

# EXPERIENCES OF FIRST-YEAR NURSING STUDENTS AT A PUBLIC NURSING COLLEGE IN SOUTH AFRICA

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## ABSTRACT

The transition from secondary to tertiary education presents unique challenges for first-year nursing students. In addition to the challenges experienced by all first-year students at a tertiary education institution, first-year nursing students have to adapt to the unique realities of clinical practice environments, as their education and training incorporate an almost equal amount of time for class attendance and clinical practice placement. The aim of the study was to explore and describe the experiences of first-year nursing students in the comprehensive four-year diploma programme. A qualitative, explorative, descriptive and contextual approach was used. Fourteen second-year students from two nursing college campuses were interviewed for the study. Semi-structured individual interviews were conducted. The participants were asked to reflect on their experiences of the first year of the nursing programme. Interview sessions

were audio-recorded and transcribed verbatim by one of the researchers. The findings indicated that the majority of the students' experiences in their first year of study were negative. These negative experiences were related to the campus management as well as the specific experiences that were related to their knowledge and skills acquisition in both the classroom and in clinical practice environments. It is recommended that nurse educators and professional nurses in clinical practice environments should aim to optimise the teaching-learning environment of first-year nursing students in order to improve student retention and graduation.

**Keywords:** experience, nursing education and training, public nursing college, transition

## INTRODUCTION AND BACKGROUND INFORMATION

All newcomers to tertiary education institutions experience adaptation challenges (Mc Phail, Fisher & Conachie, 2009:3). In addition to these universal challenges, first-year nursing students have to cope with the often difficult physical and emotional realities of clinical practice environments, as well as the academic demands (Jonsén, Melender & Hilli, 2013:298).

Students entering tertiary education institutions are from diverse backgrounds and their ages vary (Gordon, Reid & Petocz, 2010:961). Some background differences include culture, attitudes, values, language, socio-economic status, education, ethnicity and religion (Bruce, Klopper & Mellish, 2011:11). Matoti (2010:154) states that student background, particularly cultural and academic background, can affect students' preferences and needs with regard to teaching methods, classroom climates and study patterns.

Furthermore, a mismatch between students' dreams and expectations about a tertiary education institution, and its reality, has the potential to cause difficulties in the transition process. Although most students who commence studies at tertiary education institutions usually know that they will have to work harder than they did at a secondary education institution, some tend to underestimate the extent of that work and consequently become overwhelmed with the workload (Van der Meer, Jansen & Torenbeek, 2010:784).

First-year nursing students who do not have a health background usually find clinical practice environments anxiety-provoking. Factors that may bring about anxiety include: fear of making mistakes, fear of dealing with dying patients and their relatives, non-supportive clinical nursing staff members, and differences between what is taught in the classroom and what is done in the clinical practice environments (Cilingir, Gursoy, Hintistan & Ozturk, 2011:491). Students can become despondent, demotivated and then drop out of the programme.

A teaching-learning environment that encourages student learning is one that ensures that all students are treated with respect; there is a climate of trust between nurse educators and students; students have the opportunity to reflect on their behaviour and that of others; and questions are asked to stimulate student thinking (Bruce et al., 2011:112). Nurse educators and nursing staff members at clinical practice environments have an influence and, indeed, a responsibility to create a teaching-learning environment that is conducive to student learning (Pittaway, 2012:39).

## PROBLEM STATEMENT

The researchers observed a high prevalence of anxiety, fear and apprehension among first-year nursing students concerning their teaching-learning environment and specifically their clinical practice environment. Others expressed anxiety about their ability to cope with the workload in the classroom. Although there have been a number of studies conducted in the US, Australia and the UK regarding the experiences of first-year nursing students, there is a paucity in South Africa, particularly regarding the experiences of first-year nursing students at public nursing colleges.

## AIM OF THE STUDY

The aim of the study was to explore and describe the experiences of nursing students in their first year of the comprehensive four-year diploma programme at a public nursing college in the Eastern Cape Province.

## DEFINITION OF KEYWORDS

**Experience:** Brown (1993:886) describes an experience as the actual observation of or practical acquaintance with facts or events considered as a source of knowledge, and is furthermore a state, condition or event that consciously affects a person or the fact or process of being affected.

**Public nursing college:** According to Soanes and Stevens (2004:1161), 'public' means of the state, or provided by the state rather than an independent commercial company. In this study, a public college refers to a nursing college that is funded by the provincial government and governed by the Eastern Cape Department of Health. The college has five main and 22 satellite campuses. One originated from the merging of public nursing colleges and nursing schools that existed in the Eastern Cape Province until 2004.

## RESEARCH METHODOLOGY

### Research design

A qualitative, explorative, descriptive and contextual design was utilised in this study. This design enabled the collection of rich narrative data concerning students' experiences in their first year of the nursing programme. Furthermore, detailed descriptions of students' experiences with full consideration of the particular teaching-learning context were achieved.

### Research setting

Most of the nursing college campuses in South Africa do not have the necessary infrastructure such as adequate classrooms, offices, simulation laboratories, libraries and student accommodation (Eastern Cape Department of Health, 2010:16). Other challenges include minimal student support, such as counselling services, recreation facilities and wellness programmes, as well as the lack of transport to effectively transport students between the college campuses and the clinical practice environments. The human resource capacity development needs at the college identified by Ricks, Van Rooyen and Links in Klopper (2013:84) were related to management and leadership, as well as the quality of teaching by the nurse educators. For the purposes of this current study, two campuses of a public nursing college in the Eastern Cape Province, South Africa, were selected. One campus is located in an urban setting and the other in a more rural setting.

### Population and sampling

The target population for this study comprised second-year students of the comprehensive four-year diploma programme that leads to registration as a nurse and midwife with the South African Nursing Council (SANC). These were students at two of the campuses of a public nursing college in the Eastern Cape Province, South Africa. The two campuses were purposively selected due to their accessibility as well as geographical location, one being in an urban setting and the other in a more rural setting. The researchers decided to interview second-year students because they were more likely to provide a more complete and recent account of the realities of the first year of the programme as compared to first-, third- or fourth-year students. Data collection took place from June 2013 to July 2013, and therefore first-year students were only four to five months into the programme and thus less likely to provide a comprehensive account of first year. After obtaining the permission to conduct the study from the relevant gatekeepers, one of the researchers visited the second-year classes at the two campuses and invited the students to participate in the study. Convenience sampling was thus implemented and 49 were willing to participate, 19

students of 68 from one campus and 20 students of 87 from the other campus. In the end only 14 participants made themselves available for the study.

## Data collection

Data were collected by conducting semi-structured individual interviews in a private and convenient location as per the participants' preferences. Semi-structured interviews were used because, according to De Vos, Strydom and Fouché (2011:351), such interviews enable a researcher to obtain a detailed picture of participants' perception about a particular phenomenon, and that is what the researchers were interested in. Obtaining rich data includes obtaining information about sensitive issues that participants would not easily share in a focus group interview, hence the choice of individual interviews. Interviews were conducted by one of the researchers. After conducting a pilot study at a local nursing school, the researcher visited the two campuses to conduct interviews. The initial broad question that the participants were asked was the following:

- How was it for you to be in the first-year of the nursing programme?

In cases where the participants concentrated on talking only about negative experiences, the following question was asked:

- What were some of the more positive experiences you have had in your first year of study at the college?

Towards the end of each interview, all participants were given an opportunity to answer the following question:

- If you were a college manager, a nurse educator or a person in charge of a clinical practice environment, what would you do differently to optimise the teaching-learning experience for first-year nursing students?

Interviews continued until data saturation was obtained. At one campus data saturation was achieved after the sixth interview, however, the researcher continued to interview up to the ninth participant. At the other campus, most participants who initially agreed to participate were not available during data collection time at that campus. At that campus therefore, the researcher could interview four of the participants who did their first year in 2012 – the fifth participant did the first year in 2011. Nevertheless the researcher was satisfied that the first-year accounts of participants at this campus enabled her to have a picture of the first-year experience of students at that campus. The accounts of the participant who did the first year in 2011 were similar to those of the participants who did it in 2012. The interviews, which lasted between 30 and 60 minutes, were audio-recorded and later transcribed verbatim by the researcher who conducted the interviews.

## Data analysis

The researchers and the independent coder applied Tesch's method of thematic data analysis (Creswell, 2009:186) in the following manner: They read through all the transcripts independently and repeatedly to obtain a holistic impression of the participants' first-year experiences. They tabulated the identified commonalities and reached consensus on the themes and sub-themes. Coding was done by hand.

## Trustworthiness

The principles used to maintain a high level of trustworthiness throughout the study were those proposed by Guba and Lincoln (Polit & Beck, 2014:322–329), namely, credibility, transferability and dependability.

### Credibility

Bracketing was used to avoid influencing data collection, analysis and interpretation of the results, the researchers being reflexive about their background knowledge of the phenomenon. Interviews were recorded and verbatim transcriptions were done, and an independent coder used. During the interviews verification took place. The researcher clarified the meaning, and repeated the information to the student to ensure that the full meaning of their utterances was understood. The researchers also used verbatim quotes of the participants in the research report to provide evidence of the student's statements.

### Transferability

The researchers supplied rich descriptions of the research context, design, methods and findings so that those who decide to use the findings of this study will have enough contextual information at their disposal to base their conclusion of whether the research findings are applicable to their situation.

### Dependability

To demonstrate dependability, the researchers carefully documented what they did, giving details of procedures and steps taken. Use of an independent coder enabled the discussion of themes and sub-themes that emerged from the results and a consensus was reached regarding the study findings. Triangulation was achieved by using two different campuses and a number of participants. The same research question was posed to all the participants. The findings were also verified using a literature control.

## Ethical considerations

The researchers obtained permission to conduct the study from the Faculty Research, Technology and Innovation Committee of the University (ethics number: H12-HEA-NUR-013), the Eastern Cape Department of Health, the principal of the public nursing college and the campus heads of the two campuses. Participants were informed that participation was voluntary and that declining participation would not be used against them (Grove, Burns & Gray, 2013:178). The names of the campuses and individuals from which data were collected do not appear anywhere in the study, out of respect for confidentiality and privacy (Grove et al., 2013:177). In addition, a psychologist was on standby for participants who may have had adverse emotional reactions during the interview.

## RESEARCH RESULTS

Although participants were all first language Xhosa-speaking, they could communicate fluently in English. Their ages ranged from 21 to 41 years. The findings of this study should be understood within the public nursing education and training context of South Africa, as is clearly explained in ‘research setting’ above. The summary of the findings is presented in table 1.

**Table 1:** Experiences of first-year nursing students at a public nursing college

THEMES	SUB-THEMES
Participants' experiences related to the management of the college.	Welcome and orientation to the nursing programme
	Dysfunctional bursary system
	Lack of resources
Participants' experiences related to knowledge and skill acquisition in the classroom	Difficult transition to tertiary education
	Overwhelming workload
	Competence and conduct of nurse educators
Participants' experiences related to knowledge and skill acquisition at clinical practice environments	Being a newcomer at a health care facility
	Poor clinical accompaniment by nurse educators
	Adequacy of student-teaching by nursing staff in the wards
	Attitudes of clinical staff members
	Ward staff shortages

## DISCUSSION OF RESEARCH RESULTS

### Participants' experiences related to the management of the college

The participants' experienced challenges regarding the management and resourcing of the college.

#### Welcome and orientation to the nursing programme

At one campus students were disappointed by their initial welcome to the campus and the orientation programme. They expected to be warmly welcomed by their prospective lecturers and the campus head, but this did not occur:

Most surprisingly we were expecting a warm welcome – like maybe there's gonna be a campus head or principal or someone just to welcome us you see, but we never got that. Remember we are from high school.

The main aim of the orientation week, according to Burnett and Larmar (2011:27), is to build peer relationships, familiarise the newcomers with the tertiary education institution and help them develop strategies for survival in the new environment.

... actually I could say disappointed me was that ... we were there for the first week, we didn't get to see the principal, we didn't get to see most of the lecturers.

The sentiment and the expectations of participants in the current study are similar to the findings of Scutter, Palmer, Luzecky, Burke da Silva & Brinkworth (2011:15), where the first-year students expressed the value of developing relationships with lecturers and other university staff on arrival at the university. Participants' disappointment related to the lack of support and orientation by first-year staff and lectures highlights this important need for improved engagement on arrival.

#### Dysfunctional bursary system

Almost all the participants were dissatisfied with the student bursary system, which the college instituted in 2012. Their dissatisfaction was due to the following reasons: management did not clearly explain the bursary terms and conditions; management did not appear to know which students would qualify for the bursary; management reportedly only paid out the bursary when the students were already four to five months into the programme, thus adding to the already significant financial challenges students were experiencing; the lump sum received in June/July that year was less than what was promised. The following statements by the participants highlight



their concerns and frustrations related to the inadequate management of the bursary system:

And now we were – well I was – kind of worried – gosh am I gonna qualify for this bursary.

... and then June, the first group got paid ... that's five months mos and then July – it was R6 000, and then they say it's back pay of the – last months; but when we were trying to calculate – comparing with the R3 000 we are getting [as a monthly stipend], it's R3000 for two months mos.

In 2011, a Ministerial Task Team that originated from a Nursing Summit held in South Africa indicated that nursing education stakeholders in South Africa find the current bursary system of student funding in South African unsatisfactory (Uys & Klopper, 2012:37). Furthermore, they recognised the importance of a well-defined and nationally standardised funding model for nursing students that would better meet students' direct and indirect academic needs. (Uys & Klopper, 2012:37, 39). The findings of the current study suggest that nursing students at a public nursing college (who often come from disadvantaged socioeconomic backgrounds) largely depend on the funding provided by the college in order to excel in their training and education. There, the late bursary payment in 2012 had a range of negative implications on their teaching and learning.

### Lack of resources

The participants identified a number of resources that were lacking on their campuses. Of particular importance were student accommodation, classroom space and late arrival of study material. At one campus the participants complained of overcrowding, explaining that the nurses' home was not adequate to accommodate students. In addition, the nurses' home was reported to be in a poor condition. Classrooms were too small to accommodate the students and consequently not conducive for teaching and learning purposes. One participant reported that because of the overcrowded classrooms some students cheated during assessments because invigilation by nurse educators could not be conducted properly. Regarding the study material, students reported that they only received their books five months into the programme. Moreover, they did not receive all the books required for the programme.

So we were not ... comfortable there, because we were many ... sharing rooms – plus minus four to five [in a room] – two beds [two bedded room] you see?

And the nurses' home; it's not in a good condition. Electricity – it was poor. Poor supply because every time when we are cooking then it would went off. And then outside the nurses' home – we flushed the toilet and all the stuff coming from the toilet we were seeing it ....

So our class is too small even a lecturer can't have a space to get between us to check what we are doing. As a student we have tricks – so sometimes you find that some are copying, so it disturb[s] you as a person.

The findings of this study are supported by a South African study by Mc Lachlan, Alexander and Lehmann (2010:76–81) where participants indicated that their nurses' home was in a poor condition with old mattresses on the beds, lack of study venues, intermittent hot water and electricity for their rooms, and a lack of facilities to prepare their food. The findings of this study also indicate that the lack of resources at the campuses significantly hinder student learning.

We had no books so we had to find our own books to [from] the previous students but they were also using the books so we find out now you have to share the book with student at second-year level.

## Participants' experiences related to knowledge and skill acquisition in the classroom

The participants reported a number of challenges experienced within the classroom, including difficulty in transition from secondary to tertiary education, an overwhelming workload and a lack of competence and poor conduct of a few nurse educators.

### Difficult transition to tertiary education

The participants experienced difficulty in adapting to the college's teaching and learning methodologies and longed for the manner in which they were taught at high school. The major differences, as perceived by the participants, between high school and college included the marking process, the extent to which the educators explained the subject content to students and the extent to which students were required to do independent information searches.

I wasn't used to this getting half a mark for a mark [fact].

In high school ..., there is a teacher in front of you, explaining to you what is happening; and if they see you have a problem, they come to you and try to explain it further. And here it's all just "do this", if you don't understand, "ok it's fine you are going to go back to it at your own time".

In Van der Meer et al.'s (2010:783) study, students also complained about the amount of independent study they were expected to engage in compared with what they did

in high school. In addition, the participants in that study also felt they did not always know what was expected of them because their lecturers did not communicate their expectations as clearly as their teachers did in high school.

### Overwhelming workload

The participants reported that they felt overwhelmed by the first-year workload. They also reported that they did not always feel supported academically. The practice of writing tests almost every Friday during the theoretical block period resulted in high levels of stress among the participants. They felt that the nurse educators could lighten the workload. One participant suggested that students could be better supported in preparation for their examinations. The participant suggested that the students be given the 'scope' for the paper, before writing the examination.

... if the lecturers or the college can give students scope – so that the students can't read all of the content; they know... what is going to come out of the exam – because you can't read the whole emanuel [manual] – you can't read the whole Vlok ... .

Van der Meer et al. (2010:784) report that the students in their study realised there was going to be a lot of work at the tertiary education institution, but not to the extent that they experienced it in reality. Some of those participants were also dissatisfied that their educators did not clearly tell them how to better manage their time in order to cope with the heavy workload (Van der Meer et al., 2010:784).

### Competence and conduct of nurse educators

The participants differentiated between the nurse educators whom they perceived as being good educators and those who were poor in their dealings with students. Nurse educators who were regarded as good educators were straight to the point when facilitating learning, telling students what was important in the subject. In addition, they gave the students hand-outs before their books arrived, were approachable to students who had personal problems, marked fairly and tried to prevent students from failing tests or examinations unnecessarily by providing specialised teaching and learning opportunities and helping them to better prepare for examinations.

There are those lecturers who go to class and you go like – yeah – I can't wait for her to come to class .... They don't manoeuvre around – they go straight to the point, teach you what you must know and then they leave it at that.

Nurse educators who were perceived as poor included those who could not clearly present their subject matter to the students because of a lack of knowledge about the subject content; those who made students study in groups, although group members

were not clear about what they should be discussing; as well as those who referred students, who did not understand the content, to other students for assistance.

... and then you find that even the lecturers were like – they were struggling sometimes. You find that they do not even elaborate on other things; maybe they will teach you something and then they will say the rest you must do them at home.

But then we get to lecturers that sometimes don't know where to start – where to end, and it's difficult for us.

Rotgans and Schmidt (2011:40) found that teachers who are knowledgeable, friendly, socially and emotionally connected to their students often evoke interest and inspire learning on the part of students. Therefore, if the nurse educators are not clear in their presentation of the subject content, the students tend to lack an understanding of the subject content (Bruce et al., 2011:210).

## Participants' experiences related to knowledge and skill acquisition at clinical practice environments

The participants shared their experiences related to their being new at a health care facility, the accompaniment they obtained from their nurse educators during clinical placement times, the student-teaching by clinical staff members, the attitudes of clinical staff members and the staff shortages at the clinical practice environments.

### Being a newcomer at a health care facility

Some participants had specific negative experiences that were directly related to their being new at a health care facility. These experiences, often very emotional, included fears of seeing and dressing the wounds of people who had been involved in serious accidents, shock at seeing a dying person for the first time and performing the last duties to patients who had died, an inability to withstand the smells in the wards and the sight of blood, difficulties with nursing very sick patients and the challenges related to working night duty.

I was not used to blood first of all; I was not used to that smell of the ward, and the third part I was about to resign ... I just wanted to resign – I can't [couldn't] stand for the smell of the colostomy bag. I was just crying all the time.

I've never washed anyone. I had to start to washing [wash] a person now, a sick grandma.

Wilson, Chur-Hansen, Marshall and Air (2011:458) describe the emotional and psychological issues experienced by first-year nursing students related to difficulties in coping with blood, feeling sad at the sight of dead people and their grieving relatives, dealing with people in distress and pain, and becoming too attached to

some patients to the extent that they thought about these patients at home, leading to a disturbance of their personal and social lives.

### Poor clinical accompaniment by nurse educators

Participants complained that their nurse educators were rarely present in the clinical practice environment to help them integrate theory with practice. They, reportedly, found it difficult to tell the professional nurses in the wards that they were taught a different way of doing things at the college from what was done in the wards. The participants expected the nurse educators of the College to accompany them and felt that the professional nurses in the wards could not teach them at the same level as their nurse educators:

If you go out to clinical areas, all the lecturers get left behind; then you go to a ward, where you meet the sister. The sister doesn't care much about you because she is here to do her job; then although she wants to help you but she doesn't have that much time to explain almost everything. So it would have been better if you had a lecturer, someone who would be behind you each and every day in that ward.

The findings echo those of Watkins, Roos and Van der Walt (2011:6–7) where the participants in their study describe the challenges they experienced in a clinical practice environment because their lecturers were unavailable to help them convert theoretical knowledge into practice. Yet, according to Bruce et al. (2011:255), the role of nurse educators extends beyond the classroom and simulation laboratories to being a physical presence at clinical practice environments to help students to bridge the theory-practice gap.

### Adequacy of student teaching by nursing staff in the wards

Participants reported that in some wards they were well taught by the permanent nursing staff members, but in others the standard of ward teaching was poor. Professional nurses in certain wards were, reportedly, sometimes unable to differentiate between first- and second-year students. Consequently they would delegate second-year procedures to first-year students with disastrous outcomes to patients and extreme stress for students:

When we are students and we're first-years the professionals will lack to do their work and they will not teach us. They will just let us do whatever we have to do in the ward and you find out that we do hazards sometimes .... we mix the injections wrong so everything will be wrong so it was stress.

Sometimes they would – because they do not guide us so they would confuse the first-years and [with] the second-years.

The findings of the current study suggest that the students were not only left without supervision but were delegated procedures that were beyond their scope of practice. Yet Geyer (2013:100) indicates that when delegating duties both parties must be comfortable with the delegated duty if patients are to be spared harm by incompetent nurses.

### Attitudes of clinical staff members

Participants described the negative attitudes they encountered from some of the nursing staff members in the wards. Younger professional nurses, who qualified in the 2000s, were reportedly not willing to teach students, instead they shouted at them. Enrolled Nursing Auxiliaries (ENAs) ridiculed the first-year students when there was something they did not know how to do, in the ward:

And then those assistant nurses have an attitude towards students. The attitude is that – ‘no they are studying for the four-year course, we are assistants – they should know better than us.

Findings of this study are similar to those of Tshabalala and Bornman (2011:40–42) where participants described negative attitudes from certain nurses in the wards, particularly the professional nurses. These nurses reportedly ignored students’ questions and sometimes shouted at them for what appeared to be no reason at all (Tshabalala & Bornman, 2011:40). Some professional nurses were sometimes sarcastic and told students that they are not tutors and the students should therefore not expect to be taught by them (Tshabalala & Bornman, 2011:42). Negative attitudes of clinical staff members in the current study deterred students from asking questions when they had knowledge gaps in the clinical practice environments, and this certainly hindered their learning.

### Ward staff shortages

The participants experienced the shortage of staff in clinical practice environments as disabling with regard to their learning opportunities. In the wards that were short-staffed, they were reportedly treated as permanent staff members, and not as students, in order to overcome the staff shortage. Students reported that they were sometimes unable to take tea or lunch breaks because they had to continue with ward work and were exhausted by the end of the day with little energy or motivation left to attend to their studies:

... a big problem of a shortage of nursing [staff] ... because I’m a student, because I’m working there, I want to know more about the nursing, and then I’m interested, but the shortage is still there – it’s a big challenge in this department.

The findings of this study are similar to those of Msiska, Smith and Fawcett (2014:7) where student nurses indicated that ward nurses left them alone in the wards, resulting in fatigue at the end of the day. Staff shortages deprive students of learning opportunities that are related to their objectives of being in a particular ward (Rakhudu, 2011:86).

## CONCLUSION

Students who commenced the comprehensive nursing programme at a public nursing college in the Eastern Cape Province experienced a range of challenges with regard to their teaching-learning environment. These challenges were related to the management at the college, particularly the availability of resources. Other challenges were related to knowledge and skills acquisition of students in the classroom and at the clinical practice environments. Such challenges limited the development of their knowledge and skills as student nurses.

## RECOMMENDATIONS

A comprehensive orientation programme that will enable first-year nursing students to quickly adapt to the college and its associated clinical practice environments should be developed. Such a programme should involve the campus head and lecturers. The students need to feel valued and orientated towards their programme. Nurse educators should manage the transition of first-year nursing students by creating a positive teaching and learning environment. There is a need for an effectively managed bursary system that ensures that the appropriate funding is received timeously for all students. The teaching practices of nurse educators should improve and the accompaniment and teaching of first-year nursing students in the clinical practice environments should be improved.

## LIMITATIONS OF THE STUDY

Data were collected from two of the five campuses of the college under study. The experiences of first-year students at the other three campuses remain unclear.

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