AN EXPLORATION OF THE PROFESSIONAL SOCIALISATION OF STUDENT NURSES

H.C, de Swardt, D Litt et Phil
University of South Africa
Department of Health Studies

G.H, van Rensburg, D Litt et Phil
University of South Africa
Department of Health Studies
Corresponding author: vrensgh@unisa.ac.za

M.J. Oosthuizen, D Litt et Phil
University of South Africa
Department of Health Studies

ABSTRACT

Desirable levels of knowledge and skills or appropriate values and beliefs of the nursing profession are not visible in all students who become professional nurses. The aim of the study was to explore the perceptions of professional nurses regarding their role in the professional socialisation of student nurses and the experiences of the students as members of the nursing profession. A qualitative design was applied to collect data from two purposively selected samples, professional nurses and students. Focus-group interviews (two with sample 1 and five with sample 2) were conducted. Findings revealed that a lack of exemplary role models, an unfavourable environment and students' own reasons of career choice influenced the professional socialisation of students. Exemplary role modelling, supportive learning environments, the empowerment of professional nurses and the commitment to professional values of nursing are vital to develop well-socialised professional practitioners.

Keywords: professional nurse, professional socialisation, professional values, student nurses

INTRODUCTION AND BACKGROUND

Every nursing student who enrols in a nursing programme comes with a set of personal values, beliefs and perceptions of what nursing entails. Nursing requires students to become professionals who practise within the ethical framework of the profession. The process of learning the norms, values, behaviours and skills inherent to nursing is known as professional socialisation. It comprises the internalisation of values and norms in individual students to enable them to behave in accordance with the values

and norms of the profession. Lai and Lim (2012) describe professional socialisation as the formation and internalisation of the characteristics that are typical of a profession. These characteristics involve the development of skills, knowledge, values and beliefs to form a professional identity (Chitty & Black, 2011). During the socialisation process, a student nurse learns and applies certain skills, knowledge, norms and values of the nursing profession in order to fit into the nursing culture (Lai & Lim, 2012). The ultimate goal of professional socialisation is to cultivate a professional identity in nurses.

The process of professional socialisation differentiates between formal and informal socialisation. The formal process is guided by a curriculum, which is a documented plan of a programme based on scientific and didactic principles (Hughes & Quinn, 2013). Formal socialisation of student nurses takes place in the education environment, classroom and in the clinical practice area while informal socialisation can be attributed to factors such as role modelling and interaction with other professionals in the healthcare environment. Informal socialisation occurs incidentally, for instance by the student nurse observing the behaviour of a professional nurse giving patient care, having discussions on patient issues and in general, and absorbing the culture of nursing (Chitty & Black, 2011).

Various factors influence the professional socialisation of students. Despite the wealth of knowledge on professional socialisation, stakeholders are still faced with the challenge of how to teach and facilitate the internalisation of the desirable skills, knowledge, values and beliefs in students, eventually to fulfil their role as competent professional nurses. This challenge is reflected, for example, in the type and number of reported cases of professional misconduct. Reports of patients receiving poor nursing care as well as unethical treatment by nurses seem to be common (Makhubu, 2011:4; Oosthuizen, 2012:58). Unethical behaviour leads not only to disciplinary hearings, as reported by the South African Nursing Council, but also to a decline in health care in South Africa, which has an effect on the country's economy and the image of the nursing profession.

STATEMENT OF THE RESEARCH PROBLEM

The professional socialisation process is influenced by diverse factors related to the learning environment, student behaviour, role models, teaching practices, mentors, educators and preceptors. The professional nurse forms an integral part of this process. It is therefore important that students are supported in the development of a professional identity that will reflect those qualities needed to provide quality patient or client care and will uphold the image of the nursing profession.

Undesirable internalisation of skills, knowledge, values and beliefs of students may result in ineffective professional socialisation. In South Africa, a professional nurse is guided by various Acts, policies and regulations (Mellish, Oosthuizen & Paton, 2010;

SANC, 1984, R2598; SANC 1985a, R387; Nursing Act (no 33 of 2005); South African Government Information, 2007). These regulatory measures, the various curricula of universities and colleges and the influence of the informal curriculum direct the professional socialisation of students. During the socialisation process the student nurse learns and applies certain skills, knowledge, norms and values of the nursing profession in order to fit into the nursing culture. Despite regulations and sound educational approaches, student nurses become professional nurses that do not always demonstrate the desirable levels of knowledge and skills or portray the appropriate values and beliefs of the nursing profession. It has therefore become necessary to understand how professional nurses perceive their role in the socialisation of students and students experience their socialisation into the profession. Therefore, the question that arose was: How could the internalisation of skills, knowledge, values and beliefs be guided in student nurses to help them become effectively socialised as professional nurses?

AIM OF THE STUDY

The aim of the study was to explore the perceptions of professional nurses regarding their role in the professional socialisation of student nurses and the experiences of the students of professional socialisation as members of the nursing profession.

KEY CONCEPTS

A professional nurse is a person who practises in a specific clinical environment where students are placed to acquire clinical experience to fulfil the objectives of their nursing programme. In this study, the professional nurses were working in units where students were placed for clinical learning (Nursing Act no 33 of 2005:6).

Professional socialisation is viewed as the internalisation of knowledge, skills, values and beliefs to form a professional identity in students (Chitty & Black, 2011:131).

Student nurse in the context of this study is a student who is registered for the programme regulated by Regulation 425 of 1985 (SANC, 1985b), also referred to as the comprehensive nursing programme. In this article the student nurse will be referred to as a 'student'.

RESEARCH METHODOLOGY

An explorative, descriptive qualitative design provided an in-depth understanding of the phenomenon of 'professional socialisation' based on the multiple perspectives of two different samples. The perceptions of professional nurses (sample 1) regarding their role in the professional socialisation of students and the experiences of students (sample 2)

of professional socialisation as members of the nursing profession were explored and described. The study was conducted in an 832-bed academic hospital in South Africa, using non-probability purposive sampling to select the participants. The first sample consisted of 14 professional nurses who had experience in the clinical supervision of students who were registered for the comprehensive nursing programme leading to registration as general, community and psychiatric nurse and midwife (SANC, 1985b), and who worked in the units where these students were placed for their clinical learning experiences. The second sample included 48 students (levels one to four) who were registered for the comprehensive nursing programme leading to registration as general, community and psychiatric nurse and midwife (SANC, 1985b) at a university or college and were placed at this hospital for their clinical learning experiences. Homogeneity in sample 2 was accomplished through grouping the participants according to their levels of training in order to facilitate free-flowing discussions on their professional socialisation experiences.

Ethical approval to conduct the study was obtained from the University of South Africa (Project no: 31358403) and all relevant stakeholders. Written informed consent was obtained from all the participants. Anonymity and confidentiality were assured. Participants' names were replaced with pseudonyms and numbers during the transcription and analysis of the data. Participants could withdraw at any given time without any penalty. The principle of beneficence was maintained by minimising possible risks.

Focus group interviews, supported by field notes, were conducted during the period September 2010 to March 2011. A pilot focus-group interview consisting of professional nurses was conducted in order to determine whether a focus-group interview was a viable data collection method. The two focus group interviews for sample 1 commenced with the question: 'Could you please share your views on your role as a professional nurse in the professional socialisation of students who are registered for the comprehensive nursing programme?' Five focus-group interviews were conducted with sample 2. The central question posed was: 'Could you please share your experiences regarding your professional socialisation as a student nurse?' Probing questions ensured in-depth information about the perceptions and experiences of the professional socialisation of students. Field notes were made which assisted in analysing and understanding the non-verbal cues.

The verbatim transcripts of the focus-group interviews and the field notes were analysed using Tesch's (1990) method of data analysis. The data obtained from the two different samples were analysed separately. Thereafter, conclusions were drawn from the merged data. The process involved reading through the transcripts attentively, identifying and noting topics and clustering them into similar topics. The topics were then contextualised into themes and categories.

Trustworthiness was established in terms of credibility, confirmability, dependability, transferability and authenticity. A dense and accurate description of the research process ensured dependability and transferability. A pretest was conducted to ensure that the data collection technique was credible. The triangulation of data was established by using focus-group interviews, field notes and literature review. Adequate time was spent with the verbatim transcripts and consensus discussions on the themes and categories identified were held with an independent researcher. All raw data were locked away and kept for audit purposes.

PRESENTATION AND DISCUSSION OF THE FINDINGS

Two sets of data were collected. Sample 1 (professional nurses) expressed their perceptions of their role in the professional socialisation of students. Sample 2 (students) shared their experiences of professional socialisation as students. The findings obtained from the focus-group interviews and field notes from both the samples are presented in tables 1 and 2.

Findings from sample 1: Professional nurses

All 14 participants from sample 1 (table 1) were female professional nurses with clinical nursing experience that ranged from one year to 17 years.

Table 1: Professional nurses' perceptions of the professional socialisation of students

Themes	Categories
Theme 1: Professional nurses' views of their role in the professional socialisation of students	Professional nurse as role model
	Professional nurse as clinical supervisor
	Creator of a learning environment
Theme 2: Professional nurses' perceptions of values and beliefs of students	Disciplined behaviour
	Career choice
	Image
Theme 3: Professional nurses' experiences related to the attitude of students	Gender
	Attitude

Theme 1: Professional nurses' views of their role in the professional socialisation of students

In theme 1, the effect of exemplary conduct and role modelling by professional nurses were emphasised. One participant stated that 'if we don't behave professionally then they would take from us the attitudes that we are promoting, let us promote an attitude that everyone can account on'. The views of Grealish and Ranse (2009) and Brammer (2006) concur with participants' views about the importance of the role model on the development of professionally socialised competent nurses. There was consensus that the professional nurse as clinical supervisor assists and guides students with their clinical learning: 'we can lead our students to professional growth by me, as a professional nurse to be knowledgeable and skilled and have a way to deliver the knowledge to the student'. Carlson, Pilhammar and Wann-Hansson (2010) confirm that support to students is essential for students' learning. Participants agreed that professional nurses should be knowledgeable and skilled, but described discrepancies between theory taught in the classroom and what is practised in the clinical setting. The need to support students in integrating theory with practice through continuous clinical supervision was acknowledged as mentioned: 'we should create an environment or atmosphere which is conducive to learning'.

Theme 2: Professional nurses' perceptions of values and beliefs of students

Theme 2, addresses discipline, career choice and the image of nursing. Students were perceived as ill-disciplined and disrespectful towards patients and senior persons, thus defying the values that are typical of the nursing profession. One participant stated that 'they do something wrong [and] we must discipline them'. Disrespect among students is a global phenomenon as reported by Clark, Farnsworth and Springer (2008). Students' reasons for choosing nursing as a career were a concern for participants. Breier, Wildschut and Mgqolozana (2009) found that students selected nursing as a career because they could earn a salary while studying. Appearance of students and professional nurses did not portray the desired image of the profession resulting in a poor public image of nursing: 'The way we are dressed, it doesn't show professionalism. How do you PV (doing vaginal examination) your patient with those nails?'

Theme 3: Professional nurses' experiences related to the attitude of students

The third theme describes how professional nurses experienced students in the clinical area. Male students were perceived as uncaring and undisciplined: 'but the male students are … not caring'. Positive as well as negative attitudes from students were reported. This was evident in the following statements: 'that 3rd year group they are really such a nice group and they are the smartest group, they are always willing to learn, they are

always punctual and so they become a group of sisters who are also that calibre and if you can do that with every year group then you grow' and 'But the negative side that I have seen from students these days is that they don't want to learn. The less they can do the better for them. So you will always find that they are sitting around and when you approach them they became angry'. These statements raised the issue of a lack of sincerity about their education and apathetic attitudes among students. These findings concur with the findings of Waterson et al (2006) who maintain that students lack respect for their supervisors.

Findings from sample 2: Students

The data from sample 2 (Table 2) were collected from five focus-group interviews. Of the 48 participants, 44 were female. The participants of the five focus group interviews were grouped according to their level of training. Ten participants represented each level of study, for example the first-year, second-year and fourth-year levels. The focus-group interview with the third-year students consisted of 11 participants and the fifth focus-group interview of seven third-year and fourth-year students combined.

Table 2: Students' experiences of professional socialisation

Sample 2 : Students	
Themes	**Categories**
Theme 1: Factors related to the learning environment	Teaching and learning
	Communication between clinical field and nursing educational institutions
Theme 2: Experiences related to the attitudes of professional nurses and students	Attitude
	Favouritism
	Attitude of professional nurses to other members of multidisciplinary team
Theme 3: Values and beliefs orientation	Professional nurses
	Disregard of culture and gender
	Poor role modelling
	Perceptions of the nursing profession

Theme 1: Factors related to the clinical learning environment

The first theme focusses on clinical learning environments where students were supported and accepted or demotivated and unenthusiastic, as one said: 'She [the professional nurse] was always willing to teach us, even during tea time and lunch time'. Demotivational factors also had an influence: 'if you go and ask they would say go to Ward so-and-so. Behind the door there is this pamphlet, you can read it and then you will find the answer. I mean this person has been working in this ward for ages, for years, but they still can't explain to a student in simple terms what is wrong with a patient'. Koontz, Mallory, Burns and Chapman (2010) state that professional nurses need to notice the influence they have on students' learning experiences, an observation which seemed relevant to this study. Participants expressed frustration about inadequate learning opportunities and supervision: 'that I feel like I know everything, from what to what, so all you do is just push the machine [blood pressure machine] until you are tired, until you can't push it anymore, you are so frustrated, the whole day, the machine, I was asking them what is going to be new in second year'. Studies confirm that students are not provided with meaningful learning opportunities (Beukes, Nolte & Arries, 2010; Hathorn, Machtmes & Tillman, 2009). According to Baxter (2007), clinical supervision allows the student to improve his or her clinical skills, develop relationships with experienced practitioners, socialise into the clinical setting, apply theory to practice and ultimately provide safe patient care.

Participants valued teamwork as stated: 'but for me when I feel more involved in the work and when I feel more accommodated, it makes it easier for me to go to work, I look forward to going to work, I even enjoy working because I know what I'm doing'. When students are included as team members, learning is enhanced (Condon & Sharts-Hopko, 2010; Grealish & Ranse, 2009). Peers or newly qualified professional nurses were viewed as mentors. Participants in this study were positively inclined towards the educator as one said: 'Then we were helped by our tutors, we asked everything that we wanted to know so that it gave me a positive motivation to continue because they came to the wards'. However, Mabuda, Potgieter and Alberts (2008) found that the educator was only seen during assessments, which had a negative impact on the learning of students.

Levett-Jones, Lathlean, Higgens and McMillan (2009) highlighted the value of orientation, yet this study found that students were not properly orientated, which evidently had a negative impact on learning outcomes. One said: 'Okay I had a very bad experience because my first week at the hospital they didn't orientate me at all traumatising'.

Unfair practices and a disregard for personal needs in the scheduling of clinical duty hampered the preparation for tests, for example: 'when I'm writing a test tomorrow and I'm allocated for the 07:00 to 19:00 shift the day before and I request maybe 07:00 to

13:00 or a day off and I work later on, I am not granted that opportunity'. When clear communication between the nursing education institution and the clinical field occurs, learning is enhanced (Hathorn et al, 2009). This study found that communication between these two stakeholders regarding the students' work schedule was sometimes poor: 'unit managers seem to understand that and then when they have the meeting with their staff, I don't know where it goes wrong, do they give out a message'.

Participants were frustrated and even emotionally affected when the professional nurses were too busy, mostly with administrative work, to assist them as one said: 'you ask and she says "no I haven't got time, I'm busy" … they are always busy with administration, always administration'. Pearcey and Draper (2008) confirm that professional nurses give priority to administrative duties, which causes students to become frustrated. Lehasa (2008) supports the finding that professional nurses have an increased workload. Inadequate resources in the clinical area further contributed to limited learning opportunities, which is evident: 'When we tell them the gloves are big they say there's nothing we can do, you have to wash with those gloves, either put two gloves, try something else, but you have to wash the patients with those gloves'. Participants reported that they were exposed to patients with infectious diseases without being informed of the risks involved. They were allegedly not provided with the necessary support when becoming ill with symptoms of encephalitis. The participant said: 'I think there was about nine of our students who are having encephalitis now... you have to go and see your own doctor or, so you don't get protected'. This finding corresponds with Mntambo's (2009) study, where students reported that they were obliged to work with patients with communicable diseases without the necessary protection.

Theme 2: Experiences related to the attitudes of professional nurses and students

In the second theme, both positive and negative attitudes emerged. Hathorn et al (2009) maintain that students who are exposed to a positive learning environment and treated with dignity and respect will internalise the appropriate behaviour. In contrast, students in this study described incidents of hostility and stereotyping from professional nurses as one stated: 'It's not fair you get to a ward they stereotype, they label you, they give names, they don't treat you fairly because they don't even know you'. In some instances, the relationships between the professional nurses and students were dysfunctional. Apart from the perception that the professional nurses had negative attitudes, students experienced unequal treatment and among themselves experienced unsatisfactory relationships. One said: 'Then you get a student, let's say from Y but I think they were 4th years, God knows they were so rude. You couldn't ask them anything, actually if you ask something they will make you their guinea pig'. These attitudes reportedly contributed to students' delinquency. In contrast, professional nurses' attitudes to doctors

were respectful, whereas nursing students were treated as though they were inferior. Students reported that they mostly experienced negative attitudes from professional nurses, were being compared with one another and treated with less respect than the medical students as one asked: '… why do you treat me different than you treat that assistant medical student? She could not answer me'.

Theme 3: Values and beliefs orientation

In the theme regarding values and beliefs, participants observed that the conduct of some professional nurses was unethical and breached the rules and regulations. Students stated that they did not want to be involved in unethical conduct and the abuse of patients. The participants stated: 'Women are hit with rulers; women are clamped with forceps just because they're trying to give birth! … what are you supposed to do as a nurse?' The participants continued: 'they stuff a pillowcase into her mouth, or they do whatever, it brought tears to my eyes'. This evidence speaks of grave disrespect for human dignity. If students witness this kind of behaviour, the possibility of imitating it is a real concern. South African nurses are guided by various Acts, regulations and ethical codes in their professional conduct. Allegations were made of professional nurses being dishonest and exploiting students' goodwill. Students reported being insulted and humiliated by professional nurses calling them 'hazards' and making rude and discriminating remarks in the presence of patients as one said: 'The first day … they call us hazards'. Beukes et al (2010) also found that community nurses were disrespectful to students. It was noted that professional nurses sometimes discuss patient-related issues in a language other than English as reported: 'When I ask them please speak English so I can understand you, they just ignore me and it's really … so the language thing is also a problem for me'. This could pose a risk of misinformation with consequences for patient care and the learning process of students. Despite negative reports about racial tensions and gender discrimination because of cultural beliefs, positive experiences were also shared as one participant stated: 'You find nice ones, they don't even mind, they don't mind what the skin colour the patient is, they help them the best way they can'.

Participants were disillusioned with the profession because of their experiences in terms of unethical behaviour of professional nurses which they do not regard as their role models: 'The role models show us how to cheat, how to take shortcuts, how not to do it, how to cover up everything'. The influence of professional nurses acting as positive role models in the professional socialisation of students is emphasised in several studies (Koontz et al, 2010). Participants acknowledged that nursing was not their first career choice. Historical and stereotypical understanding of nursing, and other considerations such as job security and earning a salary, seem to influence nurses in their career choice (Price, 2011). Participants criticised the unprofessional image their peers portrayed as evident: 'not chewing bubble gum or walking with the cell phone playing this horrible music around the wards'

CONCLUSIONS

Mentoring support structures were described as being helpful. However, students' irresponsibility regarding delegated tasks made professional nurses reluctant to provide them with diverse learning opportunities. The inability of professional nurses to work as a team and actively involve students of all levels affects the successful progress through the stages of professional development and the development of a self-concept associated with the identity of the nursing profession.

Students' own reasons for choosing nursing were influential in terms of their professional development. However, the role of the professional nurse is evident in this process of development. Although the professional nurses indicated that they need to be exemplary role models, clinical supervisors and creators of a supportive clinical environment, students did not always experience this in reality. Witnessing misconduct by some nurses and the lack of reporting structures or processes regarding unethical conduct, negatively affected the development of students as professional nurses.

The integrated data from samples 1 and 2 reveals a discrepancy in the views of professional nurses and students of the professional socialisation of students. Professional nurses identified themselves as being approachable, having sound levels of knowledge and providing clinical supervision. Students however, experienced and witnessed limited support from the professional nurses in terms of their learning and development into the profession. Students identified role models they did not wish to imitate. While professional nurses highlighted the ill-disciplined behaviour of students, the students in turn experienced professional nurses as insensitive and excluding them from learning opportunities. Despite this negative picture of the professional nurse, students indicated that there were some professional nurses who were exemplary role models and clinical supervisors.

As is evident from the data obtained from professional nurses' perceptions and students' experiences regarding students' professional socialisation, students were socialised in an environment that was to a large extent unsupportive. Moreover, some students had selected nursing for other reasons than the core values of the nursing profession.

LIMITATIONS

Only one large academic/public hospital was included in the study. Findings in private health care facilities or smaller public hospitals could yield different data.

RECOMMENDATIONS

The professional nurse has a major role in the professional development of students by being an exemplary role model and providing a supportive learning environment for students to become effectively socialised. It is recommended that the core values of nursing be re-emphasised through creative teaching strategies (role-play, critical debates and educational ward rounds). Clear policies and procedures are necessary to address misconduct of professional nurses and students. The restoration of values in the profession is paramount for developing well-socialised professional practitioners.

A positive learning environment where students are orientated and assigned meaningful learning opportunities should be created. This will require that professional nurses are empowered to function in a healthy work environment with adequate resources and support to develop and maintain their skills and knowledge. Both professional nurses and students must be committed to upholding the values and beliefs of the nursing profession, have a sound work ethic and be motivated to pursue nursing as a career.

REFERENCES

Baxter, P. 2007. The care model of clinical supervision: bridging the theory-practice gap. *Nurse Education in Practice*, 7(2):103–111.

Beukes, S., Nolte, G.W. & Arries, E. 2010. Value-sensitive clinical accompaniment in community nursing science. *Health SA Gesondheid*, 15(1). http://www.hsag.co.za/index.php/HSAG/article/view/485/539 (Accessed 1 October 2011).

Brammer, J. 2006. A phenomenographic study of registered nurses' understanding. *International Journal of Nursing Studies,* 43(8):963–973.

Breier, M., Wildschut, A. & Mgqolozana, T. 2009. *Nursing in a new era: the profession and education of nurses in South Africa*. HSRC Monograph Series. Cape Town: HSRC Press.

Carlson, E., Pilhammar, E. & Wann-Hansson, E. 2010. Time to precept: supportive and limiting conditions for precepting nurses. *Journal of Advanced Nursing*, 66(2):432–441.

Chitty, K.K. & Black, B.P. 2011. *Professional nursing: concepts and challenges*. 6th Edition. Maryland Heights, MO: Saunders Elsevier.

Clark, C.M., Farnsworth, J. & Springer, P.J. 2008. Policy development for disruptive student behaviors. *Nurse Educator,* 33(6):259–262.

Condon, E. & Sharts-Hopko, N. 2010. Socialization of Japanese nursing students. *Nursing Education Research*, 31(3):167–170.

Grealish, L. & Ranse, K. 2009. An exploratory study of first year nursing students' learning in the clinical workplace. *Contemporary Nurse*, 33(1):80–92.

Hathorn, D. Machtmes, K., & Tillman, K. 2009. The lived experience of nurses working with students in the clinical environment. *The Qualitative Report,* 14(2):227–244.

Hughes, S.J. & Quinn, F.M. 2013. *Principles and practice of nurse education*. 6th Edition. Andover: Cengage Learning.

Koontz, A.M., Mallory, J.L., Burns, J.A. & Chapman, S. 2010. Staff nurses and students: the good, the bad, and the ugly. *Medsurg Nursing*, 19(4):240–246.

Lai, P.K. & Lim, P.H., 2012. Concept of professional socialization in nursing. *International e-Journal of Science, Medicine & Education*, 6(1) 31–35. http://web.imu.edu.my/ejournal/approved/7.Research_Lai_p31-35.pdf (Accessed 27 September 2014).

Lehasa, K.C. 2008. Factors influencing output in the four (4) year nurse training programme in the Free State province. MA dissertation, University of South Africa, Pretoria.

Levett-Jones, T., Lathlean, J., Higgins, I. & McMillan, M. 2009. Staff-student relationships and their impact on nursing students' belongingness and learning. *Journal of Advanced Nursing*, 65(2):316–324.

Makhubu, N. 2011. Fury at 'neglect' of pensioner, 77, at Mamelodi hospital. *Pretoria News*, 2 March, 4.

Mabuda, B.T., Potgieter, E. & Alberts, U. 2008. Students' experiences during clinical practice in the Limpopo Province. *Curationis*, 31(1):19-27.

Mellish, M., Oosthuizen, A. & Paton, F. 2010. *An introduction to the ethos of nursing*. 3rd Edition. Johannesburg: Heinemann.

Mntambo, N.S. 2009. Students' experience of clinical accompaniment in a public hospital in Gauteng province. Master's dissertation, University of South Africa, Pretoria. Available at: Unisa institutional repository. http://hdl.handle.net/10500/3897 (Accessed 12 December 2012).

Oosthuizen, M.J. 2012. The portrayal of nursing in South African newspapers: a qualitative content analysis. *African Journal of Nursing and Midwifery*, 14(1):49–62.

Pearcey, P., & Draper, P. 2008. Exploring clinical experiences: listening to students. *Nurse Education Today,* 28(5):595–601.

Price, S.L. 2011. The experience of choosing nursing as a career: narratives from millennial nurses. Doctoral thesis, University of Toronto, Toronto. https://tspace.library.utoronto.ca/bitstream/1807/31905/3/Price_Sheri_L_201111_PhD_thesis.pdf (Accessed 20 December 2012).

SANC *see* South African Nursing Council.

South Africa. 2005. *Nursing Act No 33 of 2005*. Pretoria: Government Printer.

South African Government Information. 2007. Batho Pele: putting people first. Available at: http://www.info.gov.za/aboutgovt/publicadmin/bathopele.htm (Accessed 23 July 2012).

South African Nursing Council. 1984. *Regulation relating to the scope of practice of persons who are registered or enrolled under the Nursing Act, 1978*. Regulation R.2598, in terms of the Nursing Act (Act no 50, 1978, as amended). Pretoria: Government Printer.

South African Nursing Council. 1985a. *Regulations relating to rules setting out the acts or omissions in respect of which the council may take disciplinary steps*. Regulation R.387, in terms of the Nursing Act (Act no 50, 1978, as amended). Pretoria: Government Printer.

South African Nursing Council. 1985b. *Regulations relating to the approval of and the minimum requirements for the education and training of a nurse (general, psychiatric and community) and midwife leading to registration*. Regulation R.425, in terms of the Nursing Act (Act no 50, 1978, as amended). Pretoria: Government Printer.

Tesch, R. 1990. *Qualitative research: analysis types and software Tools*. New York, NY: Falmer Press.

Waterson, E., Harms, E., Qupe, L., Maritz, J., Manning, M., Makobe, K. & Chabeli, M. 2006. Strategies to improve the performance of learners in a nursing college. *Curationis*, 29(2):66–76.