain data pertaining to a phenomenon in a manner that symbolises the population of interest (Brink, van der Walt & Van Rensburg, 2006:124). A sample is then a component of a population chosen by the

researcher for inclusion in the study (Burns & Grove, 2003:43). The sample for this study was sixty seven (n=67) fourth year nursing students registered for the Bachelor of Nursing Science degree programme at the North West University, Mafikeng Campus in North West Province. Both groups were at the fourth year level but in different years of their study. One group comprised twenty seven (n=27) nursing students registered in 2002 who had completed eight months of the fourth year level of their study in 2005 at the time of the study. Another group of forty (n=40) nursing students registered in 2003 and was three months into the fourth year level of their study in 2006 at the time of the study and were chosen from the population by a non-random sampling technique that was convenient and purposive (Sarantakos, 2005:164; Bless, Higson-Smith & Kagee, 2006:106; Brink, van der Walt & Van Rensburg, 2006:132).

A convenient sampling was employed in the sense of geographical availability and ready access to nursing students (Polit & Beck, 2004:305; De Vos, Strydom, Fouche' & Delpont 2005:202). A purposive sampling on the other end is judgemental and involves the conscious selection by the researcher of certain subjects for inclusion in the study (Burns & Grove, 2003:255; Polit & Beck, 2004:306). Participants were purposively chosen since they had been in the undergraduate degree programme for a long time and had acquired profound experiences, comprehensive knowledge base, competences, attitudes and values both in nursing education and professional nursing practice. For that reason, the researcher believed that those nursing students were more able to share some specialised insights on their perceptions and expectations regarding a caring environment in nursing education because of being in the programme for a longer period than the first, second and third year nursing students. Furthermore, both groups would therefore have similar characteristics in order to increase the theoretical understanding of a caring environment within the context of nursing education as a concept under investigation (Babbie & Mouton, 2004:109). The core aim of qualitative research paradigm is the comprehension of meaning hence a rich descriptive version of the phenomenon was sought (Creswell, 2003:196; Meyers & Sylvester, 2006:3).

Babbie and Mouton (2004:287) assert that it is vitally important for the researcher to vigilantly develop and explicitly stipulate inclusion criteria pertinent to the study depending on the nature of the study and the number of times data gathering techniques will be replicated with each participant. By specifying inclusion criteria, the research was narrowed down to a smaller and comparatively focused number of potential participants. As such, participants were selected in accordance with the following inclusion criteria which defined their eligibility for this study:

- Nursing students registered for the Bachelor of Nursing Science degree programme at the time of the study at the North West University, Mafikeng campus in the North West Province in:
 - 2002 and had completed eight months of the fourth year level of their study in 2005 at the time of data collection;
 - 2003 and were three months in the fourth year level of their study in 2006 at the time of data collection.
- Both groups of nursing students had also registered with the South African Nursing Council (SANC) under regulations R425 of 22 February 1985 as amended relating to the approval of and the minimum requirements for education and training of a nurse (General, Psychiatric and Community) and Midwife leading to registration (South African Nursing Council, 1985:1).

A detailed account of data gathering is outlined.

3.3.3 Data gathering

Data was gathered through qualitative research methods. A detailed outline of the qualitative data collection methods is discussed in accordance with the research plan/strategy of this study. Clear and consistent qualitative data collection procedures were used in order to ensure rigour.

The two primary open-ended questions used for data collection aimed to elicit perceptions and to explore expectations of students regarding a caring environment in nursing education. Open-ended questions, as indicated by Brink, Van der Walt and Van Rensburg (2006:148-149), are not founded on preconceived answers, and yield richer, more diverse data, thus are appropriate for exploratory studies.

The two primary questions asked for narrative sketches and focus group interview sessions were constructed as follows:

For you personally:

- 1. What are your perceptions regarding a caring environment in nursing education at the North West University, Mafikeng Campus, in the North West Province?*
- 2. What are your expectations regarding a caring environment in nursing education at the North West University, Mafikeng Campus, in the North West Province?*

The above-mentioned questions asked in the narrative sketches and also used for focus group interview sessions were tested in a pilot study prior to the main study. The sample realisation for the pilot study was as follows.

3.3.3.1 Pilot study

A pilot study, as conceptualised by Brink (2002:174) and Brink, Van der Walt and Van Rensburg (2006:166), is a small-scale study or a trial run that is undertaken on a limited number of participants from the same population as that proposed for the main study. Narrative sketches were used to collect data for a pilot study to determine the congruency, appropriateness and applicability of the two open-ended questions to be employed in the main study (see section 3.3.3:84 for more detail). It was also undertaken to obtain information for improving the study and assessing the feasibility of the study.

The research design and methodology for the pilot study was similar to that of the main study. Participants in the pilot study comprised five ($n=5$) nursing students who recently completed their fourth year studies and awaited the undergraduate degree to be conferred. They were approached to obtain consent. A covering letter inviting participation and providing instructions on how to complete the narrative sketch form (Appendix E (2)) was given to each one of them. Anonymity and confidentiality were assured as no names were to be written on the narrative sketch forms. After they agreed to participate in the pilot study, they were given the forms to complete in one sitting as a group. No time restraints were set. During the pilot study one of the nursing students wanted to know the meaning of a caring environment and nursing education respectively. The meaning of both concepts was provided to participants. The meaning was also added to the narrative sketches for the main study (Appendix E (1)). After the completion, the forms were retrieved immediately. No remarks were received pertaining to the utilization of the narrative sketch form, and no problems were discerned from the nursing students completing the narrative sketches. Otherwise the two questions were acceptable in their original format and were used for the main study through the narrative sketches and during focus group interview sessions.

3.3.3.2 Data collection tools for the main study

- Narrative sketch

In this study, a narrative sketch was utilised to collect data. A narrative sketch according to Brink (2002:160), and Brink, Van der Walt and Van Rensburg (2006:154), is termed a 'vignette' which is a brief descriptive sketch about a situation or an event to which participants must respond. It is a self-reporting technique, the easiest and most effective approach to elicit information about participants' beliefs, thoughts, knowledge base, perceptions, motives, experiences and attitudes. Utilising a narrative sketch, according to Brink (2002:161), and Brink, Van der Walt and Van Rensburg (2006:154) enables the

researcher to differentiate various perceptions of participants. This method is more likely for participants to disclose true perceptions, rather than the answer. Pilot and Beck (2004:407, 735) affirm that 'vignettes' are mostly written narrative descriptions of participants' perceptions, opinions and knowledge. The technique as reflected by Bless, Higson-Smith and Kagee (2006:121), involves research participants narrating their own experiences honestly and accurately, and thereby reflect the true state of affairs. The participants were twenty seven (n=27) fourth year nursing students who registered for the Bachelor of Nursing Science degree programme at the North West University, Mafikeng campus, in the North West Province (see sections 3.3.1 & 3.3.2:81-83 for more detailed description of nursing students). The aim of the narrative sketches was to elicit the perceptions and explore the expectations of nursing students regarding a caring environment in nursing education (see section 3.3.3:84 for more detail). The outcome was to be used to formulate guidelines for a caring environment in nursing education.

The planning outline of data collection through the narrative sketches was as follows:

- Written request for permission to conduct the study was sought from the North West University, Mafikeng Campus' research committee (Appendix A (2));
- Potential participants were approached individually and requested to participate in the study in accordance with the inclusion criteria. The scope of the research was explained to the potential participants;
- The researcher requested participants to assemble in a classroom and each to sit at a single table with a chair, free from any distractions to create a calm environment in which they could relax and participate freely in the study;
- A covering letter (Appendix B) with detailed instructions including the research title, the purpose and objectives of the study as well as an informed consent (Appendix C) were handed out to participants;
- Narrative sketches with two (2) open-ended questions (see section 3.3.3:84 for more detail), typed and printed with lines, were distributed to participants only after an informed consent was obtained;
- No time constraints were set. In this way participants could document freely their

experiences, feelings and their perceptions and expectations regarding a caring environment in nursing education in their own time and in a natural setting;

- When the completed narrative sketches were received from participants, the covering letter and signed consent form were removed from each narrative sketch to ensure anonymity of participants;
- Arrangement was made for follow-up meeting to be held with participants for verification of findings after data analysis (Brink, 2002:192; Brink, Van der Walt & Van Rensburg, 2006:184-185);
- A sequential number was assigned to each completed narrative sketch according to predetermined system including the date. After the registration procedure, the narrative sketches were photocopied and stored to become the basis for data analysis;
- A data analysis coding protocol was developed to ensure that the correct procedure was followed with each narrative sketch (Appendix F).
- The data obtained from the narrative sketches were written as non-quantifiable or non-numerical statements (Brink, Van der Walt & Rensburg, 2006:184) ready for analysis which did not require transcription.

Data collection through focus group interview sessions is outlined.

- Focus group interview sessions

The aim of the focus group interview sessions was to elicit the perceptions and explore the expectations of nursing students regarding a caring environment in nursing education. The focus group interview sessions were conducted through two open-ended questions asked in the narrative sketches constructed for the main study aimed to elicit the perceptions and explore the expectations of nursing students regarding a caring environment in nursing education (see section 3.3.3:84 for more detail). The outcome was to be used to formulate guidelines for a caring environment in nursing education.

A focus group is a common qualitative method (Mahoney, 2005:1) and a multi-sample

study (Sarantakos, 2005:195). It is a potentially essential source of collecting qualitative data by gaining contact with participants' perspectives (Ryan, Twibell, Brigham & Bennett, 2000:402), when their ideas and experiences are simultaneously required (Brink, 2002:159) and Brink, Van der Walt and Van Rensburg (2006:152).

Brink (2002:195) further indicates that participants share their thoughts and ideas with each other, thus sparking or igniting new ideas, and encouraging consideration of a scope of views prior to answering the researcher's questions. In addition, the richness of experiences emerge based on social interactions and shared meanings (Ryan et al, 2000:402), thus yielding an increased level of participants' involvement (Hoover, 2002:80).

The focus group interview is a purposive deliberation on a particular problem occurring among participants with the same background and mutual interests. Group interaction involves verbal and non-verbal communication including the interchange of perceptions and ideas that kindle discussion without altering the views of participants. It also empowers the researcher to grow or intuitively develop concepts, reflecting the participants' intimate or deep knowledge (De Vos, 2001:314).

During the focus group interview session, according to Gibbs (2007:2), participants are brought together to draw upon their feelings, reactions, beliefs, attitudes and experiences in a way which would not have been possible utilising other methods. These feelings, reactions, beliefs, attitudes and experiences are more likely to be disclosed through interaction. Interaction between participants highlights their perceptions, values and beliefs about a situation. Consequently, the researcher is confronted with a whole new set of data. The researcher is empowered to generate data that would not otherwise be accessible and also discover data that she had not thought about before. It is this presentation of opinions and ideas being sought by the researcher. It implies that focus group interview sessions promote interaction and dialogue amongst participants. As such, the sessions brought to the fore issues grounded on interpretations and personal

experiences, beliefs, feelings, reactions and attitudes that may not have been elicited and explored in other approaches to data collection.

The researcher according to Sarantakos (2005:195-196), utilises focus group interview session as a data collection method to provide group discussion, to brainstorm a diversity of clarifications and to institute a mechanism of opinion formation. It was anticipated that through mutual encouragement, a group environment would promote dialogue, intensify the motivation to tackle critical issues. A group environment further permits the researcher to serve as a facilitator and to guide and direct the discussion towards focal points and topical issues. Additionally, substantial and noteworthy perceptions are allowed to be presented in a real, emotional and summated form as spontaneous expressions.

In the final analysis, to achieve the best outcomes when conducting the focus group interview sessions, the researcher, as pointed out by Sarantakos (2005:197), should be the leader and a facilitator in the context of group discussion. Such a facilitator should possess the following attributes:

- Adequate theoretical and methodological knowledge base of research theme, and general intellectual competence;
- The competence to develop a warm environment amongst the group members;
- Experience with group work or group dynamics, including competence in guiding and directing discussion effectively;
- The capacity to establish an environment that will promote involvement and active participation, control dominating participants, and keep the discussion moving in the right direction; and
- Leadership qualities.

Participants for the focus group interview sessions were forty (n=40) fourth year nursing students (see sections 3.3.1 & 3.3.2:81-83 for more detailed description). They were divided into four (4) focus groups and each focus group comprised ten (n=10) fourth year

nursing students since, according to Mahoney (2005:9), a smaller and more homogeneous group allows for more in-depth probing into detailed experiences, feelings and perceptions of each participant. Such a group was more likely to generate more intense, detailed and fluent discussions on a theme of shared interest. In addition, Mahoney (2005:11) outlines that a focus group permits each participant to contribute in discussions while still eliciting a range of responses. Furthermore, it encourages active dialogue thus facilitating free expression of intense opinions, ideas, memories, feelings, experiences and perceptions on the theme under study. The researcher employed probes and paraphrases which were neutral avoiding biasing the participants' responses. Consistent with this view, Burns and Grove (2003:276) affirmed that probing should be done within reasonable guidelines to prevent the participants feeling that they are being interrogated on the problem being pursued.

The planning outline of data-collection by the researcher through the focus group interview sessions was as follows:

- Met potential participants individually and requested them to participate in the study.
- Explained the scope of the research;
- Requested participants to assemble in a classroom and divided into four (4) focus groups of ten each. Each focus group was given date, time and location for the focus group interview session;
- Met with each focus group according to the specified date, time and location for the focus group interview session;
- Guided participants to sit around a table to ensure maximum eye contact with each other including the researcher. Welcomed participants in a way to create a relaxing environment conducive to discussion; also permissive and non-threatening (Burns & Grove, 2003:286);
- Sought permission from participants to record each focus group interview session with two tape-recorders including taking field notes during each session;
- Arranged for follow-up focus group sessions for each group to be held for

verification of data after data analysis.

The duration of each focus group interview session was not more than two hours as suggested by Mahoney (2005:10) and was systematically recorded through two (2) audio-tape recorders (battery and electrically operated). The researcher acted as a facilitator and read the two open-ended questions verbatim for discussion (see section 3.3.3:84 for more detail). The researcher also guided and encouraged such discussion amongst focus group members to address the questions posed (Sarantakos, 2005:195). Participants were allowed to describe their views freely and openly with probes employed only for clarification. During and after the focus group interview session, the researcher took detailed, factual, accurate and thorough field notes. The researcher drew on memory to expand and clarify field notes immediately after the session. Additionally, the research was non-judgmental on what was noticed to be worth noting (Mahoney, 2005:3) such as non-verbal cues to procure supportive data and also validate the audio-tape recordings.

Field notes as articulated by Polit and Beck (2004:382-383) refer to the researcher's attempts to record, to synthesise and to comprehend emerging sequence of events in the study which serves as a rich and thorough narrative of the data for analysis. Polit and Beck (2004: 382-383), further postulate that field notes are both descriptive and reflective in nature. In this study, the researcher consistently wrote and kept the following descriptive and reflective field notes to examine and reflect how these effect data collection and data analysis.

Descriptive field notes:

- Observational notes as descriptive field notes are objective in-depth accounts of occurrences the researcher experienced while watching and listening to participants' articulation and interaction during focus group interview sessions with slight interpretation (Wilson, 1989:434; Polit & Beck, 2004:382).

Reflective notes serve multiple purposes and are as follows:

- Methodological notes are the researcher's instructions, critiques, and reminders about strategies that might be successful (Wilson, 1989:435; Polit & Beck, 2004:382-383);
- Personal notes are notes about her reactions, reflections, experiences and introspection (Wilson, 1989:435-436; Polit & Beck, 2004:383) and
- Theoretical notes are the researcher's purposeful endeavours to draw and attach meaning from observational notes by interpreting, inferring, imagining, and hypothesising to construct her logical plan (Wilson, 1989:435; Polit & Beck, 2004:383).

Immediately after each audio-tape recorded focus group interview session, the researcher independently prepared transcripts according to Ramos (1992:499) as follows:

- Listened several times to audio-tape recordings of each focus group session to gain an adequate insight of discussions and thereafter prepare transcripts (transcribed verbatim); then
- Reviewed all data documents to check for consistency, cross-reference data points, and to generate a list of coding units (combination of ideas and words that convey meaning);
- Formulated categories, placed most appropriate coding units under each category, clustered categories and subcategories;
- Restructured redundant categories to maximise exclusivity;
- Identified overall thematic content(s);
- Then constructed a diagram to represent relationships among data categories to enhance more abstract organisation of thematic data.

After the registration procedure, audio-tape recorded focus group interview sessions transcripts were photocopied and stored to become the basis for data analysis. A sequential number was assigned to each completed transcript according to the

predetermined system.

Participants for narrative sketch were categorised as A while those for focus group interview sessions were category B as reflected in Table 1.

Table 1: Categorising of participants

Category	Participants
A	27 fourth year nursing students participated in the study conducted through narrative sketches
B	40 fourth year nursing students participated in the study conducted through focus group interview sessions

A protocol for data analysis open coding process was developed to ensure that the correct procedure was followed for audio-tape recorded focus group interview sessions transcripts (Appendix F). The data gathering of narrative sketches and audio-tape recorded focus group interview session transcripts obtained are described in Table 2.

Table 2: Narrative sketches and audio-tape recorded focus group interview session transcripts retrieved

Narrative sketches distributed	27
Number of narrative sketches returned	27
Number of audio-tape recorded focus group interview sessions transcripts	40

Data analysis was planned and realised as outlined in the following section.

3.3.4 Data analysis

The data generated from the narrative sketches and focus group interview sessions were combined and analysed simultaneously as the nature of data was similar, thus the same method was applied to analyse the data.

3.3.4.1 Data analysis of narrative sketches and audio-tape recorded focus group interview sessions transcripts

The analysis and interpretation of findings are not dependent upon the quantification of observations as expounded and articulated by Burns and Grove (2001:56; 2003:357) but rather entail the gathering, integration and synthesis of non-numeric narrative data. The data in qualitative research is non-numerical, presented in words as a starting point for analysis. Data analysis began at once with data collection, meaning that data collection was accordingly merged with data analysis (Burns & Grove, 2003:378; Sarantakos, 2005:344-346; Brink, Van der Walt & Van Rensburg, 2006:184). Data derived from the narrative sketches and focus group interview sessions on the perceptions and expectations of participants of how a caring environment in nursing education could be created were combined and analysed simultaneously as the nature of data was the same. The researcher was capable of boosting the rigour of the analysis by conducting a meticulous review of available and relevant national and international literature samples that were strictly selected to reduce her biases in the study (Rogers & Knafl, 1993:80).

The researcher accustomed herself with the data collected by reading and rereading narrative sketches, tape recorded transcripts on focus group interview sessions and written-up field notes for recalling perceptions and experiences, reflecting on possible meaning and relationships of the data. Additionally, the researcher listened repeatedly to focus group interview sessions audio-tape recordings until she became deeply immersed in the data (Burns & Grove, 2003:378-379; Brink, Van der Walt & Van Rensburg, 2006:184). Data was reduced by selecting, organising, focusing, simplifying, abstracting,

discarding and changing the data that emerged in narrative sketches, transcripts and written-up field notes. As data collection proceeded, further incidences of data reduction surfaced specifically writing summaries, coding, teasing out themes, making clusters, making partitions and writing memos which proceeded after fieldwork. Final conclusions were drawn and verified until the final report was completed (Miles & Huberman, 1994:10-11).

Furthermore, for the purpose and nature of this study, the data generated from the narrative sketches and focus group interview sessions were non-numerical statements. The researcher analysed all data sets immediately, continuously and independently for emergent themes and commonalities through application of descriptive data analysis using the open coding process of Creswell (2003:192). The researcher studied the data, and asked analytical questions to establish essence from participants' perceptions and expectations regarding a caring environment in nursing education by doing the following:

- Carefully reading through all narrative sketches and focus group interview sessions transcripts to get the meaning of the whole;
- Randomly selecting one narrative sketch to identify commonalities and themes and writing them in the margin;
- Compiling a list of all identical themes after completing some narrative sketches. Identical themes were clustered together, formed into columns and then arranged and organised into main themes, unique themes and leftovers;
- Taking a compiled list of themes and consulted the data. Abbreviating the themes, encoding and writing them next to the appropriate sections of both narrative sketches and transcripts of the audio-taped recorded focus group interview sessions. Testing this preliminary organising scheme to determine whether new categories and codes emerged;
- Finding the most descriptive wording for themes and turning them into categories. Grouping together themes that relate to each other. Drawing lines between categories to indicate interrelationships;
- Making a final decision on abbreviations for each category and placing codes in

alphabetical order;

- Gathering data material belonging to each category in one area and performing a preliminary analysis; and
- Recoding the existing data when necessary.

A data analysis open coding process protocol as outlined above, in accordance with Creswell (2003:192) was prepared for the independent coder (Appendix F). The protocol was to serve as guidelines for performing the coding of the raw data of both narrative sketches and transcripts of audio-tape recorded focus group interview sessions. An audit trial was done by an independent coder to ascertain trustworthiness of the research findings (Babbie & Mouton, 2004:276). An audit trial according to Polit and Beck (2004:712) is the systematic documentation of data that allows an independent coder to draw inferences about the trustworthiness of the data. The independent coding is then outlined in more detail.

3.3.4.2 Independent coding

The utilisation of an independent coder in qualitative data analysis, as pointed out by De Vos (2001:352), is fundamentally important in guaranteeing the trustworthiness of the data. Creswell (2003:195) also expounds that it is essential for the researcher to utilize an independent coder in tackling the issue of credibility and the accuracy of the data in order to identify whether they match reality. Similarly, verification of the findings of data analysis by another independent coder (researcher) in qualitative research is crucial. The independent coder, as aptly described by Brink (2002:192) and Brink, Van der Walt and Van Rensburg (2006:185) must meet the acceptable criteria such as expertise in the subject under study, and also have extensive experience in coding process of qualitative data.

- Criteria for the independent coder

The following criteria were set for the independent coder because of the nature and purpose of this study:

- To be proficient and conversant in terms of research with special reference to qualitative research and the data analysis coding process;
- To be geographically accessible for consensus discussions meetings;
- Having completed doctoral studies;
- Having published in accredited research journals; and
- To be supervising post-doctoral research activities.

The researcher submitted the following data documents to the independent coder for data analysis: the data set comprised photocopies of completed narrative sketches, transcripts of the audio-tape recorded focus group interview sessions, written-up field notes from the researcher during and after focus group interview session and each participant's written transcript. The prepared data analysis coding process protocol of Creswell (2003:192) was also submitted to the independent coder as guidelines for data analysis (Appendix F). The coding was open as recommended by De Vos, Strydom, Fouche' and Delport (2005:340) since the independent coder was given the raw data without any prearranged themes or categories to discover first-order concepts and substantive codes (Sarantakos, 2005:349).

The outcome of the pilot study, as agreed upon by the researcher and the independent coder, was that the two open-ended questions (see section 3.3.3:84 for more detail) were acceptable in their original form and they could be used throughout data collection process. Hence the two open-ended questions were applied in the main study to collect data through narratives sketches and focus group interview sessions respectively.

After both the researcher and the independent coder completed the data analysis coding process independently, the researcher scheduled a meeting with the independent coder for consensus discussions on the outcome of the data analysis. The discussion centred on

the appropriateness of the two (2) open-ended questions (see section 3.3.3:84 for more detail), the user-friendliness of the drafted narrative sketch form. Furthermore, the discussion focused on the consensus between the researcher and the independent coder pertaining to the combined data analysis of narrative sketches and focus group interview sessions. The following points emerged during the meeting:

- Saturation was achieved by both researcher and independent coder;
- One of the requirements of trustworthiness in an attempt to maintain rigour in a scientific inquiry was accomplished; and
- The outcome agreed upon by the researcher and the independent coder, was that the categories and subcategories were well addressed.

3.3.4.3 Realisation of data analysis

Data analysis for both the pilot study and the main study were conducted in the same manner. According to Sarantakos (2005:45), the study followed an inductive approach by first focusing on the natural setting, outlining the events as precisely as possible as they occur, or have occurred, with subsequent generation of new categories.

The data was gathered through two (2) open-ended questions (see section 3.3.3:84 for more detail) to elicit perceptions and explore expectations of nursing students regarding a caring environment in nursing education. The data was written as non-quantifiable or non-numerical statements and thus required qualitative data analysis. The photocopied narrative sketches, the transcripts of audio-tape recorded focus group interview sessions and field notes were submitted to the independent coder with the prepared data analysis coding process protocol. The researcher and independent coder independently analysed data according to Creswell's (2003:192) descriptive data analysis open coding process (Appendix F) to guarantee rigour without relinquishing the relevance of the qualitative research.

Initially, the themes and categories were hand written on both the narrative sketches and the transcripts of focus group interview sessions audio-tape recorded were then transferred onto the computer spreadsheet. Each category was then numbered on the computer spreadsheet. The registration numbers of both the narrative sketches and focus group interview sessions’ audio-tape recorded transcripts from which the specific category emerged or matching categories in the subsequent data sets were listed. In this way, the sequence of the development of the initial sixty seven (67) categories of both narrative sketches and the focus group interview sessions audio-tape recorded transcripts from which the category originated can be retraced (see Table 4:114). Due to the need to validate data saturation and to ensure referential adequacy, the pertinent information is reflected in table 3 below.

Table 3: Data saturation and the achievement of referential adequacy

Number of narrative sketches and focus group interview session tape-recorded transcripts		67
Number analysed with new categories emerging	30	
Additional number analysed with no new categories	15	
Number not analysed	22	
Total	67	67

Table 3 above, reflects how the descriptive data analysis coding process protocol was employed to analyse the initial sixty seven (67) narrative sketches and focus group interview session tape-recorded transcripts (see section 3.3.4.1:95 for more detail). Referential adequacy was ensured by having 22 narrative sketches and focus group interview sessions tape-recorded transcripts (combined) not analysed as data saturation has been achieved after 45 of 67 narrative sketches and focus group interview sessions tape-recorded transcripts (combined) were analysed (see Table 3:99). Data saturation and referential adequacy were thus accomplished, fulfilling the requirements of trustworthiness as determined by Babbie & Mouton (2004:276-277) as well as adhering to the recommendation for being auditable by Burns and Grove (2003:258). Data saturation as observed by Polit and Beck (2004:57) emerges when themes and categories in the data

become repetitive and redundant, such that no new information can be gathered by further data collection. Consistent with Polit and Beck (2004:57), Sarantakos (2005:349) indicates that data collection ended once saturation was reached with the data, meaning that no new or relevant data emerged, the category was well developed, and the relationships among categories were well established and validated.

The narrative sketch, as a self-reporting data gathering tool, allowed participants an opportunity to document their own perceptions and expectations regarding a caring environment in nursing education. Also focus group interview sessions provided participants a forum that allowed group discussion on their own perceptions and expectations regarding a caring environment in nursing education. The data from which the specific category emerged, or matching categories in the subsequent data sets, was realised.

Data derived from narrative sketches and focus group interview sessions are qualitative in nature and should therefore be assessed for trustworthiness. Trustworthiness signifies to an audience that the research outcomes are worth paying attention to. Trustworthiness is discussed in detail in the next section.

3.3.5 Measures to ensure trustworthiness

Trustworthiness according to Steele (2002:7) is the competence of the researcher to motivate the readers that the research findings are acceptable and worth reflecting on. It implies that the research findings are trustworthy when they precisely and correctly represent the perceptions and expectations of the participants according to their frame of reference or from their perspective and context. The researcher utilised narrative sketches and focus group interview sessions to generate qualitative data including the verification of the data through the utilisation of an independent coder. The data were assessed for trustworthiness to guarantee rigour without relinquishing the relevance of the qualitative research. Rigour in qualitative research implies that the researcher strives for excellence

through openness, meticulous adherence and strict accuracy during data collection, also giving careful reflection to all data (Burns & Grove, 2003:391, 393). Validity according to Creswell (2003:195) is viewed as strength of qualitative research. However, it is employed to determine whether the findings are accurate from the researcher's, the participants' and or the readers' viewpoint. The clear and accurate reflection of a good qualitative research is discovered in trustworthiness namely neutrality of its outcomes. The study employed categories and concepts used by participants as a further attempt to remain authentic to the meanings of participants. In this study the researcher ensured trustworthiness by adhering to the following criteria: credibility, transferability, dependability and conformability. A presentation of the criteria follows.

3.3.5.1 Credibility or truth-value

Credibility means the compatibility and harmony between the constructed actualities that are in the minds of the participants and those that are ascribed to them. Credibility determines how convinced and confident the researcher is with the truth of the outcomes of the study grounded on the research design, participants, and context (Polit & Beck, 2004:430). The study, according to De Vos, Strydom, Fouche' and Delport (2005:346-347) is deemed credible when it imparts such precise identification and description of participants' experiences and perceptions according to their frame of reference and context. This was established through eliciting the perceptions and exploring the expectations of nursing students regarding a caring environment in nursing education by reaching a comprehensive description in the data collection and analysis. The following strategies were employed to ensure that the pieces of evidence have not been misconstructed or misconstrued thus increasing and achieving credible outcomes in this study (Brink, 2002:124): prolonged and varied engagement, persistent observation, peer debriefing, member checks, reflexivity, triangulation and referential adequacy.

- Prolonged and varied engagement

In ensuring credibility of the research outcomes, the researcher spent an adequate and extended period of time in the research setting to identify and verify persistent patterns. The researcher, before collecting data, had a direct interaction with participants to establish rapport (Creswell, 2003:196). As a result, the researcher was able to check perceptions and consecutively participants got acquainted with the researcher. As rapport and trust increased between the researcher and participants, hidden and sensitive information was freely disclosed (Krefting, 1991:217-218). The establishment of good rapport and trust between the researcher and participants as pointed out by Mouton (1998:158), defuses initial mistrust, serves as a control for role selection effects and also operates as a control for context effects.

Consistent with Krefting (1991), Polit and Beck (2004:430) affirm that the researcher must spend an ample and extended time in the research setting to have a direct and intense interaction with participants. In addition, to establish rapport and to gain, build and maintain trust. As rapport and trust increased between the researcher and participants, close acquaintance is developed with resultant of more and vital, constructive, accurate and rich information being revealed. In turn, the credibility of the research findings is enhanced. The researcher remained in the research area until data saturation had been achieved and also gained a thorough comprehension or insight of the phenomenon under study. Data saturation as indicated by Polit and Beck (2004:57) implies that the researcher collected data to the point where themes and categories in the data became repetitive and redundant, such that no new information could be scraped together by further data collection. The researcher was also able to give description with reference to the site and the participants that contributed towards the credibility to the narrative account (Creswell, 2003:196; Babbie & Mouton, 2004:277).

- Persistent observation

During the course of the study according to Creswell (2003:181), the researcher enters the participants' natural setting, and through continuing interaction and active involvement, pursues the participants' perspectives and meanings holistically, reflectively and sensitively. She actively involved participants in the study and sought to build rapport and credibility with them. The researcher as pointed out by Meyers and Sylvester, (2006:3) is constantly interested in the rich and detailed descriptions and interpretations of the participants' conduct as they occur, including the comprehension of the conducts in relation to their own beliefs, narrative or account within the concrete, natural context in which they took place. It is only when the researcher according to Babbie and Mouton (2004:272), understands the observed sequence of events against the background of the whole context. Furthermore, how such a context gives meaning to the events concerned, then the researcher can actually claim to have comprehended the events. That is only achievable as postulated by Creswell (2003:189) when the researcher is engaged in multiple observations during the research process. In addition, Babbie and Mouton (2004:277) echo that during persistent observation, the researcher should constantly and harmoniously follow interpretations in various perspectives in combination with a constant and provisional analysis. The researcher searched for multiple influences and for what counts and what did not count.

In this study, the researcher embarked on persistent multiple observations which were coherent to the problem under study. During and after each focus group interview session, the researcher noted and recorded fully and impartially the observed events and conversations among participants as they emerged (Polit & Beck, 2004:382) with the intention to explore them further as the focus group interview sessions progressed. The written-up field notes were in essence descriptive and reflective (see section 3.3.3.2:91-92) and formed part of the persistent observation. Persistent observation implies that the researcher logically and constantly noted and recorded the sequence of events fundamentally pertinent to the problem under study (Sarantakos, 2005:228).

Qualitative data analysis itself requires persistent observation which compels the researcher to become greatly and constantly immersed in the data in an attempt to preserve each participant's individuality although allowing an understanding of the problem pursued. The researcher critically studied through persistent observation the data, asked analytical questions to establish essence from participants' perceptions and expectations regarding a caring environment in nursing education. During the data analysis open coding process, the researcher carefully read and re-read all narrative sketches, focus group interview sessions transcripts and written-up field notes to get the gist of the whole (Creswell,2003:192).

- Peer debriefing

An external validation is one of the techniques crucial in qualitative research to establish credibility of the research findings which could be achievable through peer debriefing. Peer debriefing involves sessions with peers to review and explore diverse study prospects. This strategy exposes the researcher to the searching questions of others who have expertise in both qualitative research methodology and the problem pursued. In peer debriefing sessions, the researcher presents written or oral summaries of the collected data, themes and categories that are emerging or emerged and her interpretations of the data (Polit & Beck, 2004:432).

In this study, the researcher exposed her research findings to impartial peers who were outside the context of the study but who have a general understanding of the nature of the study including qualitative research methodology. During this process, peers reviewed perceptions, insights, analytically probed the researcher's biases, perspectives, assumptions, explored meanings, clarified the sources for specific interpretations and performed a negative case analysis by searching for and accounting for refuting or counteracting evidence. This implies that the peers took a "devil's advocate" stance, asked questions regarding research process and assisted in the decisions regarding which step to

take next (Brink, 2002:124; Creswell 2003:196; Babbie & Mouton, 2004:277). In peer debriefing, an independent coder was also involved in an open coding data analysis of raw data and consensus discussions of the data analysis to increase the accuracy of the research outcomes.

- Member checks

Verification of research findings with participants is a crucial measure in ensuring credibility in qualitative research process. It was then imperative for the researcher to be vigilant in presenting the findings to ensure that the research does not ask leading questions and thus coerce verification (Morse & Field, 1998:117). For this reason, the researcher did member checks with the research participants through a follow-up session to share, review, validate and verify the preliminary interpretations and conclusions generated during data collection and analysis of narrative sketches and audio-tape recorded focus group interview sessions. Feedback was sought from participants to ensure and confirm whether the findings precisely and completely reflect their experiences and perceptions rather than perceptions of the researcher (Polit & Beck, 2004:57). The participants confirmed that the research findings were accurately and thoroughly documented (Brink, 2002:124). By taking the final report or specific descriptions or themes back to participants and determining whether they feel they are accurate, assisted the researcher to uncover and illuminate the accuracy of the findings (Creswell, 2003:196). Additionally, a follow-up session made with participants also created the opportunity for the researcher to assess the participants' intentionality, correct evident errors, provide additional volunteer information, abridge and reduce what the initial stage of the data analysis should be and to assess the whole adequacy of the data (Babbie & Mouton, 2004:277).

- Reflexivity

Reflexivity as interpreted by De Vos (2005:363) is the researcher's competence to create an integrated comprehension of own cognitive perspective, exceptionally comprehending the effect this has in a set of human relations. Polit and Beck (2004:335, 730) view reflexivity as implying the researcher's recognition of herself as a component of the data collected, and the role played in the study and how it can impinge on the data obtained. Polit and Beck (2004:730) further indicate that the researcher critically reflects on own biases, preferences, and preconceptions.

Throughout this study, the researcher was accustomed to the data collected by reading and rereading narrative sketches, tape recorded transcripts on focus group interview sessions and written-up field notes for recalling perceptions and experiences. Additionally, the researcher reflected on possible meaning and relationships of the data and listened repeatedly to focus group interview sessions audio-tape recordings until became deeply immersed in the data (Burns & Grove, 2003:378-379; Brink, Van der Walt & Van Rensburg, 2006:184). Similarly, the researcher analytically and continually recorded and kept the descriptive and reflective written-up field notes (see section 3.3.3.2:91-92 for more detail) to continually reflect and examine how these influenced data collection and data analysis. All the way through reflecting and examining these documentations, the researcher was able to discover biases. Then the procedures for data collection and analysis were modified to enhance the credibility of the study (Krefting, 1991:218). During qualitative data analysis, a dynamic interaction emerged between the researcher and the data.

Through the reflexive thought process which required deliberate self-awareness, the researcher was able to explore personal feelings and experiences that may impact the study and integrated this understanding into the study (Burns & Grove, 2003:379). In the same vein, Creswell (2003:182) asserts that the introspection and acknowledgement by the researcher of biases, values and interests, signify honesty and openness to the

research. Sarantakos (2005:45) views the reflexivity process as the researcher's self-awareness.

- Triangulation

Triangulation as interpreted by Mouton (1998:156) implies that the researcher employs a range of methods and techniques of data collection in the study of the same phenomenon with a belief that diverse methods complement each other, thus stabilising their respective inadequacies. Babbie & Mouton (2004:275) conceptualise triangulation as an action plan that raise the researcher above the personal biases that originate from single methodologies. Triangulation is basically viewed as one of the best approaches to enhance trustworthiness in interpretive (qualitative) paradigm. Triangulation was employed in this study with the view to double check data and their interpretations so as to gain insight of the problem pursued, consequently enhancing confidence in the research findings. Additionally, Polit and Beck (2004:432) affirm that a researcher utilises triangulation as groundwork for converge on the truth through employing multiple methods and viewpoints, in an attempt to distinguish "true" information from "error" information, thus increasing the credibility of the findings. This strategy also assists in illustrating a more complete and contextualised picture of the problem pursued. As a result, it is basically viewed as one of the best approaches to enhance trustworthiness in interpretive (qualitative) paradigm (Babbie & Mouton (2004:275). Therefore, in this study, triangulation was achieved by the researcher through generating data from various perspectives in order to guarantee credibility:

- Conducted a pilot study to test the two primary open-ended questions for the main study done on five nursing students to detect possible errors;
- Collected data with two open-ended questions (see section 3.3.3:84 for more detail) from two groups of fourth years nursing students who were at different years of their study (see sections 3.3.1 & 3.3.2:81-83) for more detailed description of nursing students);
- Administered narrative sketches to twenty seven (n=27) fourth year nursing

students to elicit their perceptions and to explore their expectations regarding how a caring environment in nursing education could be created;

- Conducted four (4) focus group interview sessions amongst forty (n=40) fourth year nursing students registered at a different year to that of a group for the narrative sketches;
- Took extensive descriptive and reflective field notes during and after each focus group interview session to procure supportive data and also validate the verbatim transcribed audio-tape recordings;
- Reviewed the national and international literature extensively and repeatedly until clear comprehension of the problem pursued was acquired;
- Conducted a thorough review of existing and relevant theoretical and empirical national and international literature samples that were stringently selected to minimize the biases in the study thus increasing rigour of the study (Rogers & Knafl, 1993:82);
- Connected interpretation and existing models where applicable consistently with the theoretical conceptual framework of the study;
- Engaged the independent coder in an audit trial to analyse raw data without any prearranged themes or categories in an attempt to discover first-order concepts and substantive codes thus ascertaining trustworthiness of the research findings;
- Held consensus discussion meetings with the independent coder regarding the outcomes of data analysis;
- Arranged follow-up meetings with participants after data analysis to review, validate and verify her interpretations and conclusions generated during data collection and analysis.

- Referential adequacy

Referential adequacy means the detailed written documentation of the research findings from completed narrative sketches, focus group interview session's audio-tape recorded transcripts and written-up field notes. All themes and categories are represented and

enough data have been collected to ensure data saturation. Data saturation as observed by Polit and Beck (2004:57) occurs when themes and categories in the data become repetitive and redundant, such that no new information emerges by further data collection. Referential adequacy was ensured by having 22 narrative sketches and focus group interview sessions tape-recorded transcripts (combined) not analysed as data saturation has been achieved after 45 of 67 narrative sketches and focus group interview sessions tape-recorded transcripts (combined) were analysed (see Table 3:99). Data saturation and referential adequacy were thus accomplished, fulfilling the requirements of trustworthiness as determined by Babbie & Mouton (2004:276-277) as well as adhering to the recommendation for being auditable by Burns and Grove (2003:258). The completed narrative sketches, transcripts of focus group interview sessions audio-tape recorded, and written-up field notes utilised for data collection were stored in a secure area until a final version of the thesis was completely written (Babbie & Mouton, 2004:277) (see Table 4 under section 4.2:114).

3.3.5.2 Transferability or applicability

Transferability is the extent to which the research findings can be applied to various participants or in other contexts to serve as concrete frame of reference for comparison by other researchers (Babbie & Mouton, 2004:277). The aim of this study was to investigate whether or not nursing education, as presented at the North West University, Mafikeng Campus, provides a caring environment. The responsibility for demonstrating transferability as reflected by Babbie & Mouton (2004:277) consequently remains in those researchers who desire to apply the research findings to the audience of their study. In this study, transferability was achieved through the application of the following strategy:

- Rich, thick description

The researcher gave a detailed, rich and adequate descriptive version regarding the study's focal point, researcher's role, and criteria for selection of participants. Furthermore,

the research design, context for data collection, data collection and data analysis coding procedures were also outlined clearly and accurately so that another researcher could determine whether the research findings will be applicable, or could be replicated in another context (Brink, 2002:125).

The rich, thick description by the researcher according to Creswell (2003:196) could put across explicitly to the audience or readers the research context and give the discussion an element of shared experiences. In qualitative study, transferability according to Babbie and Mouton (2004:277) relies on relationships between sending and receiving contexts. Similarly, the researcher collected adequately comprehensive descriptions of data within context and reported them precisely to allow the reader to make judgements regarding transferability.

Furthermore, the researcher emphasised a rich, intense description of perceptions elicited and expectations explored from nursing students regarding a caring environment within the context of nursing education. It implies that the researcher had constantly been keen in describing nursing students' behaviours and comprehending that in the contexts that were clear to participants themselves. The researcher utilised categories and concepts used by nursing students themselves to describe, interpret and develop as accurately and precisely the social interaction in terms of the meanings that the nursing students themselves attach to it without manipulation of variables (Burns & Grove, 2003:27).

3.3.5.3 Dependability or consistency

Dependability as viewed by Babbie and Mouton (2004:278) means that the qualitative research must yield the same results if replicated with the same participants and in the same context. The authors further indicate that there can be no credibility without dependability and a manifestation of credibility is adequate enough to generate an existence of dependability. In this study, dependability was however accomplished through the utilisation of an audit trial. An audit trial as described by Polit and Beck

(2004:435) is the systematic collection of materials and documentation that allows an independent coder to draw conclusions about the trustworthiness of the data. In determining its acceptability, the independent coder was appointed in accordance with the specific criteria to affirm whether the processes and procedures utilised by the researcher were acceptable meaning dependable (Brink, 2002:125). The independent coder explored raw data generated through the narrative sketches, and focus group interview sessions audio-tape recorded transcripts, and the research outcomes of the data analysis, interpretations, conclusions and recommendations. The independent coder then declared that the research outcomes were sustained, supported and confirmed by the data. The independent coder further indicated that there was evidence within the data that served as logical validation of the findings.

3.3.5.4 Conformability or neutrality

Conformability as reflected by Babbie and Mouton (2004:278) is the extent to which the research findings are the end-product of the study and not of the researcher's biases. Furthermore, a conformability audit trial, that is a sufficient trial should empower the independent coder to ascertain if the research findings, conclusions, interpretations and recommendations could be traced to their sources, and sustained and confirmed by the study. The audit trial was also conducted to determine if there was correlation between the researcher's interpretation and the actual evidence (Babbie & Mouton, 2004:278). The audit trial conducted by the independent coder comprised:

- Material associated with intentions and dispositions - research proposal, personal notes and expectation;
- Instrument development information - two primary open-ended questions construction utilised in the narrative sketch form for both pilot and the main study including focus group interview sessions;
- Raw data consisting of narrative sketches, focus group interview sessions audio-tape recorded transcripts and researcher's written-up field notes;
- Process notes - methodological notes, trustworthiness notes, and audit trial notes;

- Data reduction and analysis products - write-ups of field notes, summaries and condensed notes, theoretical notes, concepts and intuition;
- Data reconstruction and synthesis products - themes that were developed, research findings, conclusions and a final report.

On the background of the stated discussions, it is evident that the researcher adhered to and applied the criteria of trustworthiness to ensure the rigour without relinquishing the relevance of the qualitative research.

3.4 Summary

This chapter laid the basis for the planning and the implementation of the study. It provided a detailed account on the research design and methodology. The chapter justified the researcher's choice for employing the qualitative research design which was supported by the exploratory and descriptive research strategies to elicit perceptions and explore expectations of nursing students regarding a caring environment in nursing education. It also gave an explicit description of data gathering tools and data analysis followed by the realisation of findings to reflect a coherent way of thinking throughout the study. This chapter also highlighted measures to ensure trustworthiness in this study to maintain rigour without relinquishing the relevance of qualitative research.

CHAPTER FOUR

DATA ANALYSIS AND INTERPRETATION

4.1 Introduction

This chapter handles data analysis and interpretation. This is done to establish what data says about the existence or otherwise of a caring environment in the nursing education as presented at the North West University, Mafikeng campus. The data analysis and interpretations are not dependent upon the quantification of observations as expounded and articulated by Burns and Grove (2001:56; 2003:357) but entail the gathering, integrating and synthesis of non-numeric narrative data. The perceptions and expectations elicited, explored and described from the nursing students' frame of reference and context regarding a caring environment in nursing education are fundamental in this chapter. Thus, it follows that there is not a single reality and that reality rooted on perceptions is diverse and distinct for each person and it converts over time. Most notably, also is that what is known has meaning only within a given context and since perceptions and expectations vary from person to person, many different meanings are possible (Burns & Grove, 2003:357). The outcomes of the study are to serve as the foundation for the formulation of guidelines for a caring environment in nursing education.

4.2 Analysis of results

The results derived from the perceptions and expectations as reported by participants through both narrative sketches and focus group interview sessions were outlined and clustered as responses, themes and statements. The results are presented in 'direct quotes' as a means of giving a living meaning to research participants (Sandelowski, 1994) and are reflected in Table 4. The table provides a comprehensive summary of responses from two groups of participants (see items no. 3.3.1 & 3.3.2:81-83 for more detailed description).

Table 4: Combined data analysis of results presented as responses, themes and participants' statements

RESPONSES	THEMES	PARTICIPANTS' STATEMENTS
A1, A2, A3, A4, A5, A6, A7, A8, A9, A10, A11, A12, A13, A14, A15, A16, A17, A18, A19, A20, A21, A22, A23, A24, A25, A26, A27, B1, B2, B3, B4, B5, B6, B7, B8, B9, B10, B11, B12, B13, B14, B15, B16, B17, B18, B19, B21, B22, B23, B24, B25, B26, B27, B28, B29, B30, B31, B32, B33, B34, B35, B36, B37, B38, B39, B40.	Perceptions	• "Most of the time lecturers display 'don't care attitude' without compassion when talking to students.....this behaviour is more observable in the classroom but mostly during consultation periods" • "Some of them do not have time to listen to a student instead one is cut short or the discussion is terminated before the student completes what one intends to say" • "...sometimes a student is desperate for help or for clarity. One will be told 'you cannot see me' even when one has made an appointment" • "... individual differences are not regarded as valid" • "prevalence of non-caring incidences of disrespect, made fun of, ridicule, discrimination and undermining of views and feelings among lecturers and students" • "experienced mixed sense of anger, hopelessness, misery, frustration and devastation but at the same time have a strong desire to intervene, but often felt intimidated, helpless and afraid of being victimised in their role as being just nursing students" • "not consulted to be involved and participate in decision making regarding academic issues" • "these caring role models are uncommon in nursing education" • "some lecturers interact with nursing students in unprofessional, non-caring, degrading and intimidating ways as evidenced by outbursts of temper, overpowering and inconsistent actions, favouritism, unfairness, and failure to observe confidentiality regarding students' personal problems and issues" • "If a student does something wrong or something that shows disrespect towards a lecturer, that lecturer can

		extremely dislike that student" • "some lecturers are even not approachable, friendly and polite and that makes it difficult for students to consult if having learning problems". • "there is poor relationship between some lecturers themselves and with students being inappropriate mentors of future professional nurses" • "without good guidance, direction, advice, supervision and monitoring from the lecturers, problematic situations may arise which could have an impact on the nursing students' academic performance and progress would be indicative of uncaring environment in nursing education" • "lecturers hardly listen to nursing students' complaints" • "there is no proper interaction and communication between lecturers and students" • "The classroom learning environments are not conducive to learning, are not comfortable and are inadequate"
A1, A2, A3, A4, A5, A6, A7, A8, A9, A10, A11, A12, A13, A14, A15, A16, A17, A18, A19, A20, A21, A22, A23, A24, A25, A26, A27, B1, B2, B3, B4, B5, B6, B7, B8, B9, B10, B11, B12, B13, B14, B15, B16, B17, B18, B19, B20, B21, B22, B23, B24,	Expectations	• "... lecturers should teach caring" • "... enough time for consultation with lecturers should be created for personal and academic issues to ensure a caring environment that stimulates students to work to their best ability" • "... sensitivity, privacy and confidentiality should be observed and maintained when addressing students' problems, complaints and academic issues" • "respect, love and cooperation between lecturers and students should be cultivated without discrimination" • "each other's human rights should be acknowledged and respected" • "student-lecturer meetings should be held on a monthly basis for effective problem solving"

B25, B26, B27, B28, B29, B30, B31, B32, B33, B34, B35, B36, B37, B38, B39, B40.		• "lecturers should practice democracy at all times which is characterised by openness, transparency and cooperation in all dealings regarding academic issues and activities without dictatorship" • "... identified role modelling and mentoring as the most crucial professional attribute that exemplify the caring and interaction practices the lecturer could demonstrate if a caring environment is to prevail in nursing education" • "lecturers should be more supportive, academically and professionally acceptable; giving equal treatment to all nursing students without favouritism, thus enhancing solidarity; and moulding them to be professionally competent" • "the most important task of a lecturer is to provide constant and unfailing guidance, direction, advice, supervision and monitoring to the nursing students at different stages of their study both in the classroom and in the clinical learning environment" • "there should be cooperation between the lecturers and nursing students in order to achieve the expected learning outcomes" • "continuous, harmonious, good and stable lecturer-student interpersonal relationships should be maintained in nursing education to enhance academic and spiritual growth" • "lecturers should be ready to listen, know and understand students' own views, feelings and needs without criticism, discrimination and victimisation" • "a communication box for complaints and compliments should be made available" • "an annual assessment of lecturer-student interaction and caring relationships should be conducted, and nursing students should be actively involved"
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		• "during their professional education they too would be empowered to communicate effectively, and this would boost their self-esteem and self-awareness" • "good communication between lecturers and students should be maintained for continued growth in their interpersonal communication skills" • "it is the responsibility of each lecturer to serve all students equally without discrimination or preferential treatment, and to provide support where it is deemed necessary" • "support groups should be established in order for a caring environment to be realised in nursing education" • "nursing students strongly held this view that support groups for personal and academic issues should be established" • "mentoring groups should be established to give support to new students" • "a healthy environment that encourages teamwork among students should be fostered since is a coherent feature of the classroom activities" • "Students and lecturers should spend more time together for social interaction, bonding and building trust with each other" • "mutual trust and caring relationships among lecturers and nursing students should be perceived as the central attribute of the teaching and learning process as well as a key to personal and professional growth and development" • "a mutual trust and good relationships between lecturers and students should be cultivated" • "lecturers should act as or be like mothers and behave like parents" • "when a lecturer interacts, communicates and relates to an individual nursing student or a group of nursing students informally or formally, that lecturer should
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		be a role model by demonstrating trust, understanding, encouragement, dependability and acceptance instead of mistrust" • "lecturers should build rapport with nursing students to accommodate and know them better in order to identify any learning problem" • "lecturers should lay foundation to instill into students the value of a life-long learning" • "effective lecturers should have good knowledge and experience in their respective areas of specialisation, be accountable, dedicated to their responsibilities, be objective in their evaluations, and be competent and dependable facilitators of theory and practice" • "lecturers should provide remedial teaching for those who don't perform well in order to avoid high failure rates" • "... identified areas requiring remedy" • " ...the physical safety on the university campus should be promoted and that no student parties should be hosted in the campus because these lead to crime" • " The classroom learning environments should be more better equipped and comfortable" • "lecturers should accompany students in the clinical learning environments for clinical teaching, guidance, supervision, monitoring and assistance" • "Time for clinical nursing practice should be sufficient for them to acquire experiential learning" • : "...the presence and availability of lecturers in the clinical learning environments may also depict that lecturers care for them" • "clinical hours should be reduced to prevent burn-out"
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The themes and statements that reached a comprehensive description were finally summarised as categories and subcategories and are discussed under section 4.3:120.

The final categorisation of the results is reflected in Table 5 below.

Table 5: Final categorisation of results derived from combined data analysis

Theme	Categories	Subcategories
Participants' current nursing education environment is non-caring	• Poor lecturer-student interaction relationship; • Poor role modelling and mentoring • Lecturers' unprofessional attitudes and behaviour • Inadequate and non-conducive classrooms	• Poor lecturer interaction • Lack of compassion • Unapproachable • Poor communication • Lack of respect • Lack of support • Mistrust • Lack of supervision
Participants' expectations regarding a caring environment	• Quality lecturer-student interaction and caring relationships • Good lecturer-student interpersonal relationship • Lecturer-student collaboration • Good role modelling and mentoring • Physical safety • Classrooms adequately equipped • Lecturers' availability and presence	• Sensitivity/compassion • Respect • Cooperation • Good communication • Democracy through ◦ Openness ◦ Transparency • Mutual support • Support groups • Mentoring groups • Mutual trust and rapport

These responses are discussed in detail in section 4.3 below.

4.3 Discussion and interpretation of results

Nursing students in this study highlighted numerous details of their nursing educational experiences during their interactions with their lecturers. These interactions became the focal point for expressing their perceptions and expectations regarding an environment in nursing education. This environment symbolised the relationship between the students and the lecturers, whether positive or negative. Thus the relationships were central to articulating their lived experiences regarding an environment in nursing education. Two themes that emerged are as follows: Participants' current nursing education environment is non-caring; Participants' expectations regarding a caring environment. A detailed description of each theme will be given in the discussion that follows.

4.3.1 Participants' current nursing education environment is non-caring

The lecturer-student interaction relationship is imperative if a caring environment is to be realised in nursing education. It was found that poor lecturer-student interaction relationship is one of the most critical factors that contribute to this problem as highlighted below.

4.3.1.1. Poor lecturer-student interaction relationships

Findings of this study revealed that there was no report of a positive caring environment in nursing education as articulated by the nursing students. It appears that most of the nursing students experienced or perceived lecturers as non-caring and without understanding.

In teaching and learning settings, less time is allotted for lecturers-students' interactions. This view is also supported by nursing students who affirmed that:

"There is no proper interaction and communication between lecturers and students."

The perceptions as expressed by nursing students may have an impediment in their ability to interact and communicate with one another, significant others, and clients, including lecturers.

Nursing students recalled that caring is lacking and totally unobserved between lecturers and students. One nursing student said,

"Most of the time the lecturers display a 'don't care attitude' without compassion when talking to students ... this behaviour is more observable in the classroom, but mostly during consultation periods."

The perception expressed above indicates that the nursing students hold the view that the lecturers' conduct and attitudes towards them is non-caring and lack consideration. It seems that this could have a negative impact on the nursing students' goals, aspirations, values, professional conduct and attitudes, including their interaction and attachment to others. Therefore, it is of paramount importance that the lecturers acquire listening competence, have empathetic understanding, helping and caring behaviour and attitudes towards students so as to facilitate and create a caring environment in nursing education.

What also emerged in this study is that attentive listening skills are crucial in order to promote a caring environment. However, that is not the case in nursing education.

Nursing students reported that:

"Lecturers hardly listen to students' complaints."

The perception as reflected above is the main emphasis which seemed to have been the core of an environment in nursing education as being inconsistent and evidenced by

poor student-lecturer interaction relationship. The research findings point to the fact that,

"...nursing students' problems and concerns are not addressed amicably and not considered as important."

If the perception, as expressed by nursing students, is not apparent to the lecturers in nursing education, it may have a negative bearing on the academic progress of nursing students.

Another nursing student also noted that:

"Some of them do not have time to listen to a student instead one is cut short or the discussion is terminated before the student completes what one intends to say."

The research findings showed that poor communication in nursing education is one of the major problems which may have a negative influence on the personal, academic and professional growth and development of nursing students.

Many of the nursing students also reported that:

"...sometimes a student is desperate for help or for clarity. One will be told 'you cannot see me' even when one has made an appointment."

One nursing student remarked, *"...mmm!!!... I suspect that they are under pressure and too much overloaded with work."*

Lecturers' primary purpose seem not to be the moral one of developing caring nursing students who are prospective professional nurses but instead, there is a persistent and unfortunate emphasis on academic adequacy. Consequently, nursing students do not feel

cared for. This state of affairs may have potential negative consequences on nursing students' physical, social, intellectual, emotional and moral wellbeing for optimal personal and professional growth and development.

However, learning and teaching process in nursing education may be possible in an environment that encourages and nurtures positive communication such as attentive listening amongst the lecturers and students.

By comparison, this state of affairs seems lacking in the learning environment as perceived and experienced by the nursing students. They reported that:

"Lecturers hardly listen to students' complaints".

It is vitally important that nursing education incorporates a caring environment in the teaching and learning processes in order to develop caring practices between lecturers and students, provided the educational culture supports the mandate of that amongst lecturers. This study indicates that this may not necessarily be the nursing students' perceptions. From the nursing students' accounts of their perceptions regarding their nursing educational experiences, what surfaced is that most of the time the lecturers seem to have the sole control of the learning environment in nursing education with nursing students being in a conforming role.

4.3.1.2 Poor role modeling and mentoring

The caring role models are uncommon in the nursing education experience of nursing students in this study. They reported that:

"... some lecturers are interacting with nursing students in unprofessional, non-caring, degrading and intimidating ways as evidenced by outbursts of temper, overpowering and inconsistent actions, favouritism, unfairness and failure to observe confidentiality regarding students' personal problems and issues".

When conflict is dealt with destructively, it damages relationships and destroys the mutual and supportive system. However, a healthy social development requires that lecturers and students learn how to handle conflicts constructively, in order to derive outcomes such as interest, motivation, intensified success, insight, creative thinking, problem-solving, intensified healthy cognitive and social development. One may also be in a position to clarify one's own and other's identity, commitments, and values, including strengthened relationships.

One nursing student also noted that:

"If a student does something wrong or something that shows disrespect towards a lecturer, that lecturer can extremely dislike that student".

The perception reflected above suggests that the nursing students hold the view that lecturers may have an attitude of dissatisfaction towards them based on the student's negative conduct towards the lecturer. This negative interaction between the student and the lecturer may lessen effective communication and may also have a negative influence on their relationship. Therefore the student-lecturer interaction may be damaged leading to broken relationships and cooperation and trust between the lecturer and the student may also be destroyed.

The nursing students in their responses also reiterated that,

"There is poor relationship between some lecturers themselves and with students being inappropriate mentors of future professional nurses."

It can be gathered from this perception that the current ineffective lecturer-lecturer and lecturer-student interaction may have an impact on how the student interacts and relates with other students in the future. The student may have a negative attitude towards mentorship. This conduct and attitudes undermines trust between the lecturers and nursing students resulting in communication and relationship problems evidenced by poor student-lecturer relationships.

Another nursing student commented that:

"Some lecturers are even not approachable, friendly and polite and that makes it difficult for students to consult if having learning problems".

It can be inferred from the perception above that students can perceive the lecturers' attitude towards them as firm and punitive. This can therefore interfere with effective communication between the student and lecturer. The student may fear approaching lecturers based on the lecturers' aloof behaviour.

The research findings also revealed that:

"Nursing students are not consulted to be involved and participate in decision-making regarding academic issues."

It appears that some major decisions are taken for the nursing students which might not be appealing to them. In line with this observation, it could be noted that this is a common practice in educational institutions. When actually on the whole, students require intellectual challenges, opportunities to express ideas, to be involved and participate in decision making process, caring relationships, and affirmation in developing competence and identity. On the contrary, students are placed in outsized, unfriendly, departmentalised structures where rules are more inflexible, their participation is less sought. Teaching and learning is less engaging with students less attached to lecturers,

and their sense of identity is damaged.

It was also discovered that without good guidance, direction, advice, supervision and monitoring from the lecturers, problematic situations may arise which could have an impact on the nursing students' academic performance and progress would be indicative of non-caring environment in nursing education.

4.3.1.3 Lecturers' unprofessional attitudes and behaviour

There appear to be poor communication between students and lecturers and this poor relationship may have a long history. It also seems that there is an attitude of indifference between the student and lecturer which lessens caring towards one another. If the attitude is persistent, it may lead to incidents of discrimination, disrespect and lowering of human dignity which may have an impact on academic performance and progress.

Based on the following research findings which are interrelated, it could be inferred that professionalism and professional relationships are to be cultivated and sustained in order for a caring environment in nursing education to be evident. The following findings are interrelated and point to the fact that:

"Nursing students' problems and concerns are not addressed amicably and not considered as important."

The research results further revealed that:

"Nursing students' individual differences are not regarded as valid."

What prevails according to the nursing students' perceptions:

"... is non-caring incidences of disrespect, made fun of, ridicule, discrimination and undermining of views and feelings among lecturers and students".

These inconsistencies were reported by the nursing students in detail,

"... as humiliating, embarrassing, demoralizing and lowering human dignity as well as retarding communication and academic performance and progress.

During the occurrence of these incidences, nursing students also reported that they:

"experienced mixed sense of anger, hopelessness, misery, frustration and devastation but at the same time having a strong desire to intervene, but often felt intimidated, helpless and afraid of being victimized in our role as being just nursing students".

Based on the nursing students' descriptions of their perceptions regarding an environment in nursing education, it appears that the environment that prevails in nursing education is not flexible and positive enough, since most of the time lecturers have domineering tendencies and are conceited without taking into consideration nursing students' uniqueness in responding to learning environments. Given that, this could be a potentially stressful experience for nursing students. Without any doubt, this indicates that there are individual differences in response to situations. Therefore proper interaction and communication seems to be crucial in order to avoid the situations experienced. This, however, seems like an ideal situation as the academic nature of higher learning institutions where nursing education is provided lacks the necessary resources and caring academic members of staff to provide this service efficiently.

4.3.1.4 Inadequate and non-conducive classrooms

The university is an organisation with adequate and appropriate facilities to render quality services to consumers. The classroom as a learning environment is one of those facilities where teaching and learning takes place through interaction, communication and building of caring relationships among the lecturers and students. The success of the teaching and learning process is dependent on an environment which is conducive to teaching and learning, being free from distractions, well-ventilated, adequately spacious and comfortable with essential equipment and furniture.

By comparison, in this study the nursing students reported that:

"The classrooms as learning environments are inadequate, not comfortable and not conducive for learning."

The nursing students seem to be of the view that their classroom situations are less than perfect. According to the students, the classroom situation seems to be less than favourable and do not meet their expected standards.

The research findings in view of the expectations as advocated by the nursing students regarding a caring environment in nursing education, are highlighted and interpreted in the following section.

4.3.2 Participants' expectations regarding a caring environment

It appears that caring is both a moral direction to teaching and learning and also a moral educational effort. In order for mutual support as a vital source of caring to be realised in nursing education, it is imperative that a caring environment be purposely established. Such an environment should cultivate and nurture substantial and meaningful relationships, growth and development amongst participants engaged at all

levels in the teaching and learning process.

4.3.2.1 Quality lecturer-student interaction and caring relationships

In esteeming and appreciating communication for its imminent supremacy, including the provision of continuous lessons in self-consciousness and the art of interaction and caring, the nursing students had expectations expressed as follows:

"Continuous, harmonious, good and stable lecturer-student interpersonal relationships should be maintained in nursing education to enhance academic and spiritual growth."

Based on the highlighted expectation, it could be inferred that a harmonious teacher-student relationships and good and stable teacher-student interaction could promote and boost a nursing student's self-concept and self-esteem. It seems that the ability to interact or communicate and relate to students, or others caringly is learned. With practice the lecturer becomes an effective communicator committed to caring for oneself and students for the attainment of emotional, physical, spiritual, mental, intellectual and social wellbeing.

The nursing students also shared this view when they suggested that:

"Lecturers should be more supportive, academically and professionally acceptable; giving equal treatment to all nursing students without favouritism, thus enhancing solidarity; and moulding them to be professionally competent."

Lecturers need to strive to develop students who can be acceptable, admirable, compassionate, loving, competent, respectable, trustworthy and not obsessive, but committed to caring. In moulding these students to be professionally competent, lecturers require both intellectual competences and a knowledge base with reference to those students with whom they are interacting and relating. Furthermore, lecturers

need more time to be involved more personally with these students in order to learn more about them and to fully understand them.

Hence the nursing students also shared this view when they suggested that:

"The lecturers should teach caring".

It appears that a successful teaching and learning process is exclusively dependent on the lecturer's effective listening competence, empathetic understanding, helping and caring conduct and attitudes. These professional attributes may also be copied by nursing students in their inner being as they aspire for greater heights in their career paths. Hence, in helping and caring relationships, a lecturer listens attentively and displays empathetic understanding, model a caring outlook in any situation exposed to.

The nursing students shared this view that:

"Each lecturer should be trained in interpersonal relationship skills to empower students".

The lecturers are to listen with empathy, show understanding and facilitate sharing of ideas and feelings towards the students. Furthermore, a course on effective interpersonal relationship should be offered to lecturers to improve their listening and communication competences. Consequently the students will be indirectly and directly be empowered during the lecturer-student interaction and communication.

Nursing students expressed and shared that they expect:

"Sensitivity, privacy and confidentiality should be observed and maintained by lecturers when addressing students' problems, complaints and academic issues".

It is the responsibility of the lecturer to be resilient and sensitive when dealing with students' problems, complaints and academic issues. Effective and sensitive communication may also assist in developing positive and long lasting student-lecturer interaction and caring relationships. It appears that the nursing students' academic and personal issues are not regarded as sensitive and not treated confidentially by lecturers but they are discussed openly. What also seems to be the norm is the lack of privacy as one nursing student remarked,

"mmm!! ...students' concerns are also to be taken seriously and privately dealt with".

This view is in line with the Constitution of South Africa (Act No. 108 of 1996:6 & 25) which safeguards and preserves every person's rights, dignity, equality, freedom, security and privacy. It further urges that cooperation should be based on mutual trust and good faith by promoting friendly relations, assisting, supporting, informing and consulting with one another on appealing issues while adhering to agreed procedures

Nursing students in their responses also shared this view,

"Respect, love and cooperation between lecturers and students should be cultivated without discrimination".

Therefore, to effectively cope with the student-lecturer caring and interaction relationship there is a need for lecturers to be trained and educated on their role in nursing education so that they can overcome challenges that are a result of failure to recognize students' experiences and expectations. Discrimination should be avoided by all means since this sets the stage for negative attitudes and interactions leading to suspicion and mistrust. Therefore, it can be argued that a caring environment in nursing education is a relationship-based responsibility of both the lecturer and the student. To cultivate and nurture positive and productive caring relationships with and within students, lecturers need to ensure that they need to be trustworthy, respectful and fair

in any situation.

The nursing students further suggested that:

"... each other's human rights should be acknowledged and respected".

In line with the above observation, the South African Constitution Act No. 108 (1996:7) concurs that every person has an intrinsic dignity and the right to have such dignity respected and protected and may not be directly or indirectly unfairly discriminated against on one or more grounds in terms of subsection (3). Therefore it is the responsibility of both the lecturer and student to respect and acknowledge each other's human rights and dignity irrespective of their ethnical, cultural, religious, and racial background.

Therefore the research findings reflect what nursing students in this study perceived and recognised as an environment in nursing education during their interactions with lecturers as caring, as well as what they expect to be a caring environment in nursing education.

The nursing students reported that:

"It is the responsibility of each lecturer to serve all students equally without discrimination or preferential treatment and to provide support where it is deemed necessary".

However, when all students are treated equally, fairly and with justice using the same rules and procedures, then positive attitudes and relationships are fostered, which may facilitate positive interaction between the lecturer and the student. This conduct may encourage and motivate students to work together as a team. Within cooperative situations, students are inclined to interact, uphold one another's success, develop multidimensional and sensible impressions of one another's experiences and expertise,

and offer precise feedback. The interaction is inclined to encourage an essential acceptance of oneself as a competent person. One of the most crucial and longstanding goals of nursing education is the promotion of constructive relationships, and healthy conducts and attitudes among various students.

For effective communication to be accomplished in nursing education, the nursing students are of the opinion that,

"Lecturers should be ready to listen, know and understand students' own views, feelings and needs without criticism, discrimination and victimisation."

In view of the highlighted observation, it could be noted that the lecturers already know this but need to identify what is contributing to the communication problem. Many nursing texts address communication, so it is not that lecturers are unaware.

It seems that in any situation one is exposed to, interaction and communication take place simultaneously. Therefore, there can be no interaction without communication, and the manifestation of interaction is adequate enough to generate an existence of good communication. For such a situation to prevail in nursing education, lecturers should attempt to interact and communicate caringly with nursing students. It entails taking the initiative in creating and sustaining communication, being authentic, and responding aptly to one another. Good interpersonal communication also requires both the lecturers and students to establish a sense of mutuality.

4.3.2.2 Good lecturer-student interpersonal relationships

In making an authentic caring environment in nursing education, nursing students in their responses which are interrelated suggested that:

"A communication box for complaints and compliments should be made available".

They further recommended that:

"An annual assessment of lecturer-student interaction and caring relationships should be conducted, and nursing students should be actively involved".

The above interrelated stated research findings are unique and could assist lecturers to receive constructive and substantial feedback on teaching and learning issues for self-evaluation, reflection, correction of mistakes, and working on weaknesses to strengthen them; to be resilient when dealing with nursing students' academic and personal issues, growing in awareness instead of hiding and repressing faults. Furthermore, such a process would provide opportunities for personal and professional growth and lessons to be learned.

The nursing students also expect that:

"During their professional education they too would be empowered to communicate effectively, and this would boost their self-esteem and self-awareness".

In view of the expectation held by the nursing student effective communication is a critical component of the teaching-learning process. During this process both lecturers and nursing students are empowered and enabled to understand themselves and make their own choices. With this type of communication, lecturers have great opportunities to bring about principles and ideas of high-quality to themselves, their colleagues and their students.

It could be further noted that a mutual caring environment that fosters and sustains a healthy communication and mutual interaction relationships between lecturer-lecturer, lecturer-student and student-student should prevail in nursing education.

Hence the nursing students suggested that:

"Good communication between lecturers and students should be maintained for continued growth in their interpersonal communication skills".

Interpersonal communication competences are an essential social interaction most commonly employed in the nursing profession with special reference to nursing education. Therefore the meaning of messages must be confirmed or mutually negotiated between the lecturers and students. A healthy interpersonal communication permits problem-solving, sharing of ideas, decision-making, expression of feelings, goal accomplishment, team building and personal growth and development. Hence the student-lecturer caring relationship may succeed when both the students and the lecturers understand their roles in the teaching-learning process. They should know where they need to complement and to assist one another for ongoing growth in their interpersonal communication competences. Failure to acknowledge the specific roles that each one has to play may deteriorate into conflict and tension.

The nursing students were of the opinion that,

"Lecturers should provide remedial teaching for those who don't perform well in order to avoid high failure rates."

The nursing students' expectation regarding remedial teaching to be offered to those who do not perform well to avoid high failure rate is not feasible since usually these students are the last to acknowledge and understand their shortcomings. They rarely ask for assistance on their own.

4.3.2.3 Lecturer-student collaboration

The nursing students advocated that:

"Sufficient time for consultation with lecturers should be created for personal and academic issues. This would encourage the creation of a caring environment that stimulates them to work to their best ability."

The expectation reflected above suggests that the nursing students hold the view that enough time should be made available for consultation with their lecturers to address both the academic and personal issues. In turn, this attempt may have a positive effect on student-lecturer interaction and communication thus enhancing and nurturing a caring environment in nursing education that motivates them to do their best.

Nursing students further shared this view when they pointed out that:

"Lecturers should reward and congratulate students for work well done."

The lecturer could make use of encouragement rewards which rest on the principle that learning is more effective provided students have feelings of gratification.

The nursing students reported that:

"Lecturers should practice democracy at all times which is characterised by openness, transparency and cooperation in all dealings regarding academic issues and activities without dictatorship".

The students perform better in an environment that promotes democracy, active participation and collaboration. They prefer to be actively involved in establishing how and what are to be learned and they also favour active learning experiences rather than

passive ones. In order for both the lecturers and nursing students to have a more positive caring and interaction relationship, they should be actively involved in regular meetings for open discussions and the cultivation and promotion of transparency regarding academic issues and activities.

The nursing students proposed that:

"Student-lecturer meetings should be held on a monthly basis for effective problem solving".

It could be noted that student-lecturer monthly meetings may assist both the lecturers and students to come together and create a platform to exchange and share ideas, articulate feelings, analyse and solve problem situations, take decisions, make an informed choices, accomplish goals, build team and grow and develop personally and professionally. This discourse could also foster an environment for resolving communication barriers and conflict between lecturers and nursing students.

The nursing students further reiterated that:

"There should be cooperation between the lecturers and nursing students in order to achieve the expected learning outcomes"

It can be inferred from the expectation expressed by the nursing students that the lecturers and students should work together as a team in order to foster caring relationships in the teaching and learning setting to achieve the expected learning outcomes. This situation has a potential effect on personal and professional growth and development of both the lecturers and students.

The nursing students hold the expectation that,

"It is the responsibility of each lecturer to serve all students equally without discrimination or preferential treatment, and to provide support where it is deemed necessary."

This conduct may encourage and motivate students to work together as a team, and accept one another as competent students. One of the most crucial and longstanding goals of education is the promotion of constructive relationships, healthy conduct and attitudes among various students. Working as a team endorses significantly better liking amongst students despite differences in gender, ethnic background, intellectual ability, social class or task orientation. Students who collaborate develop significant commitment and caring for one another. They also regard the lecturer as being more supportive and academically and personally acceptable.

What further emerged in this study is that support groups should be established in order for a caring environment to be realised in nursing education. The nursing students strongly held this view that:

"Support groups for personal and academic issues should be established."

Through the establishment of support groups students could share experiences, difficulties, and feelings, and learn various coping strategies. They could also gain insight into themselves and various issues discussed in those support groups. Students could also obtain reliable information regarding academic and personal issues, acquire knowledge and access referral and supportive systems. In addition, such support groups could foster mutual support for growth, discovering and forming new meanings in their personal, academic and professional lives, assisting in maintaining a sense of mastery over their lives and questing for self-enhancement and self-fulfillment.

Furthermore, teamwork amongst students is still uncommon, and what is evident according to research findings, is that a huge number of students perceive the educational

mainstream as a competitive enterprise where one student attempts to do better than others.

The nursing students are of the opinion that:

"A healthy environment that encourages teamwork among students should be fostered since is a coherent feature of the classroom activities."

Trust was perceived as one of the attributes the lecturer could demonstrate when interacting with nursing students to establish a positive relationship. It also emerged that the success of a relationship should be based on mutual trust, shared responsibility and respect amongst lecturers and nursing students involved in such a relationship. Cultivating, and maintaining mutual caring relationships between the lecturers and nursing students is crucial in the nursing educational settings for nursing students to reach their educational goals. For that reason, such attributes of a successful relationship to be realised in nursing education, a caring environment fosters teamwork. The value of teamwork demands a sense of belonging or developing experiences and expertise in which each student is not merely included, but is required. Both inclusion and teamwork are essential for the attainment of the social, professional and a shared life in the teaching-learning process.

The nursing students strongly suggested that:

"Students and lecturers should spend more time together for social interaction, bonding and building trust with each other".

The research results also revealed that mutual trust and caring relationships among lecturers and nursing students should be perceived as the central attribute of the teaching and learning process as well as a key to personal and professional growth and development. However, most frequently, such attributes are either taken for granted or

disregarded. It is therefore imperative that mutual trust between lecturers and nursing students be built and good relationships be fostered amongst them by spending more time together. Mutual trust should also be a component of the commitment to the cultivation and sustenance of a caring environment in nursing education. As a result, both lecturers and nursing students engaged in the teaching and learning process may have opportunities for personal and professional growth and development, including self-actualisation.

The nursing students expressed that they expect that:

"A mutual trust and good relationships between lecturers and students should be cultivated".

Less time is apportioned to the concept of how lecturers should interact with students; how they arrange or organise student-student interaction styles reflect how favourably students learn; how they feel about one another, the education system including the lecturers, and how much self-esteem they have. Furthermore, teamwork amongst students is still uncommon, and what is evident according to research findings, is that:

"A huge number of students perceive educational mainstream as a competitive enterprise where a student attempts to do better than others."

According to the nursing students' opinion, it can be inferred that the students are still ascribing to an individualistic learning style where interaction is attributed to students being independent of each other and their achievement depends on their own performance in relation to the set criteria. This competitive spirit is counterproductive to a caring environment leading to negative consequences such as failure, mistrust including hatred.

4.3.2.4 Good role modeling and mentoring

Findings of this study revealed that role modeling and mentoring are the most crucial professional attributes that exemplify the caring and interaction practices the lecturers could display if a caring environment is to prevail in nursing education. These professional attributes of caring and interaction practices which emerged in this study, could mould the whole nursing students' educational experiences.

According to the nursing students' expectation,

"A caring role model and mentor are symbolised as a caring way of existence or life expressed as a blend of genuine acceptance, empathy, respect and warmth integrated with caring and interaction behaviours and attitudes".

It appears that positive role modeling and mentoring should ideally take precedence in the environment for teaching and learning in nursing education. It is imperative to highlight that lecturers need to be positive role models and mentors to nursing students. If that is to be realised in nursing education, lecturers are expected to be positive role models in interacting, relating and communicating with one another and nursing students individually and collectively as well. They are also to have a positive reflective and resilient effect on nursing students' educational life. Such professional attributes portrayed in educational settings are likely to be emulated by nursing students who aspire to greater heights in their career. Lecturers are also expected to be mentors who guide, direct and coach nursing students for positive and healthy professional growth and development.

The research results also revealed that,

"The most important task of a lecturer is to provide constant and unfailing guidance, direction, advice, supervision and monitoring to the nursing students at different stages of their study both in the classroom and in the clinical learning environment".

The guidance and advice relate to direction, clarification, supervision, monitoring and also involves giving feedback on the academic performance and progress. In line with this observation, it was noted that such guidance and direction should be based on nursing students' ability and individual differences, since they are not the same, but are highly diverse in their attitudes, behaviours, reasoning and motivation.

The nursing students reiterated that:

"When a lecturer interacts, communicates and relates to an individual nursing student or a group of nursing students informally or formally, that lecturer should be a role model by demonstrating trust, understanding, encouragement, dependability and acceptance instead of mistrust".

What is necessary or required then is that lecturers establish a caring environment by organising their educational activities in a way that allows for more time to interact, communicate and relate with an individual student or a group of students informally or formally whenever possible. Those moments and opportunities could be utilised for informal conversations, discussions, or even giving feedback during consultations. This environment could foster and instil enthusiasm in nursing students, build trust and acceptance of one another and encourage them to strive for the best performance in the teaching and learning process.

They further suggested that:

"Lecturers should build rapport with nursing students to accommodate and know them better in order to identify any learning problem".

It appears that lecturers play a pivotal and instrumental role in creating a mutual caring environment in nursing education for nursing students to acquire knowledge, competences, attitudes and values required for professional nursing practice. Nursing students too are to create this mutual caring environment in nursing education but with the leadership from lecturers. Their personal attributes, essential for successful learning, could be evidenced through the exposition of competence, honesty, respect, compassion, acceptability and dependability. As a result, such attributes may be integrated and assimilated by the nursing students into their inner being. In turn the lecturer may be in a better position to know them better to identify any learning problem by any of these students.

The research results also revealed that nursing students are of the opinion that,

"Mentoring groups should be established to give support to new students."

It can be inferred that the expectation reflected above suggests that the nursing students hold the view that the establishment of mentoring groups may benefit both the junior and senior students academically and personally. As the senior students provide support, guidance and encouragement to juniors during their daily activities, a continuous mutual caring relationship develops between them. As a result, senior students develop a sense of gratification and fulfillment including life-affirming competences that comprise enthusiasm, self-confidence, self-awareness, self-control, motivation, empathy, active listening and cooperation. Also through mentorship, friendships are established, and successes are shared amongst participants involved.

The nursing students held the view that,

"Lecturers should lay foundation to instil into them the value of a life-long learning."

The expectation highlighted by nursing students affirms that students are expected to be self-directed and active participants in their education. The blend of learning experiences and caring relationships train them to exhibit caring, competent practice, professional conduct, life-long learning and service to communities.

The nursing students expressed that,

"Effective lecturers should have good knowledge and experience in their respective areas of specialisation, be accountable, dedicated to their responsibilities, be objective in their evaluations, and be competent and dependable facilitators of theory and practice"

It can be inferred that the nursing students hold the view that they expect and envisage that the lecturers as facilitators of theory and practice should be helpful, knowledgeable, accountable, dedicated, competent, and dependable and be an objective evaluators. Furthermore, lecturers should also have expertise in their respective areas of specialisation. These professional attributes as expressed and set by nursing students reflect high standards and quality of service delivery for achieving learning outcomes both in nursing education and nursing practice. In the final analysis, a caring environment in the nursing education context may prevail.

What also emerged is the expectation strongly shared by nursing students who suggested that:

"Lecturers should act as or be like mothers and behave like parents".

The expectation as reflected above could have a pertinent influence on the lecturer-

student interaction relationships. It can then be inferred that mothers have the same relationship to maternal practice as lecturers have to educational practice. Mothers are ruled by their respective practices, while lecturers are governed by their educational practices. However the style, competences, commitment and integrity with which both the mother and the lecturer engage in these practices vary greatly from person to person.

4.3.2.5 Physical safety

The university as a higher learning institution for teaching, research and community service is established to educate students for life-long and self-directed learning. It also provides education and training for professional practices. According to the findings of this study, it appears that the nursing students have identified areas requiring remedy.

They overwhelmingly reported that:

"The physical safety on the university campus should be promoted and that no student parties should be hosted in the campus because these lead to crime".

In support of the above highlighted research findings, the Constitution of South Africa Act No. 108 (1996:7 & 11), concurs that every person is equal before the law and has the right to equal protection including the right to an environment that is not harmful to his or her health or wellbeing. The proceeding discussions indicate that an academic institution of higher learning should be symbolised by the acquisition of knowledge, competences, values and attitudes and their integration and application within educational circles. It is the responsibility of such institutions to support and encourage students to be involved and actively participate in the academic activities for personal and professional growth and development ensuring these occur in a safe environment.

4.3.2.6 Adequately equipped classrooms

The classroom is an environment where students can engage in discourse about what makes them feel welcome, comfortable and safe in the educational settings.

The nursing students overwhelmingly held the view that:

"There should be more better equipped and comfortable classrooms".

The expectation as highlighted by nursing students affirmed that it is crucially vital that the institutions of higher education responsible for education and training of nursing students provide all the essential resources and equipment to accomplish teaching and learning outcomes. Furthermore, those who apply an environmental framework, instead of looking only to the student to adjust to the environment, should also look at the environment to see what should be altered to support healthy growth and development of students.

4.3.2.7 Lecturers' availability and presence

The nursing students propose that,

"Lecturers should accompany them in the clinical learning environments for clinical teaching, guidance, supervision, monitoring and assistance."

It appears that the nursing students are of the opinion that lecturers should accompany them in the clinical learning environments for teaching purpose and also to offer guidance when necessary. The lecturers could also supervise and assist students for mastery of procedures thus acquiring clinical learning experiences. Students could also be monitored for developing and instilling confidence in them while incorporating a range of processes, planning and implementing therapeutic interventions which are

evidence-based nursing accomplishments that contribute to competent nursing care. The nursing students may perform roles, and health care technologies under the supervision of the lecturers. When caring for the unique needs of diverse individuals in clinical learning environments, the nursing students will also be assisted by the lecturers during accompaniment. It is important to note that students should be able to monitor their own performance and approach their lecturers to seek advice on how to improve or maintain the current performance. The lecturers should work very closely with the students to inculcate the ability to self-evaluate and to engage in a genuine self feedback. The students should be able to actively participate in the process of learning and academic development.

The nursing students were also of the opinion that,

"Time for clinical nursing practice should be sufficient for them to acquire experiential learning."

The conduct and the attitude of the nursing student can only be satisfactory if the accompaniment of the student is managed successfully. The student may thus build on previous classroom including clinical learning experiences and move from dependency to self-directed and independent practice.

What also emerged from this study is that the nursing students felt that,

"The presence and the availability of lecturers in the clinical learning environments may also depict that the lecturers care for them."

It can be inferred that the presence and availability of lecturers in the clinical learning environments may alleviate the nursing students' fears and concerns which usually occur when one is exposed to situations that demand critical thinking and problem-solving including major decisions making. The presence and the availability of lecturers

in the clinical learning environment should be demonstrated by the concern and love for students. The presence and the availability could also facilitate students' journey through academic life changes. The lecturers' presence may also instil faith in students' potential. Likewise a caring environment could be realised through the availability and presence of all lecturers and nursing students at that point in time.

The nursing students were also of the opinion that,

"Clinical hours should be reduced to prevent burn-out."

This expectation, as articulated by the nursing students, is not consistent with the requirements for the completion of a four year undergraduate nursing programme as stipulated by South African Nursing Council (SANC). However, as highlighted above, nursing students are placed in clinical settings in accordance with the South African Nursing Council's specifications for acquisition of clinical learning experiences. A four year undergraduate nursing programme is a professional programme which has been determined by, and approved by the South African Nursing Council (SANC) which is a governing statutory body under the Nursing Act No. 50 of 1978 as amended. The SANC prescribes the theoretical and practical hours. For a nursing student to be competent in both the theory and practice, he or she has to comply with such requirements as stipulated by SANC.

4.4 Synthesis

The research findings represent what nursing students in this study perceived and recognised as an environment in nursing education during their interactions with lecturers as non-caring or caring, as well as what they expect to be a caring environment in nursing education.

Based on the research findings, it could be inferred that professionalism and professional relationships are to be cultivated and sustained in order for a caring

environment in nursing education to be evident. Therefore, a lecturer who is sensitive and caring should give personal support to nursing students, accept them for their mistakes, and correct them appropriately. If they have learning problems, these are to be attended to, in order to promote the nursing student's personal and academic development.

From the preceding discussions, it appears that creating and sustaining a caring environment in nursing education requires a joint involvement and active participation of both the lecturers and nursing students in intellectual discourse which is commonly equated to mutual caring and interaction relationships between the lecturers and nursing students. The active involvement, guidance, and availability of lecturers who are polite, friendly, approachable, courteous and consultative on issues affecting nursing students were also regarded by nursing students as motivating and helpful to them to deal with diverse and challenging situations. Such lecturers also nurture them to view their studies as an investment in their future. They are encouraged to recognise their strengths and limitations, accept one another's individual differences without any of their viewpoints and feelings being challenged.

In the final analysis, it appears that an environment in nursing education that fosters ongoing, committed, healthy, harmonious and mutual interaction and caring relationships between the lecturers and students is ideal. Such relationships could be nurtured and sustained for the enhancement of academic advancement including the social, physical, spiritual, intellectual and emotional wellbeing of both the lecturer and the student.

What emerged in this study is that communication is crucial in nursing education. The empirical evidence showed that poor communication in nursing education is one of the major problems which retard the academic progress of nursing students. However, learning in nursing education may be possible in an environment that encourages and nurtures positive communication such as attentive listening amongst the lecturers and students.

In view of the highlighted observations, it could be noted that the lecturers already know this but need to identify what is contributing to the communication problem. Many nursing texts address communication, so it is not that lecturers are unaware. For this situation not to prevail in nursing education, lecturers should attempt to interact and communicate caringly with nursing students. It entails taking the initiative in creating and sustaining communication, being authentic, and responding aptly to one another. Good interpersonal communication also requires lecturers and students to establish a sense of mutuality

It could be further noted that a mutual caring environment that fosters and sustains a healthy communication and mutual interaction relationships between lecturer-lecturer, lecturer-student and student-student should prevail in nursing education. That state of affairs permits problem-solving, sharing of ideas, decision-making, expression of feelings, goal accomplishment, team building and personal growth and development.

In line with the nursing students' perceptions, it may be inferred that most frequently the importance of caring relationships is taken for granted or even disregarded within education circles. This situation has a potentially negative effect on personal and professional growth and development of participants involved, meaning both the lecturers and nursing students. A support group also allows for more personal empowerment of students, since members feel more integrity, are accountable, have personal power, can integrate their concerns and will finally be stronger for it. Furthermore group processes are dependent on communication, cooperation and shared responsibility. Communication competence, on the other hand, enhances the group experience and expertise. Members are active participants, collectively accountable for actions taken and their consequences. All combined entail the group destiny. Such is operational as members share the outcomes, consequences and repercussions of group activities.

In this study, trust was perceived as one of the attributes the lecturer could demonstrate when interacting with nursing students to establish a positive relationship. It also emerged that the success of a relationship should be based on mutual trust, shared responsibility and respect amongst lecturers and nursing students involved in the relationship. Cultivating and maintaining mutual caring relationships between the lecturers and nursing students, is crucial in the nursing educational settings for nursing students to reach their educational goals. For that reason, such attributes of a successful relationship to be realised in nursing education, a caring environment should be imperative. In this regard, the nursing students hold a strong view that students and lecturers should spend more time together for social interaction, bonding and building trust with each other.

The research results also revealed that mutual trust and caring relationships among lecturers and nursing students should be perceived as the central attribute of the teaching and learning process as well as a key to personal and professional growth and development. However, most frequently, such attributes are either taken for granted or disregarded. It is therefore imperative that mutual trust between lecturers and nursing students be built and good relationships be fostered amongst them. Mutual trust should also be a component of the commitment to the cultivation and sustenance of a caring environment in nursing education. As a result, both lecturers and nursing students engaged in the teaching and learning process may have opportunities for personal and professional growth and development, including self-actualisation

It appears that lecturers should play a pivotal and instrumental role in creating a mutual caring environment in nursing education for nursing students to acquire knowledge, competences, attitudes and values required for professional nursing practice. Nursing students too are to create this mutual caring environment in nursing education curriculum but with the leadership from lecturers. Their personal attributes, essential for successful learning, could be evidenced through the exposition of competence, honesty, respect, compassion, acceptability and dependability. As a result, such attributes may be integrated and assimilated by the nursing students into their inner being.

Lecturers are to be engaged in caring relationships with students in order to promote personal growth and professional development. Each lecturer brings a unique personality, specialised education, and practical experiences to the educational environment. Lecturers also role-model professional behavior and attitudes, and work in partnership with other professionals, students, and others to promote caring and competent professional practice. They are also responsible for the constant development and implementation of a nursing education curriculum that meets the needs of diverse students. The lecturer cultivates and nurtures good lecturer-student relationships exemplified by profound respect for students as unique human beings with biological, psychological, social and spiritual needs, and the right to dignity, worth and autonomy. In addition, the lecturer is to be enthusiastic, non-judgemental, humorous, cooperative, patient, and with confidence in self and students and readiness to admit errors and limitations.

From the preceding discussions, it may be inferred that each lecturer has a specific teaching role to observe and honour. This role is based on knowledge, experience and expertise attained through professional education. As such, lecturers are obliged according to their educational practice to assist, direct, guide, teach, coach students individually or collectively to acquire knowledge, competences, attitudes and values fundamental to professional nursing practice. For such to be apparent in nursing education, a caring environment is a key feature of the teaching and learning process. The lecturer's educational practice should be characterised by dedication, commitment, objectivity, trustworthiness, trust, and competence, including the acknowledgement and appreciation of each nursing student.

The preceding discussions indicate that an academic institution of higher learning should be symbolised by the acquisition of knowledge, competences, values and attitudes and their integration and application within educational circles. It is the responsibility of such institutions to support and encourage students to be involved and actively participate in the academic activities for personal and professional growth and development ensuring

these occur in a safe environment.

It could be further noted that a mutual caring environment that fosters and sustains a healthy communication and mutual interaction relationships between lecturer-lecturer, lecturer-student and student-student should prevail in nursing education. Consequently, that state of affair permits problem-solving, sharing of ideas, decision-making, expression of feelings, goal accomplishment, team building and personal growth and development.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter highlights the landmark contributions of this study. It portrays how the underpinning research questions, purpose and objectives based on these research questions were addressed. Thereafter, consideration is given to summary and conclusion. Further research to be done is presented. This study is an important contribution as it provides literature that is missing in the existing research and literature nationally and internationally. It is also appropriate at this stage to consider the impact the guidelines for a caring environment in nursing education would exert on lecturer-student interaction. These guidelines may also assist in understanding the realities and potential challenges these nursing students encounter thus raising the levels of awareness to their needs. Finally, recommendations regarding the guidelines for a caring environment in nursing education were formulated and are presented in the format of standards and criteria with which the lecturers are to comply.

5.2 Summary

This section summarises the study's findings. Out of the nursing students' perceptions and expectations elicited, explored and described, it should be noted that the perceptions were that the environment in nursing education was less or non-caring than the expectations expressed. Nursing students highlighted numerous details of their nursing educational experiences during their interactions with their lecturers. These interactions became the focal point for expressing their perceptions and expectations regarding a caring environment in nursing education. This environment symbolised the relationship between the students and the lecturers, whether positive or negative. Thus the relationships were central to articulating their experiences regarding an environment in nursing education.

What emerged in this study is that nursing students felt that they are not actively involved to participate in decision-making pertaining to academic issues. It implies that chief decisions are taken for them which might not be appealing. In line with this observation, Darling-Hammond and Bransford (2005:117) report that countless problems encountered by students are actually the consequence of the educational environments not being conducive for their academic development. In reality, students require intellectual challenges, opportunities to express ideas, to be involved and participate in decision making process, caring relationships, and affirmation in developing competence and identity. This viewpoint also concurs with Starnes (2006:3) who asserts that lecturers should persistently endeavour to intensify students' involvement and participation in decisions affecting them.

The empirical evidence also revealed that poor communication in nursing education is one of the major problems which may have a negative effect on the personal, academic and professional growth and development of nursing students. The findings revealed that lecturers hardly listen to nursing students' complaints. However, learning in nursing education may be possible in an environment that encourages and nurtures positive communication such as attentive listening amongst the lecturers and students. This perspective is consistent with Potter and Perry's (2001:107) observation that attentive listening is one of the most effective therapeutic communication competences which require complete attention and interest. Through active listening as pointed out by Beck (2004:9) an individual is assisted to comprehend what others are saying by giving them full attention, clarifying the meaning of their message by communicating what is understood, then expressing own perceptions and ideas.

The research findings further revealed that a successful teaching-learning process is exclusively dependent on the lecturer's effective listening competence, empathetic understanding, helping and caring conduct and attitudes. These attributes may also be copied by nursing students as they aspire for greater heights in their career paths. In

support, Mellish, Brink and Paton (2001:72), illustrate that teaching demands an enormous amount of caring for others and giving of oneself. In helping and caring relationships, a lecturer listens attentively and displays empathetic understanding. In addition, the nursing students proposed that each lecturer should be trained in interpersonal relationship skills to empower students. The view concurs with Van der Colff's (2001:183) report that an open communication in nursing education should be promoted, implying an accommodating atmosphere in which nursing students can approach the lecturer without fear. The lecturers are to listen with empathy, show understanding and facilitate sharing of ideas and feelings. Van der Colff (2001:189) further recommends that a course on effective interpersonal relationship should be offered to lecturers to improve their listening and communication competence. Since communication competence as articulated by Beck (2004:9) boosts group experiences and expertise.

The research findings also revealed that when a lecturer interacts, communicates and relates to nursing students or a group of nursing students should demonstrate trust, understanding, encouragement, dependability and acceptance instead of mistrust. Furthermore, the lecturers should build rapport with nursing students to accommodate and know them better in order to identify any learning problem. The findings concur with Van der Colff's (2001:185) report that relationships should be established, based on trust and understanding between lecturers and students. Furthermore, mutual respect and mutual acceptance of each other should also be considered. The way the lecturer perceives a student as a unique person, leads to a relationship built on trust and acceptance. The relationship of trust and acceptance is further strengthened by the lecturer's knowledge and expertise by which a feeling of security is given to the students. Jacquez-Gutierrez (2004:6) also hold the view that students gain knowledge from their relationships with lecturers and develop expectations from such relationships. Similarly, the lecturer's enthusiasm and high expectations of students can make a difference.

It appears that lecturers should play a pivotal and instrumental role in creating a mutual caring environment in nursing education for nursing students to acquire knowledge, competences, attitudes and values required for professional nursing practice. Nursing students too are to create this mutual caring environment in nursing education but with the leadership from lecturers. Their personal attributes, essential for successful learning, could be evidenced through the exposition of competence, honesty, respect, compassion, acceptability and dependability. As a result, such attributes may be integrated and assimilated by the nursing students into their inner being. A positive role modeling and mentoring should ideally take precedence in the environment in nursing education. Lecturers should be positive role models and mentors to nursing students when interacting, relating and communicating with one another and nursing students individually and collectively as well. The findings concur with Noddings (2002:283) who asserts that the lecturers should be role models who symbolise caring traits of commitment, trust and competence and endeavours these as becoming a benchmark in the educational settings. As a result, students will be empowered to harmoniously display caring behaviours and attitudes in any setting they are exposed to. In support Jacques-Gutierrez (2004:1) indicates that lecturers as meaningful role models have an intensive reflective influence on students' lives.

5.3 Conclusion

Chapter Four discussed the research results which were strengthened by quotations from participants. As a result the conclusion is made in this chapter. The chapter highlighted the landmark contributions made to the scientific body of knowledge by providing the missing literature in the existing research and literature nationally and internationally. It demonstrated how the bedrock research questions, overall purpose and three objectives of the study were achieved. Reflection was also made on the summary pertaining to major research findings of the study. What emerged to a large extent is that a caring environment in nursing education at the North West University, Mafikeng Campus, is not adequately provided. Furthermore, role modelling and

mentoring emerged as the most crucial professional attributes that may have an impact on the lecturer-student interaction. Further research to be done was presented and then followed recommendations that outlined in detail the guidelines for creating a caring environment in nursing education. These guidelines are presented in the format of twelve standards and criteria that the lecturers are to comply with. Each standard has a number of criteria which address the major findings of the research.

5.4 Recommendations

Consistent with the research outcomes, a number of recommendations are made concerning further research into nursing practice and nursing education. Guidelines for creating a caring environment in nursing education will be provided to assist and support the lecturers in facilitating a better future education at all levels for nursing students to be excellent caring nurse practitioners.

5.4.1 Recommendations for further research

The study, however, whilst presenting some answers in the quest for creating a caring environment in nursing education, also uncovered diverse areas where further research is crucial. Consistent with the outcomes of this research, recommendations for further research are as follows:

- To address the limitation of this study, it will be meaningful to replicate similar studies in order to include nursing students from diverse cultural backgrounds and a wider population group for comparison;
- The validation and implementation of guidelines for a caring environment in nursing education in a specific context to measure the outcomes of such and to determine whether the perceptions and expectations of students were fully addressed;
- An in-depth analysis of the meaning and the significance of a caring environment on lecturer-student interaction in nursing education;

- An in-depth analysis of the lecturer-student interaction in the classroom setting. A longitudinal study to allow observations over an extended period;
- Guidelines for a caring environment in nursing education should be refined;
- Affective components such as the virtual or practical values of fairness, respect, honesty, approachability and caring need to be explored and tested more in the education and training of lecturers since these are critical aspects of the students' perceptions and expectations regarding the creation of a caring environment in nursing education;
- More needs to be done in teaching lecturers how to integrate or incorporate interaction and caring practices throughout the curriculum;
- The lecturers' perspective regarding a caring environment in nursing education in order to compare with that of nursing students';
- The role of students in establishing a caring environment in nursing education;
- Creating a caring environment during lecturer-student interaction in nursing education needs to be rethought and redefined so that teaching and learning becomes more authentic and less prescriptive by spending more time focusing on interaction and caring practices in nursing education;
- An in-depth analysis of the meaning and significance of a caring environment on lecturer-student interaction in South Africa needs to be conducted in the classroom by utilising participant observations during lecturer-student interactions;
- This study should be replicated in other disciplines at the university, nursing colleges and colleges of higher education;
- A comparative study needs to be conducted in other institutions of higher learning to determine the perceptions and expectations of students who were exposed to this study and those who were not exposed;
- Research needs to be conducted to establish whether, and if so, how the curriculum facilitates and fosters evidence-based caring practices; and
- The initiation and sustenance of a culture for healthy interaction and caring relationships to determine whether the strategic planning and the current curriculum are successful in creating a culture for healthy interaction and caring

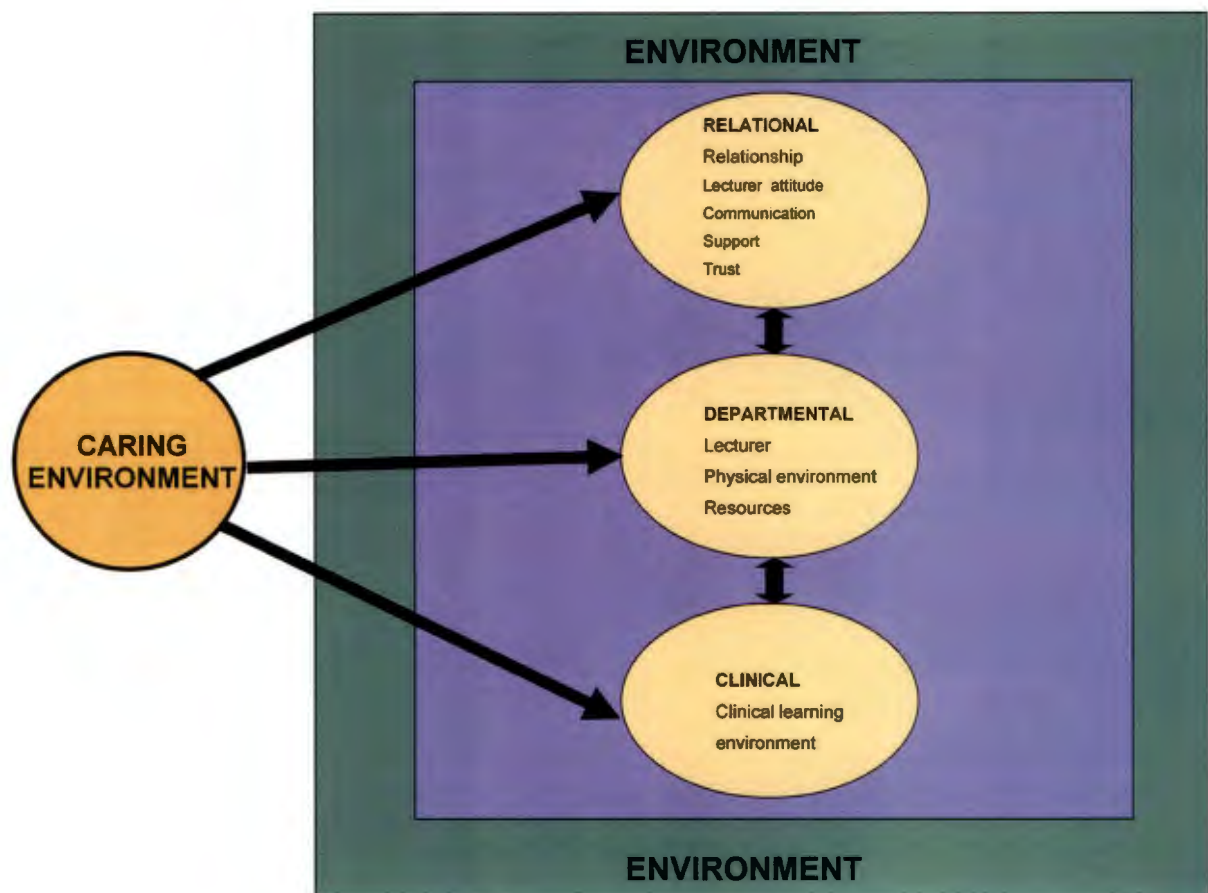
relationships amongst lecturers and students, and if not, which critical factors and processes should be applied to attain such a goal.

5.4 Guidelines to create a caring environment in nursing education

From the background of the study, it emerged that a caring environment in nursing education is crucial with regards to achieving teaching and learning outcomes. In accomplishing a caring environment in nursing education, this research affirms that a broader, more appropriate, relevant, and clear understanding of what a caring environment means, the significance it has on the lecturer-student interaction, as well as where and how caring reveals itself is required. It is also imperative for all participants in educational settings including the health care setting, to create the type of an environment for caring that they require in those settings. The interaction style of both the lecturer and the student is very valuable and irreplaceable and it will be influenced by what each brings to the teaching-learning situation.

To ensure that a caring environment is provided in nursing education at the North West University, Mafikeng campus, the following guidelines were formulated for a caring environment in nursing education. There are no such guidelines available in South Africa and even internationally for use in nursing education. The nursing students' perceptions and expectations elicited, explored and described guided the researcher to construct a framework with essential features to use in formulating guidelines for providing a caring environment in nursing education. The perceptions and expectations were grouped into three main themes namely relational, departmental and clinical as reflected in Figure 1. The findings may assist in identifying, addressing and aiding in the creation of a caring environment in the nursing education context to optimise meaningful learning experiences in the classroom and clinical learning areas the nursing students require.

Figure 1: Framework with essential features for guidelines for a caring environment



The guidelines to create a caring environment in nursing education are presented in the format of twelve standards and criteria that the lecturers are to comply with. Each standard has a number of criteria which address the major findings of the research. These standards and criteria are highlighted and presented below.

Standard 1

Lecturers in nursing education will cultivate and sustain a healthy lecturer-student relation.

Criteria

Lecturers should:

- Practice inclusion by assuming a dual perspective i.e. their own and that of their students;
- Perceive the world from their students' perspective in order to reposition them from a less to a more satisfactory outlook;
- Remain aware that the relationship or connection is unequal;
- Not reject or cast-off what students perceive and experience.
- Strive to liberate the students to pursue their own growth without being held back by their lecturers' own personal and professional needs; and
- Take cognisance that students are from diverse backgrounds and cultures but are unique human beings, each in need of a special relationship with his or her lecturer;
- Involve students in the teaching-learning process and motivate them to learn;
- Accept each student's individual differences;
- Respect students' rights to challenge, question and express own viewpoints;
- Foster independence in each student;
- Display empathetic understanding;
- Respond to students' experiences and feelings and
- Be capable of communicating that understanding warmth to them.

Standard 2

Lecturers will be role models in the teaching-learning process and encourage caring practices.

Criteria

In a classroom or teaching-learning setting dedicated to caring, lecturers should:

- Strive that students have practice in caring and encourages them to assist and support one another and also to reflect on such practice;
- Foster and instils enthusiasm in students to strive for the best performance in the teaching and learning process;
- Be sensitive to the dynamics of the group;
- Foster openness of self and trust in self and others;
- Allow confrontation to facilitate a culture of learning and teaching;
- Recognise and appreciates each student's uniqueness, experiences and insights;
- Create and avail caring opportunities through engaging students in meaningful and ongoing dialogue between them and students;
- Ensure that good caring practices are enhanced and sustained. Appreciation, recognition and acknowledgement of such should be confirmed;
- Conduct themselves in an acceptable way;
- Be collaborative and possess the necessary knowledge, competence, integrity, empathy, sympathy, neatness, personal bearing, and willingness to help wherever their knowledge and competence are required;
- Be interested in and concerned with students' growth and development as 'carers' and 'cared-for';
- Display or demonstrate in their conduct and attitudes what it means to care;
- Exemplify caring in their relationship with students;
- Model caring behaviour and attitudes to faithfully and steadfastly cultivate and nurture self-affirmation in their students;
- Be concerned with the students' academic achievement;
- Be interested in the development of completely moral individuals;

- Model not only exclusively commendable and praiseworthy styles of intellectual activity but also model fascinating and appealing approaches of interacting with students.

Standard 3

Lecturers will establish a caring environment that fosters trust between the lecturer and the student.

Criteria

In establishing a trusting relationship with students, lecturers should:

- Provide students with opportunities for growth and self-actualisation by spending more time with them to establish and sustain an ongoing, profound and mutual trust and intensified relationship;
- Be trustworthy in their dealings with students which include assisting them without indecision when assistance is required;
- Be honest and open to one another including building mutual trust with one another which cannot be overemphasised;
- Be open to feedback about how they operate and also take time to critically examine their own values, beliefs, behaviour, attitudes, knowledge and competence;
- Develop in students a helping-trusting and human caring relationship;
- Strive to develop students who are acceptable, admirable, compassionate, loving, competent, respectable, trustworthy, and not obsessive but committed to caring; and
- Feel ready, competent and committed to contribute to the growth and development of the student.

Standard 4

Lecturers will create a caring environment that promotes good communication between lecturers and students.

Criteria

The empirical evidence showed that communication in nursing education is one of the major problems which retard the academic progress of students. For that to be avoided, lecturers should:

- Take cognizance that a successful teaching and learning process is exclusively dependent on the lecturer's good listening competences, empathetic understanding, helping and caring behaviours and attitudes;
- Listen to students since this is one of the most effective therapeutic communication competences which require complete attention and interest;
- Be committed to teaching in caring styles since teaching demands a huge amount or pledge of caring for others and giving of self;
- Be offered training on interpersonal effectiveness to improve their listening and communication competences;
- Be an active listener to comprehend what students are saying by giving them full attention, and clarifying the meaning of their message by communicating what is understood, so that their own perceptions and ideas could be expressed;
- Communicate with students in a way that articulates responsiveness or compassion and respect for them as human beings, with knowledge and thoughtfulness for their explicit needs;
- Take cognizance that through good communication which is a critical element of the healing process, students are empowered and enabled to understand themselves and make their own choices.

Standard 5

Lecturers will be mentors to the students.

Criteria

Lecturers as mentors should:

- Be a trusted guide, a confidant and a provider of sound counsel to students;
- Assist students to develop a quest to build friendships, inspire hope, share successes including enriching a student's life in general as well as within the educational life circle;
- Be good listeners, experienced, competent and available to assist, teach, guide, counsel and give feedback to students for personal and professional growth and development;
- Establish a mentorship training programme that builds the self-esteem of students by initiating and encouraging senior students to assume the role as mentors to junior students.

Standard 6

Lecturers will create a caring environment for the fostering of mutual support.

Criteria

In achieving this standard, lecturers should:

- Demonstrate a caring relationship when interacting with students;
- Encourage students to share ideas, potentials and competence in response to one another's learning needs;
- Recognise students' personal strengths and weaknesses;
- Exhibit mutual respect, acceptance, mutual support and cooperation in establishing a caring environment;
- Be meaningful role models with an intense reflective and resilient influence on students' lives;
- Share personal knowledge and provide consistent reassurance implying support and

encouragement to assist students, both young and old, to deal with diverse and challenging situations;

- Encourage and praise students so that they can enjoy studying and understand that achieving certain goals will be applicable and valid;
- Provide support which varies from rendering technical or practical assistance to displaying right conduct and attitude;
- Establish support groups amongst students to assist one another in their educational activities to achieve their learning goals.

Standard 7

Lecturers will create an interacting and caring environment in the clinical learning environment during clinical accompaniment.

Criteria

During the accompaniment, lecturers should:

- Support and encourage students in the clinical learning environments;
- Guide, supervise, monitor and assist students;
- Not criticise students in front of people nor humiliate them when corrected;
- Develop students from dependency to independency by acknowledging mistakes as part of the learning processes;
- Encourage students to enable them to try new or diverse approaches;
- Not humiliate or undermine students when they fail in certain approaches;
- Teach students how to apply the theory of nursing, so that an integration of theoretical knowledge and practical competence in the clinical learning environment becomes the art and science of nursing.

Standard 8

Lecturers will create a caring environment in the classroom.

Criteria

Lecturers should:

- Create a classroom in which all students feel safe, comfortable and supported, challenged and enabled to participate as fully as possible;
- Deal directly with issues that impact on classroom management;
- Be transparent in all academic issues affecting students;
- Be considerate and thoughtful of and when addressing or talking to students since they are human beings with feelings, emotions and thoughts;
- Be friendly, approachable, accommodative and supportive towards students as this will build strong and vibrant personal lecturer-student relationships which will enhance learning;
- Practice inclusion of both lecturers and students and apply a collaborative problem-solving process in which they identify issues, generate possible solutions, screen solutions for feasibility, choose a solution/s to implement and then evaluate it or them;
- Let students know that each one of them is good at something and can assist others;
- Encourage students to accept that each one deserves to and can gain from others' assistance and support;
- Create a classroom learning environment for students to proudly claim or profess what they are good at and freely and safely solicit the assistance and support they require without fear or embarrassment or humiliation, seclusion or even victimisation;
- Encourage students to interact freely with classmates without any form of discrimination against racial, cultural, gender and ethnic backgrounds including intellectual ability;
- Reward students for work well done by praising them by word of mouth coupled

with a round of applause;

- Establish and maintain open communication where students can approach him or her without any fear of intimidation, humiliation, embarrassment or victimisation;
- Structure the classroom learning activities in such a way that each student is both a teacher and student;
- Create an environment in the classroom where students can identify their strengths and competences and be willing to employ such appropriately when the need arises;
- Foster an environment whereby everyone will feel free to approach one another;
- Structure both informal and formal moments and opportunities for support, and mutual assistance amongst students at all levels of the education and training;
- Promote friendships amongst students and lecturers;
- Establish genuine partnerships amongst students and lecturers for students to actively participate in decision-making on how their learning experiences will happen and be assessed; and
- Develop a sense of community and shared responsibility amongst students for their learning.

Standard 9

Lecturers will guide students on how to manage conflict constructively.

Criteria

Lecturers should:

- Establish a cooperative context which starts with cooperative learning and extends into the cooperative educational environment;
- Apply academic debates or discourses to teach students how to manage intellectual conflicts and to boost motivation to learn and achieve goals;
- Establish a peacemaker programme where students learn how to negotiate constructive resolutions to their conflicts; and
- Teach students how to mediate their peers' conflicts.

Standard 10

Lecturers will assist students to learn and practice caring and interaction relationships.

Criteria

Lecturers should:

- Teach students how to practice caring and interaction relationships that will ensure that future generations are prepared or educated and trained to practice caring and interaction relationships effectively in educational settings, career, family, community, and in any other setting exposed to;
- Prioritise their educational activities to encourage caring and interaction moments and opportunities and model caring behaviours and attitudes;
- Establish a caring environment by organising the education and training activities in such a way that allow for more time to interact, communicate and relate with an individual student or a group of students whenever possible to foster and instil enthusiasm in them;
- Provide greater depth of teaching in cultivating caring and interaction styles between themselves and students;
- Present students with interaction and caring moments and opportunities including interpersonal skills for diverse and meaningful learning experiences.

Standard 11

Lecturers will foster teamwork and support in a classroom setting.

Criteria

Lecturers promote positive outcomes for students to attain higher levels of success in their educational pursuits. For this to be realised and high quality education and training to occur, lecturers should:

- Arrange and organise the mainstream of learning pursuits cooperatively;
- Minimise the utilisation of competitive and individualistic situations to enhance motivation for learning;

- Hold regular class meetings in which students discuss issues, plan improvements, decide on changes, and reflect on quality of classroom life including the clinical learning environment;
- Provide explicit moments and opportunities for students to acknowledge and appreciate one another's perspective and to practice "perspective taking";
- Provide explicit moments and opportunities for students to develop positive caring relationships with each other in which there are high levels of honesty, openness, respect, trust and personal interaction;
- Recurrently engage all students in academic debates or discourses to stimulate and develop their intellectual competence;
- Teach all students how to engage in problem solving and decision-making regarding academic issues;
- Utilise academic learning units to engage students in academic discourses to broaden their horizon of thinking;
- Role play discussions or discourses which are open-ended rather than merely educational;
- Provide opportunities for students to conduct themselves in ways that encourage and endorse values being taught;
- Structure collaboration in the classroom and the clinical learning environment levels for students to care about one another and to be committed to one another's success;
- Provide students with learning opportunities to use their teamwork competences to articulate their values in environments beyond the educational settings; and
- Role model collaboration, transparency and expression of caring relationships when interacting and communicating with students and colleagues.

Standard 12

Lecturers will promote an environment that boosts the student's sense of worth by being assertive.

Criteria

For assertiveness to be apparent in nursing education, lecturers should be role models in instilling, cultivating and nurturing these behaviours and attitudes in their students to internalise and assimilate that into their inner being. Lecturers should teach and encourage students to:

- Know who he or she is;
- Know what he or she wants. That drive will compel and propel him or her to focus and become motivated to achieve great heights in life;
- Know how to get what he or she wants. By knowing how to get what he or she desires leads to be enthusiastic and inquisitive so as to make an informed decision wisely;
- Believe that he or she can get what he or she wants;
- Be calm and self-controlled when confronted with an unforeseen circumstance;
- Maintain comfortable and direct eye contact when faced with difficult situation;
- Speak clearly with a firm tone when confronting whatever difficult situation;
- Keep one's body posture straight when dealing with any difficult situation;
- Use an appropriate gesture and facial expressions for emphasis by using the "I" statement to drive the point home;
- Be sure one's timing is appropriate. Do not act on the spur of the moment without having considered the consequences of his or her conduct;
- Not apologise since such will put him or her in a disadvantaged position;
- Have a sense of pride and self worth to overcome fear and intimidation;
- Stand up for himself or herself and let him or her be known to others;
- Stand up for self and express one's genuine feelings in direct, honest and appropriate ways;
- Know that when one humiliates or degrades others, this is also humiliating oneself

and each person loses;

- Share one's true reactions with others and allow them also to share theirs honestly.
- Act assertively and inform others how their conduct affects one.

5.5 Final reflection

Caring is the essence of and superseding, unique and merging attribute in nursing. If this is true, the question arises: "What about the teaching-learning environment of the nursing students?" The answer lies in the challenge that is put to the lecturer to create an environment in nursing education for interacting and caring relationships for nursing students to explore and learn how to adapt, adjust, care, nurture, communicate, confide, co-operate, forgive, give, receive, share themselves, trust, understand, support and to be responsible and accountable (Beck, 2004:4).

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P O Box 658
MAFIKENG
2745
09th February 2005

Attention :
The Vice Rector Academic, Prof S N Mashego
North West University, Mafikeng Campus

Dear Sir,

PERMISSION TO CONDUCT RESEARCH

I am a DEd student in the Department of Curriculum Development and Planning under the School of Postgraduate Studies in the Faculty of Education in the North West University, Mafikeng Campus. I humbly request permission to undertake data collection for my research in premises of your institution through narrative sketches and focus group interview sessions.

The research Title: **"An investigation into the extent to which a caring environment in nursing education is provided at the North West University, Mafikeng Campus"**

Research Purpose: The study seeks to investigate whether or not nursing education, as presented at the North West University, Mafikeng Campus, provides a caring environment.

Objectives of the study:

- To elicit the perceptions of students regarding a caring environment in nursing education.
- To explore the expectations of students regarding a caring environment in nursing education.
- To formulate guidelines against which a caring environment in nursing education can be judged.

Your assistance will be highly appreciated

Yours faithfully

Researcher : Bothutu Angelina Mokwena

P O box 658
MAFIKENG
2745

Dear Participant

Research Title: An investigation into the extent to which a caring environment in nursing education is provided at the North West University, Mafikeng Campus

I would like to invite you to participate in a research study. The title of the research study is as stated above. I am conducting the study as a doctoral student in the Department of Curriculum Development and Planning under the School of Postgraduate Studies in the Faculty of Education in the North West University, Mafikeng Campus. The request is for you to participate in this study, a qualitative study using exploratory and descriptive research strategies. The purpose is to investigate whether or not nursing education, as presented at the North West University, Mafikeng Campus, provides a caring environment.

Your participation will involve writing a narrative sketch about your perceptions and expectations regarding a caring environment in nursing education from your personal point of view. The research findings with the concepts derived from the study will form the framework for guidelines formulation for a caring environment in nursing education.

Your anonymity will be guaranteed including confidentiality since you need not write your name instead the codes will be used.

Thank you for participating in the study. If you would be interested in further information, please feel free to contact me. My work telephone number is 018 389 2566.

Yours faithfully

.....

Researcher : B A Mokwena (Miss)

Research Title :**An investigation into the extent to which a caring environment in nursing education is provided at the North West University, Mafikeng Campus**

I have heard the purpose and objectives of the proposed study and was provided the opportunity to ask questions and given adequate time to rethink the issue. The purpose and objectives of the study are sufficiently clear to me. I have not been pressured to participate in any way.

I understand that participation in this study is completely voluntary and that I may withdraw from it at any time and without supplying reasons. This will have no influence on the regular attendance to classes neither will it influence the teaching and learning I receive from my lecturers.

I know that this study has been approved by the Ethics Committee of the North West University, Mafikeng Campus. I am fully aware that the research findings will be used for scientific purposes and may be published. I agree to this, provided my privacy is guaranteed.

I have read this consent form and I hereby give informed consent to participate in this study.

Statement by the researcher:

I provided verbal information regarding this study.

I agree to answer any future questions concerning the study as best as I am able.

I will adhere to the approved protocol.

..... Name of researcher	 Signature	 Date	 Place
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..... Name of promoter	 Signature	 Date	 Place
---------------------------	--------------------	---------------	----------------

..... Participant's signature	 Date
----------------------------------	---------------

The following procedure is to be followed on receipt of the narrative sketches and focus group interview sessions data set:

- a) When the completed narrative sketches and focus group interview session's data sets are received, a sequential number will be assigned to the form with the various participants as categories. The categories are as follows:

Category	Participants
A	27 fourth year nursing students participated in the study conducted through narrative sketches
B	40 fourth year nursing students participated in the study conducted through focus group interview sessions

- b) After the registration procedure, the narrative sketch and the verbatim transcribed focus group interview sessions data set will be dated, numbered according to predetermined sequential number, photocopied and stored to become the basis for data analysis.
- c) The photocopies will be submitted to the independent coder for data analysis coding.
- d) The process of data analysis open coding will be done (De Vos, 2001:272).

RESEARCH TITLE:

An investigation into the extent to which a caring environment in nursing education is provided at the North West University, Mafikeng Campus

DEFINITION OF TERMS:

- A caring environment is a most extensive teaching and learning setting that cultivates and nurtures substantial and meaningful interaction and relationships among people and their growth at all levels.
- Nursing education is a process whereby nursing students are guided, assisted and provided with means which empower them to learn the art and science of nursing so that they can apply such to the nursing care of people who need such care (Mellish, Brink & Paton, 2001:7).

The following procedure is to be followed on receipt of a narrative sketch

When the completed narrative sketch is received, a sequential number will be assigned to the form. The questions are as follows:

For you personally:

1. What are your perceptions regarding a caring environment in nursing education at the North West University, Mafikeng Campus, in the North West Province?

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2. What are your expectations regarding a caring environment in nursing education at the North West University, Mafikeng Campus, in the North West Province?

[illegible]

Data analysis open coding process according to Creswell (2003:192) will be as follows:

- Carefully read through all narrative sketches to acquaint with expedient direction of the analysis and to gain an idea of the entirety;
- Randomly select one narrative sketch to identify commonalities and themes and write them in the margin;
- After completed some narrative sketches, compile a list of all identical themes. Identical themes should be clustered together, formed into columns and then arranged and organised into main themes, unique themes and leftovers;
- Take a compiled list and consult the data. Abbreviate themes as codes and write them next to the appropriate sections of the text. Test this preliminary organising scheme to determine whether new categories and subcategories emerge;
- Find the most descriptive wording for the categories and turn them into subcategories. Group together subcategories that relate to each other to indicate interrelationships;
- Make a final decision on abbreviations for each category and subcategory and place them in alphabetical order;
- Gather data material belonging to each category and subcategory in one area. Perform preliminary analysis; and
- Recode the existing data when necessary.



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Date: 23 June 2010

TO WHOM IT MAY CONCERN

RE: CONFIRMATION THAT LANGUAGE EDITING WAS DONE

The above refers.

This communication confirms that I have language edited the doctoral thesis “**An investigation into the extent to which a caring environment in nursing education is provided at the North West University, Mafikeng Campus**” for Bothutu Angelina Mokwena.

Yours

Makondo Livingstone (Dr)