ATTRITION OF UNDER-GRADUATE MALE NURSING STUDENTS AT A PRIVATE NURSING EDUCATION INSTITUTION IN GAUTENG

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DECLARATION

By submitting this thesis electronically, I declare that the entirety of the work contained therein is my own, original work, that I am the sole author thereof (save to the extent explicitly otherwise stated), that reproduction and publication of this thesis by Stellenbosch University will not infringe any third party rights and that I have not previously in its entirety or in part submitted it for obtaining any qualification.

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ABSTRACT

The nursing profession forms the mainstay of the healthcare system in South Africa (SA). The profession needs a consistent supply of qualified nurses to deliver continuous safe quality care, as well as to replace those that leave the profession or retire from it. However, the nursing profession is losing nurses and prospective nurses during and after completion of a nursing course for a variety of reasons. Globally, the attrition rate of under-graduate male nursing students far exceeds the attrition rate of female nursing students. Despite men always having been in nursing, attrition of under-graduate male nursing students is poorly understood. No specific data is available regarding this phenomenon in SA. Therefore, understanding and exploring reasons for attrition among these male nursing students could potentially assist educators and nursing education institutions to generate and formulate strategies towards a higher throughput rate.

The aim of the study was to explore and understand the reasons for the attrition of under-graduate male nursing students at a private nursing education institution.

The objectives of this study were to:

- Explore and understand the reasons for attrition of under-graduate male nursing students at a private nursing education institution in Gauteng.
- Understand the challenges that male under-graduate nursing students encounter.
- Identify the demographic factors that contribute to the attrition of male under-graduate nursing students at a private nursing education institution in Gauteng.

A descriptive, phenomenological qualitative study design was applied. Eight semi-structured interviews were conducted by a trained interviewer in which participants shared their experiences of having been under-graduate male nursing students. An exploratory interview was completed with one of the participants. The data collected was evaluated for trustworthiness by measuring and assessing the data for credibility, conformability, dependability and transferability (Lincoln & Guba, 1985:290; Polit & Beck, 2012:175).

Ethical approval was obtained from the Health Research Ethics Committee at the Faculty of Medicine and Health Sciences, Stellenbosch University. Institutional permission was also obtained from the management of the private nursing education institution in Gauteng. Informed consent was obtained from the former male nursing students.

The data was analysed according to the five-step process as explained by Terre Blanche, Durrheim and Painter (2006:322-325). These five steps are: Step 1: Familiarisation and

immersion; Step 2: Inducing themes; Step 3: Coding; Step 4: Elaboration; and Step 5: Interpreting and checking of data.

Findings demonstrated that attrition of male under-graduate nursing students is a complex and multifactorial phenomenon that is poorly understood. Factors that contributed to their decision not to complete their studies were: academic inadequacies; attitude of students towards their studies; family (social) responsibilities; feelings of failure and regret; ill health or poor wellness; inadequate support (clinical and educational); inadequate knowledge of the programme; isolation in the workplace; long working hours and wrong career choice

The recommendations to ensure higher throughput rate were given as follows: Current selection criteria to be re-evaluated; nursing as a career for males to be promoted; academic, remedial and emotional support systems to be improved; attrition rates to be monitored annually; and exit interviews to be conducted with students so that they can verbalise their intent to discontinue their training.

The conclusion that was reached during this study was that attrition of under-graduate male nursing students is very complex and that it requires concrete systems in place to identify and assist at-risk male nursing students from discontinuing their studies.

Keywords: attrition, male nurse(s), termination, discontinuation, under-graduate and nursing.

OPSOMMING

Die verpleegberoep vorm die steunpilaar van die gesondheidsorgstelsel in Suid-Afrika (SA). Die professie benodig 'n bestendige lewering van gekwalifiseerde verpleegsters om deurlopende veilige gesondheidsorg te lewer, asook om diegene te vervang wat die professie verlaat of uittree. Die verpleegberoep verloor geregistreerde verpleegsters en voornemende verpleegsters tydens en na voltooiing van 'n verpleeg kursus vir 'n verskeidenheid van redes. Die uitvalsyfer van voorgraadse manlike verpleegstudente is wêreldwyd hoër as die uitvalsyfer van vroulike verpleegstudente. Ten spyte daarvan dat mans nog altyd in die verpleegberoep was, word die redes vir die uitvalsyfers onder hierdie manlike verpleegstudente swak verstaan. Geen spesifieke inligting is beskikbaar aangaande die hoër uitvalsyfers onder manlike verpleegstudente in SA nie. Kennis en begrip van die redes vir die uitvalsyfers onder manlike verpleegstudente kan verpleegonderwys instansies potensieel help om strategieë te formuleer wat sal lei tot hoër slaagsyfers.

Die doel van die studie was om die redes vir die hoër uitvalsyfers onder manlike verpleegstudente by 'n private verpleegonderwys instelling te ondersoek en verstaan.

Die doelwitte van hierdie studie was om:

- die redes vir die uitvalsyfer onder voorgraadse manlike verpleegstudente by 'n private verpleegonderwys instelling in Gauteng te verken en te verstaan.
- die uitdagings wat manlike voorgraadse verpleegstudente ondervind te verstaan.
- die demografiese faktore wat bydra tot die hoër uitvalsyfer onder manlike voorgraadse verpleegstudente by 'n private verpleegonderwys instelling in Gauteng te identifiseer.

'n Beskrywende, fenomenologiese kwalitatiewe studie ontwerp is toegepas. Agt semi-gestruktureerde onderhoude is deur 'n opgeleide onderhoudvoerder met die deelnemers gevoer waar hulle hul ervarings as voorgraadse manlike verpleeg studente gedeel het. 'n Voortoets is voltooi met een van die deelnemers. Die data wat ingesamel is, is ge-evalueer vir geloofwaardigheid volgens die kriteria van voldoenbaarheid, ooreenkomstigheid, betroubaarheid en oordraagbaarheid (Lincoln & Guba , 1985 : 290 ; Polit & Beck , 2012: 175).

Etiese goedkeuring is verkry van die Gesondheidsnavorsing se Etiese Komitee by die Fakulteit Geneeskunde and Gesondheidswetenskappe, Universiteit van Stellenbosch. Institusionele toestemming is ook verkry van die bestuur van die private verpleegonderwys

instelling in Gauteng. Ingeligte toestemming is verkry van die voormalige manlike verpleegstudente.

Die data is ontleed volgens die vyf-stap proses soos uiteengesit deur Terre Blanche, Durrheim en Painter (2006: 322-325). Die vyf stappe is: Stap 1: Vertroud raak en verdiep raak; Stap 2: Bevestiging van temas; Stap 3: Kodering; Stap 4: Uitbreiding en Stap 5: Interpretasie en kontrolering van data.

Bevindinge het getoon dat die hoër uitvalsyfer onder manlike voorgraadse verpleging studente 'n komplekse en multifaktoriale verskynsels is wat swak verstaan word. Faktore wat bygedra het tot die manlike verpleegstudente se besluit om nie hul studies te voltooi nie was: akademiese tekortkominge; houding van die studente ten opsigte van hul studies; familie (sosiale) verantwoordelikhede; gevoelens van mislukking en teleurstelling; siekte of swak gesondheid; onvoldoende ondersteuning (kliniese en opvoedkundig); onvoldoende kennis van die verpleegprogram; isolasie in die werkplek; lang werksure en die verkeerde beroepskeuse.

Die volgende aanbevelings om 'n hoër slaagsyfer te verseker en die voorsetting van studies te bevorder was as volg: hersiening van huidige seleksie kriteria; om verpleging as 'n loopbaan onder die manlike geslag te bemark; akademiese, remediërende en emosionele ondersteuningstelsel te verbeter; jaarlikse monitering van uitvalsyfers en 'n persoonlike uittree onderhoud met manlike verpleegstudente wat hul voornemes uitspreek om hul opleiding te staak.

Die gevolgtrekkings wat tydens die studie bereik is, het bewys dat die uitval van voorgraadse manlike verpleegstudente baie kompleks is en dat die bes moontlike strategie in plek moet wees om dié manlike verpleegstudente te identifiseer wat die gevaar loop om hulle studies te staak.

Sleutelwoorde: uitvalsyfer, manlike verpleegstudent(e), beëindiging, staking, voorgraadse en verpleging.

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AUS	Australia
P	Participant
SA	South Africa
SANC	South African Nursing Council
UK	United Kingdom
USA	United States

CHAPTER 1

FOUNDATION OF THE STUDY

1.1   INTRODUCTION

The nursing profession forms the mainstay of the healthcare system in South Africa (SA). The profession needs a consistent supply of qualified nurses to deliver continious safe quality care and replace those that leave or retire from the profession. However, the nursing profession is losing nurses and prospective nurses during and after completion of their course for several reasons such as academic, non-academic and demographic factors. The South African Nursing Council's (SANC's) statistics from its December 2014 population survey showed that the population per qualified nurse in SA was 545:1 and the ratio in Gauteng was 500:1 (SANC Statistics (c) 2014. Online). Globally, the attrition rate of under-graduate male nursing students far exceeds that of female nursing students (Dyck, Oliffe, Phinney & Garrett, 2009:649). There is no specific data available regarding attrition of under-graduate male nursing students in SA.

Data supplied by the SANC regarding the growth in total student numbers over a nine-year period from 2005 untill 2014 indicates that the numbers have increased from 27 481 to 48 619, a total increase of 21 138 (76%) (SANC Statistics (c) 2014. Online). In Gauteng the student numbers over the same period have increased from 1 645 to 2803; that is, a 41% increase (SANC Statistics (a) 2014, SANC Statistics (b) 2014. Online). According to the SANC, the total number of under-graduate male nursing students on 31 December 2014 was 1 758 versus the female nursing students at 14 415 (SANC Statistics (a) and (b) 2014. Online). Table 1.1 indicates the growth of under-graduate male nursing students in Gauteng for the period 2010 until 2014.

Table 1.1: Growth of under-graduate male nursing students in Gauteng (2010-2014)
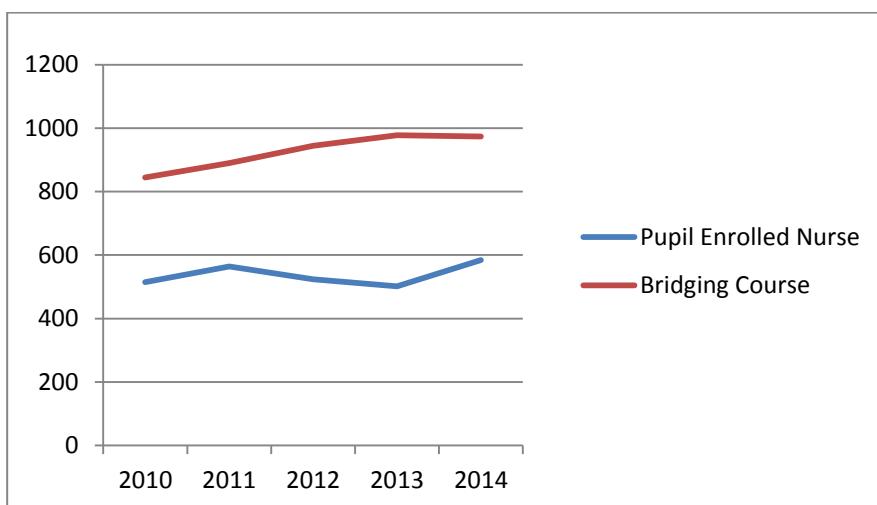
(SANC Statistics (a) 2014, SANC Statistics (b) 2014. Online).

Despite more male nursing students entering the nursing profession, attrition of male students seems to be on the increase for a variety of reasons. Attrition of under-graduate male nursing students from academic programmes is of concern in all countries, such as Australia (AUS), Europe, United States (USA), and the United Kingdom (UK), Canada and even South Africa (SA). All countries need an educated workforce (Pryjmachuk, Easton & Littlewood 2008:149).

Previous SA studies reported the attrition of under-graduate nursing students (male and female) as early as 1995 (Mashaba & Mhlongo, 1995:364-365) and this early date reappear in Wright and Maree (2007:606) and Masango (2014:721).

1.2   SIGNIFICANCE OF THE PROBLEM

Despite men always having been in nursing, attrition of under-graduate male nursing students is poorly understood (Dyck *et al.,* 2009:649). This study has been a significant endeavour in that the researcher identified and explored the reasons for attrition amongst male nursing students at a private nursing education institution in Gauteng. The information gathered in this study has been used to increase the knowledge of attrition rates and make recommendations on decreasing attrition rates among male nursing students and at the same time on improving throughput rate. All these factors could potentially increase the number of male nurses that complete their training successfully and, therefore, assist in alleviating the nursing shortage. The nursing profession needs male nurses as they could potentially provide unique perpectives and skills that are important to the profession. Male nurses are needed in a female-dominated profession as they add diversity in the work environment. The emergency unit, trauma unit, psychiatric unit and orthopaedic unit are

numbered among these environments (MacWiliams, Schmidt & Bleich, 2013:39). Some male patients in these aforementioned work environments might be more receptive towards health care being provided by a nurse of similar culture, ethinic background and gender.

1.3   RATIONALE

Globally the nursing profession is experiencing workforce shortages due to an aging population and the escalating demands for healthcare (Pitt, Powis, Levett-Jones & Hunter, 2012:903). Attrition of under-graduate male nursing students from nursing programmes is an additional international concern, as stated in Section 1.1. Numerous contributing factors make attrition multi-factorial in nature and diverse. These factors have been found as academic, non-academic and demographic factors. The contributing factors are matched by numerous financial implications. Attrition or non-completion of nursing programmes has vast financial implications, not only for nursing education institutions but also for students and their families.

Internationally, attrition rates of up to 45% have been reported. Attrition rates in Canada are between 10 and 18%; those in the UK approximately 25%; and the attrition rates in the USA are in excess of 30% (Abele, Penprase & Ternes, 2011:258) and AUS up to 25%. In the UK, higher education institutions incur financial penalties should their attrition rate be in excess of 13%. The nursing workforce is decreasing (Abele *et al.,* 2011:258) as a result of lower numbers of new enrolments of students and the attrition of students during their course. Internationally, studies regarding attrition in nursing refers to academic-, non-academic- and demographic factors that influence and contribute towards the attrition of nursing students (male and female) and the ultimate completion of their nursing programmes (Pitt *et al.,* 2012:910).

In SA, an estimated attrition rate of 40% was reported in the Nursing Strategy for SA (Department of Health: The National Strategic Plan for Nursing Education, Training and Practice. 2012:30). In 2014, attrition rates of 30% were identified in SA (SANC Statistics (d) 2014. Online), with attrition rates of female nursing students being 13% versus those of male nursing students being 17%. Student-based reasons such as inappropriate career choice, poor academic performance and personal reasons were offered as reasons for attrition and not completing a nursing programme (Mashaba & Mhlongo, 1995:372, Wright & Maree, 2007:606). Currently very few studies that specifically focus on the attrition rates of under-graduate male nurses are available in SA.

Academic factors encountered in the USA, UK and AUS that have a direct effect on student attrition include: poor results in pre-admission testing, unfavourable attributes of the student as identified by Pitt *et al.* (2012:909), English as a second language as identified by Mulholland, Anionwu, Atkins, Tappern and Franks (2008:56), cultural diversity, isolation in the clinical and educational field (Stott, 2007:331) and grade point average. Poor knowledge of anatomy and physiology has been identified by Masango (2014:725) as the main cause for attrition in under-graduate nursing students as schools inadequately prepare their learners for tertiary education.

Non-academic factors highlighted were heavy family responsibilities, an overload of internal stressors, burdensome work schedules, difficult personal reasons, and financial and health concerns (Wright & Maree, 2007:607). A student's financial status directly affects his or her risk of attrition from the nursing programme.

Demographic factors include characteristics of under-graduate male nursing students such as age and educational background as confirmed in studies conducted by Pitt *et al.* (2012:905), Pryjmachuk *et al.* (2008:149) and Urwin, Stanley, Jones, Gallagher, Wainwright and Perkins (2009:206).

The researcher in her capacity as manager of the nursing education institution in Gauteng has observed over a period of five years from 2010 until 2014, that the attrition rate of male under-graduate students has been steadily increasing from 27% in 2010 to 50% in 2014. The average attrition rate of these students over the five year period is 30%. This information generated an interest in the researcher to explore and understand the reasons for attrition of under-graduate male nursing students at the nursing education institution. By learning about current attrition rates, the researcher gained insight into issues related to attrition and explored potential methods to reduce these rates.

1.4   RESEARCH PROBLEM

As stated in the previous section a substantial number of under-graduate male nursing students at the private nursing education institution in Gauteng (2010 till 2014), SA, did not complete or discontinued their training for a variety of reasons. Globally, despite reasons for attrition being identified and published in numerous international studies, there was no specific SA research available regarding attrition of under-graduate male nursing students. Therefore, understanding and exploring reasons for attrition amongst these students might assist other SA educators and nursing education institutions to generate and formulate strategies towards a higher throughput rate.

1.5   RESEARCH QUESTION

This study was guided by the following research question:

Why do under-graduate male nursing students discontinue their studies at a private nursing education institution in Gauteng?

1.6   RESEARCH AIM

The aim of this study was to explore and understand the reasons for attrition of male nursing students in the under-graduate nursing programme at a private nursing education institution in Gauteng.

1.7   RESEARCH OBJECTIVES

The objectives of this study were to:

- Explore and understand the reasons for attrition of under-graduate male nursing students at a private nursing education institution in Gauteng.
- Understand the challenges that male under-graduate nursing students encounter.
- Identify the demographic factors that contribute to attrition of male under-graduate nursing students at a private nursing education institution in Gauteng.

1.8   CONCEPTUAL FRAMEWORK

A theoretical framework provides an outline of how the researcher plans to conduct the research (Grove, Burns & Gray, 2013:127). The theoretical framework (Figure 1.1) that was selected for use in this study was based on the theoretical foundations of cause and effect analysis (root cause analysis) that were devised by Professor Kaoru Ishikawa in the 1960's using a visual diagram known as the 'Cause and Effect' diagram (Phillips & Simmonds, 2013:18). This design was used to analyse, identify and understand possible causes for attrition of male under-graduate nursing students. An open-ended approach was used to analyse the root causes of attrition by using the 'five whys'. These are "who", "what", "when", "where" and "why". The cause and effect analysis provided the researcher with a systematic way to identify factors and causes that lead to attrition and in this way it enabled the researcher to explore and understand the cause(s) of attrition of male under-graduate nursing students. The process enabled the researcher to elicit root causes and develop solutions towards reaching a desired outcome (Phillips & Simmonds, 2013:19).

Figure 1.1: Cause and Effect Analysis: Attrition of under-graduate male nursing students
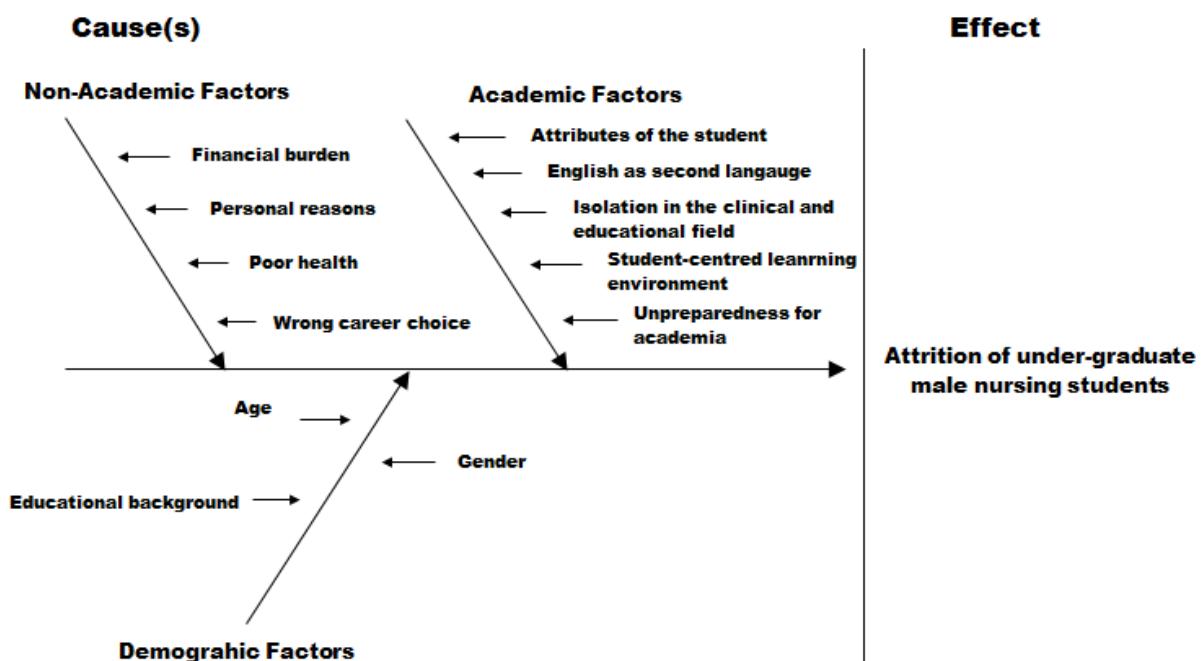
Factors that contribute to attrition have been identified by Tinto (1975:91-93; 2006:2), Masango (2014:725) and Pryjmachuk *et al.* (2008:157) are academic, non-academic factors and demo-graphic factors.

Academic factors include the following: personal academic attributes of the male nursing student (Pryjmachuk *et al.*, 2008:157; Tinto, 2006:3); unpreparedness for academia (Mashaba & Mhlongo,1995:365; Masango, 2014:725, Schreiber, Luescher-Mamashela & Moja, 2014:v); receiving education in a language other than one's mother tongue (Wright & Maree, 2007:601) and the isolation experienced by the student in the clinical and educational environment (Eick, Williamson & Heath, 2012:1299).

Non-academic factors include the following: the financial burden (Fowler & Norrie, 2009:1198; Lewis, 2010:59; McLachlan, 2010: Online); difficult personal circumstances (Mashango, 2014:725; Tinto, 1975:91-93); poor health (Van Lingen, Douwman & Wannenberg, 2011:405), and the wrong career choice (Wright & Maree, 2007:597; O'Holloran, 2009; Mashango, 2014:725).

Demographic factors include the following: age (like being an older nursing student); gender (Pryjmachuk *et al.,* 2008:157; McLachlan, 2010: Online; Pitt *et al.,* 2012:906); and an inadequate educational background (Tinto, 1975:91-93).

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1.9   RESEARCH METHODOLOGY

A descriptive phenomenological study was conducted to explore and understand reasons for attrition of under-graduate male nursing students at a private nursing education institution in Gauteng, SA.

1.9.1   Research design

The chosen design for this study suited a descriptive, phenomenological qualitative design. The phenomenological approach was used as its strength lies in its ability to examine and explore the lived experiences of these male nurses and their interpretation of these experiences (Polit & Beck, 2012:492; Willis, Sullivan-Bolyai, Knafl & Cohen, 2016:1187). The study is descriptive as it was designed to collect and gather information in a specific field: reasons for attrition. The data were described in terms of human experiences and interpretations of certain phenomena (Polit & Beck, 2012:226; Willis *et al.*, 2016:1188).

The objectivity of the researcher is important; therefore, values, feelings and perceptions of the researcher did not play a role in the research (Grove *et al.*, 2013:24).

1.9.2   Study setting

The study was conducted at a private nursing education institution based in Gauteng, SA. The participants (under-graduate male nursing students who had discontinued their nursing course(s) before the date of completion) that were involved in the study were interviewed in a quiet, comfortable setting of their choice. Alternatively, they were interviewed in a quiet, comfortable setting within the nursing education institution.

1.9.3   Population and sampling

Population

The population for this study were those SA, under-graduate male nursing students (bridging course and enrolled nursing students) who had previously registered for the nursing programme, but discontinued before completion of the course. The total number of under-graduate male nursing students that enrolled for a nursing course at the private nursing education institution in Gauteng over the previous five years (2010 till 2014) was 60, of which 18 discontinued.

Sampling

A purposive sampling technique was utilised and previously registered students from six clinical facilities within the Gauteng region were selected depending on their availability and invited to participate in the study. All training records containing information about former and current under-graduate nursing students are kept at the nursing education institution for a period of five years. Purposive sample sizes are often determined by that point in data collection where new data no longer bring additional insights to the research question. At such a point the research has reached data saturation (Grove *et al.*, 2013:365).

Two categories of previous under-graduate male nursing students were invited to participate in the study. These two categories were pupil-enrolled nurses and the bridging course students. Participants were selected according to their willingness and desire to commit their time and experiences of being an under-graduate male nursing student. Eight participants were invited for individual semi-structured interviews.

1.9.4   Inclusion criteria

Inclusion criteria are defined as all elements that the students need to possess to be included in the study (Grove *et al.,* 2013:696). Under-graduate male nursing students that had previously discontinued their training before completion of the programme at a private nursing education institution were included in the study.

1.9.5   Exclusion criteria

Exclusion criteria are defined as those criteria that a student cannot possess if he is to participate in a particular study (Grove *et al.,* 2013:694). No potential participants were excluded in the study except for those under-graduate male nursing students that could not be contacted.

1.9.6   Data collection tool

Data collection comprises the various processes that were used by a trained interviewer on behalf of the researcher to collect the data needed for the research (Grove *et al.,* 2013:45). The data collected had to correlate with the aim of the study. Therefore, data collection was a process that was carefully planned so that it could address the aim of the study (Botma, Greeff, Mulaudzi & Wright, 2010:131).

For the purpose of this study the qualitative data collection method used was semi-structured interviews, as the phenomenon that was studied was multifaceted. A semi-

structured interview guide (Appendix 4) was used by the interviewer on behalf of the researcher to gain perspectives from the former under-graduate male nursing students on issues or problems they had experienced during their training (Grove *et al.*, 2013: 66). The questions in the semi-structured interview guide were self-developed for the purpose of this study. These questions consisted of a limited number of open-ended key questions that helped define the areas to be explored and elaborated on.

1.9.7   Pilot Interview

A pilot interview is an initial, exploratory interview to determine the suitability of the interview guide prior to the commencement of the study. A pilot interview was conducted by the interviewer on behalf of the researcher in order to evaluate and test the semi-structured interview guides' methodology, appropriateness and interview time. This pilot interview was included in the main study as the same methodology had been followed (De Vos, Strydom, Fouche & Delport, 2011:352). Following the same methodology strengthened the findings of the main study.

Pre-determined, open-ended probing questions were used as a guide to engage the participant in a discussion based on the objectives of the study (De Vos *et al.,* 2011:352).

1.9.8   Trustworthiness

The data collected for this descriptive qualitative study was evaluated for trustworthiness by measuring and assessing the data for credibility, conformability, dependability and transferability (Lincoln & Guba, 1985:290; Polit & Beck, 2012:175). A suitably experienced expert and researcher with a Master's Degree in Nursing, was included in the data analysis of the semi-structured interviews to enhance trustworthiness and to avoid bias.

1.9.8.1   Credibility

Credibility refers to the findings that are believable not only for the reader, but also for the participants (Lincoln & Guba, 1985:290). Member checks were performed by the participants of this study to verify and validate the data and its interpretation. Thus, transcripts of the interviews were returned to the participants so that they could examine them for accuracy.

1.9.8.2   Conformability

Conformability refers to the objectivity of the researcher in that data that was obtained was from the participants and not influenced by the bias of the researcher (Polit & Beck, 2012:197). Field notes written by the researcher and interviewer and transcripts of the study were made available to the participants and the supervisor upon request. Therefore, the

participants and the supervisor confirmed that the factors and reasons given by the participants for discontinuing their studies as under-graduate male nursing students had been accurately transcribed.

1.9.8.3   Dependability

Dependability refers to evidence that data that was collected is believable, consistent and stable over a period of time (Polit & Beck, 2012:197). Therefore, should the study be repeated by other researchers with the same participants, similar findings will be made. In-depth methodological descriptions were provided for future researchers in this way enabling them to repeat the study and achieve similar results. Dependability was verified by the researcher and the supervisor by means of conducting an audit. During the audit the processes and procedures was reviewed by the researcher and the supervisor to determine whether they were acceptable. Consistency of data collected was thus verified as well as research methods and analysis of transcripts.

1.9.8.4   Transferability

Transferability refers to the extent to which the study findings can be applied to similar settings and contexts or to other participants (Lincoln & Guba, 1985:290). A strategy that was applied to ensure transferability of this study was purposive sampling with sufficient thick descriptions of the data and data saturation. Detailed, descriptive information of the data obtained in the study about the reason for attrition has been made available to other researchers, in this way enabling them to compare and assess to which extent they could apply the findings to similar or new settings.

1.9.9   Data collection

The former under-graduate male nursing students in this study were invited for individual, semi-structured interviews on a given date and at a time that all parties could agree to. All participants had been interviewed by a trained interviewer as the researcher is the manager of the private nursing education institution. The participants were given the option to choose a venue suitable for them to be interviewed in. Alternatively, the boardroom of the nursing education institution was made available, as it is a setting that is known to all the participants. All participants in the study were requested to sign consent to partake in the study as well as for the interview to be recorded. Initial guiding questions were asked to encourage participants to describe and discuss their experiences in a non-threatening way (See Appendix 4). During the individual semi-structured interview, a series of probing questions was asked to gain more information and reduce anxiety for the interviewer and the eight participants. The interviews lasted between forty-five minutes and one hour. Interviews

were recorded and then typed verbatim. The researcher wrote field notes immediately after listening to each recorded interview. Participants were requested to validate the content of the transcripts through member checking. For this reason transcripts were returned to the participants to check the content for accuracy and as evidence that the researcher had captured the participants' articulations accurately. The transcripts of the interviews were coded to ensure that the participants' identity was protected.

1.9.10 Data analysis

Thematic analysis was the chosen method for the data analysis. Analysis took place concurrently with data collection in order that the transcripts could be examined (Grove *et al.*, 2013: 66). Interview transcripts, field notes and observations made by the researcher provided a descriptive account of the study but not the explanation for the findings. During the first stage (note steps described below), the researcher read through each transcript and made notes in the margins using words or short phrases that summarised what was written in the text. During the second stage (note steps described below), the researcher collected all the words and phrases from the interviews and looked for overlapping, similar themes. Themes were identified by colour coding words, ideas and nuances that appeared to be connected on each transcript. These were reduced further and refined by grouping similar themes together.

The following steps, as proposed by Terre Blanche, Durrheim and Painter (2006:322), were followed to analyse the data collected:

Step 1: Familiarisation and immersion. Transcripts of the participants were read as the researcher was listening and re-listening to the recordings of the interviews. This allowed the researcher to become immersed in the data captured on the transcripts and gave the researcher a deeper sense of the 'natural meaning units' of the participants.

Step 2: Inducing themes. As the researcher read through the transcripts, themes were identified based on the participants' words/ideas, language and expressions. These themes represent the essence of the participants' meaning units and were colour coded and noted in the right margin of the transcripts.

Step 3: Coding. The researcher carefully read through each transcript, line by line, and assigned a code or theme that described what was interpreted in the passage or paragraph as important. These codes are called inductive codes. The researcher created a spreadsheet and transferred these codes and themes from each transcript to assist with the analysis of the data.

Step 4: Elaboration. This was the process during which the researcher carefully compared sections of text that appeared to belong together and revised the initial coding system to capture themes more elaborately. The first two transcripts were coded by using predetermined (a priori) codes that were identified from the literature. Subsequent transcripts revealed emergent codes. The a priori codes as well as the emergent codes were applied to all transcripts (including the first two transcripts). Codes were grouped together into clearly defined categories. Coding was finalised when the last transcript was coded.

Step 5: Interpretation and checking. The researcher collected all the words and phrases from the interviews and looked for overlapping, similar themes. Themes were identified by colour coding words, ideas and nuances that appeared to be connected on each transcript. Codes and similar themes were refined, reduced further, and then grouped together. Each code was given an assigned number for easy identification and written directly onto the transcripts before the data was transferred to the spreadsheet for quick reference. This was a time-consuming process as it involved compiling of the gathered information for interpretation and checking that appropriate and justified interpretations had been made.

1.10   ETHICAL CONSIDERATIONS

The researcher obtained ethical approval for the study from the Health Research Ethics Committee of Stellenbosch University (Appendix 1), the Employee Relations Manager (Appendix 2) and the Nursing Education Manager (Appendix 2) of the private nursing education institution in Gauteng.

In this study the following ethical principles were applied: the right to self-determination, beneficence and justice (Botma *et al.,* 2010:3). These rights are embedded in the Constitution as human rights and were protected by the researcher.

1.10.1 Right to self-determination

All the former under-graduate male nursing students that were approached for inclusion in the research were provided with an information sheet (Appendix 3), explaining the purpose and nature of the research. Informed consent (written and verbal) for taking part in the study as well as for the recording of the interview was obtained from all participants. Consent was given voluntarily; therefore participants were given the right to withdraw should they wish to do so.

1.10.2 Right to confidentiality and anonymity

Confidentiality and privacy of participants' information was maintained; therefore, no personal information concerning the participants was made available. Each participant's recording and transcript of the interview was provided with a code and was password protected. These recordings, transcripts of the interviews and names of participants are kept in a locked cabinet and will be destroyed after a waiting period of five years. The researcher is the only person with access to the locked cabinet.

1.10.3 Right to protection from discomfort and harm

The researcher ensured that the participants had access to the outcome of the research by providing each participant with an electronic copy of the research report. A copy of the research report was sent to the relevant contact person of each clinical facility. Furthermore, the study was conducted in English, as this is the language of choice for all learning activities at the private nursing education institution.

This research was non-experimental in nature. Therefore, there were no risks involved for the participants. However, should any of the participants have experienced any distress due to the nature of the probing questions being asked, they could have withdrawn or be referred to an experienced counsellor afterwards. None of the participants showed signs of distress or became distressed during the course of the interview.

1.11   OPERATIONAL DEFINITIONS

Attrition

Attrition is defined as the number of nursing students that commence with a nursing programme minus those that depart from the educational programme without successful completion of the course (Mashaba & Brink, 1994:190; Stott, 2007:326). Attrition can be an involuntary (failure to meet the academic requirements) or voluntary (self-termination for personal non-academic or reasons) decision of the student. Attrition affects not only nursing colleges and students but also work-based institutions and business owners.

Under-graduate male nursing student

This is a person registered in a category under section 31(1) in order to practise nursing or midwifery in terms of the Nursing Act, No 33 of 2005. In this study, "under-graduate male nursing student" is used as a general term to include bridging course students (R.683) and enrolled nursing (R.2175) students.

1.12   DURATION OF THE STUDY

The duration of this study was 1 year.

1.13   CHAPTER OUTLINE

Chapter 1:   Foundation of the study

The following topics were covered in this chapter: the research question, the aims and objectives of the study, the conceptual framework, research methodology, operational definitions and duration of the study.

Chapter 2:   Literature review

In this chapter the background literature on reasons for attrition was discussed.

Chapter 3:   Research methodology

In this chapter the research methodology is described in depth.

Chapter 4:   Data analysis and interpretation

This chapter provides in-depth discussions and results obtained from the study.

Chapter 5:   Discussion, conclusions and recommendations

In this chapter the limitations, conclusions and recommendations are discussed on the basis of the findings of the study.

1.14   SIGNIFICANCE OF THE STUDY

This study should assist the private nursing education institution to explore, understand and identify factors that contribute to attrition of male under-graduate nursing students, as its findings contribute to an area of limited research in SA. The data and information that were collected will be used to make recommendations that might assist in decreasing the attrition rates of male under-graduate nursing students in the future. The outcomes of the research will be published in an accredited journal after being peer reviewed.

1.15   CONCLUSION

Attrition of under-graduate male nursing students is multi-factorial and poorly understood. Therefore, there was a need to explore, understand and identify factors specific to SA that contribute to attrition. The development of retention strategies and programmes are needed to assist in minimising high attrition rates of under-graduate male nursing students.

CHAPTER 2
LITERATURE REVIEW

2.1   INTRODUCTION

In Chapter 2, literature from both international and SA sources was reviewed with regard to the topic of attrition of under-graduate male nursing. According to Grove *et al.*, (2013:97-98), a literature review is an organised written presentation of what has been published on a particular topic or phenomenon to examine what is known or to identify gaps in knowledge. The purpose of a literature review is therefore to identify and compare earlier studies (Mouton, 2001:87). The main aim of this literature review was to identify factors that influenced and contributed to the attrition of male nursing students. "Attrition rate of students" (and, in this case, specifically under-graduate male nursing students) can be calculated by taking the number of students that commenced a course and removing from the number those that completed the course or an academic year successfully.

Despite the fact that the number of males that enter the nursing profession has increased, nursing remains a predominantly female occupation (Meadus & Twomey, 2011:269). It is a well-known and well documented fact that over the last few decades, globally nursing is experiencing workforce shortages due to the escalating demands for healthcare and an aging population (Pitt *et al.*, 2012:903). Educational institutions are losing nurses and prospective nurses from the profession for a variety of reasons during their course. The attrition rate of male nursing students far exceeds that of female nursing students.

2.2   SELECTING AND REVIEWING THE LITERATURE

This literature review covered studies published from 2006 till 2016 in various databases such as CINHL, Pubmed, Google Scholar and EBSCOhost as well as one specific article from 1995. This article was specifically included for its historical value as it illustrates that concerns regarding attrition exists and that very few studies or research in this area of study has been conducted in SA. Key words that were used to obtain articles on the various databases included words such as "male nursing students", "nursing students", "attrition", "academic performance", "English as second language", "dropout", "career choice" and "termination". A preliminary literature review was conducted by the researcher prior to the study in order to collect background information regarding the topic of attrition of under-graduate male nursing students. On completion of the data analysis, the in-depth literature review was conducted. Over the years different words in the English language have been used to describe the fact that students discontinue or leave courses without completing the

course. These words include "wastage", "discontinuation " to "drop-out" and the currently favoured word "attrition".

2.3   INTERNATIONAL TRENDS IN THE ATTRITION OF UNDER-GRADUATE MALE NURSING STUDENTS

Internationally, attrition rates of up to 45% has been reported with attrition rates in Canada of approximately 10% to 18%, United Kingdom (UK) approximately 25%, United states of America (USA) in excess of 30% (Abele *et al.*, 2011:258) and Australia (AUS) up to 25%. The nursing workforce is decreasing (Abele *et al.,* 2011:258) as a result of lower numbers of new enrolments of students and the attrition of students during their course. Internationally, research regarding attrition refers to academic, non-academic and demographic factors that influence and contribute to the attrition of nursing students (male and female) and the ultimate completion of nursing programmes (Pitt *et al.,* 2012:910).

In AUS, evidence suggests that male attrition rates are significantly higher despite an increase in the number of males that enter nursing as a career (Stott, 2004:91. Pitt *et al.* (2012:910) identified four categories that influence students' academic performance and attrition: demographic (age, gender, ethnicity, employment status), academic (admission qualifications), cognitive and behavioural factors. According to Pitt *et al.* (2012:903), previous studies and research that have been conducted have focused primarily on the retention of students rather than reasons for the attrition of students. Stott (2007:331) states that nurse educators wrongfully isolate and exclude male students in the educational and clinical setting; therefore under-graduate male nursing students struggle to remain in nursing. Pitt *et al.* (2012:905) found that younger male students were more likely to discontinue their studies. According to research conducted by Stott (2004:96), male nursing students reported that nursing courses were academically far more challenging than what they had expected. Pitt *et al.* (2012:910) reported that students who sought support in the academic and clinical field were less likely to withdraw from the nursing programme.

According to Urwin, Stanley, Jones, Gallagher, Wainwright and Perkins (2009:206) and Pryjmachuk *et al.* (2008:151), nursing student attrition in the UK is a complex, complicated phenomenon that causes concern. This attrition of nursing students is influenced by factors that range from personal problems, financial burdens and emotionally distressed responses to academic difficulties. All these factors are confirmed by Pryjmachuk *et al.* (2008:150) and Mulholland *et al.* (2008:49) who state that attrition, whether it is for personal reasons or for not meeting the required academic standards, impacts financially on the targets set in the health and social care fields. Higher education institutions in the UK incur financial penalties

should their attrition rates be in excess of 13%. Pryjmachuk *et al.* (2008:149) confirmed that students with higher-level qualifications and older students were more likely to complete a nursing programme as opposed to younger students and students with minimum educational qualifications on entry. The workload, time management and unrealistic expectations regarding the study of nursing are cited by O'Donnell (2011:55) as reasons for attrition. Consequently, students become disillusioned when they realise that their image of what nursing is and what nursing does do not match. This realisation often motivates voluntary withdrawal from the nursing programme. English as a second language is also a contributing factor to attrition rates in the UK.

Literature from the USA confirms that attrition is not unique to the USA, with rates of over 30% reported internationally (Abele *et al.*, 2011:258). The nursing workforce in the USA is decreasing, as enrolment of students into the nursing programmes is too low in numbers and low numbers are worsened by the attrition of students during a course. Stickney (2006:422) states that attrition factors that were identified in the USA can be grouped into three categories: personal and demographic (perceptions of nursing, motivation, self-concept and stress), environmental (number of hours worked, support services avalable and child care arrangmens) and academic (level of previous education, test scores, method of high school completion). Abele *et al.* (2011:258), however, state that student nurses discontinoue their studies for a variety of reasons ranging from academics, financial difficulty, health problems, family commitments, and lack of support within the programme. In addition to the aforementioned factors Abele *et al.* (2011:259) and MacWilliams *et al.* (2013:41) reported that the students in their studies who sought academic and clinical support from their nurse educators were more likely to successfully complete their programme. According to MacWilliams *et al.* (2013:41), males verbalised that they often experience role strain, loneliness and isolation because they are men in a predominantly female environment.

In Canada the enrolment of men into nursing has been slow despite women entering previously male-dominated professions (Meadus & Twomey, 2011:269). The attrition rates of male nursing students exceed female student rates, as many male students experience nursing schools as places where gender plays a significant role; the misconception also exists that male nurses are gay (Dyck *et al.,* 2009:649). Educational experiences of male students are significantly different from those of female students in that male students are more willing to take part in discussions and to challenge educators as opposed to their female counterparts. Most of the studies conducted in Canada focused primarily on the educational experiences of undergraduate male nursing students during their training. Meadus and Twomey (2011:277) advise that nurse educators should provide a gender-

neutral environment for all students, re-evaluate their teaching strategies, and that nursing education should promote retaining and attracting of men in nursing programmes.

2.4   SOUTH AFRICAN TRENDS IN THE ATTRITION OF UNDER-GRADUATE MALE NURSING STUDENTS

According to the SANC, student attrition, especially in the first year of studies, historically varies from 15% to 50% in different educational institutions in SA (Mashaba & Mhlongo, 1995:364). An estimated attrition rate of 40% has been reported in the Nursing Strategy for SA (Department of Health: The National Strategic Plan for Nursing Education, Training and Practice, 2012:30). In 2014, attrition rates of 30% were identified in SA (SANC Statistics (d) 2014. Online), with attrition rates of female nursing students being 13% versus those of male nursing students being 17%.

Attrition has financial implications not only for the student and the nursing profession, but also for the taxpayer who financially support an unsuccessful academic undertaking Masango, 2014:721). These students and their families also suffer in terms of a damaged self-image when they discontinue or abandon their studies. For students to be successful in both the theoretical and practical component of the nursing course, they draw on their own undefined inner strengths towards completion (Wright & Maree, 2007:597). In SA however, students appear to abandon courses for a variety of reasons ranging from academic failure, ill health, substance abuse, absenteeism and challenges of clinical placement, according to Masango (2014:721). Student-based such as inappropriate career choice, poor academic performance and personal reasons were offered as reasons for attrition and not completing their nursing programme (Mashaba & Mhlongo, 1995:372, Wright & Maree, 2007:606). Conversely, Wright and Maree (2007:606) state that due to misconceptions regarding the academic load during the first two years of training, more than half of the students at educational institutions do not complete their training. Language seems to be another obstacle for most of the students in SA as English is not the mother tongue of the majority of students but it is used as the primary teaching medium.

Wright and Maree's (2007) study excludes institution related factors whereas the earlier studies of Mashaba and Mhlongo (1995:372) and Manzini (1998:283) confirm that both student and institutional support (nature of the programme, perceived non-support from academic and non-academic staff and the learning environment) play a role in student attrition rates. Currently very few studies specifically focus on the attrition rates of under-graduate male nurses in SA.

2.5   FACTORS IDENTIFIED THAT INFLUENCE AND CONRIBUTE TOWARDS ATTRITION

Researchers in AUS, Canada, UK, USA and SA identified the following areas of concern in the literature as confirmed by Eick *et al.* (2012:1299) in their systematic review. Attrition from nursing programmes is an internationally recognised issue. Attrition is caused by multiple factors.

Furthermore, the following factors were identified in the literature – namely academic, non-academic and demographic factors as these factors influence and contribute to the attrition of nursing students (male and female) and the ultimate completion of nursing programmes (Pitt *et al.,* 2012:910).

2.5.1   ACADEMIC FACTORS

Academic factors encountered in the USA, UK and AUS that had a direct effect on student attrition include: poor results in pre-admission testing, unfavourable attributes of the student as identified by Pitt *et al.* (2012:909), English as a second language as identified by Mulholland *et al.* (2008:56), negative influence of culturally diverse backgrounds within the classroom, isolation in the clinical and educational field (Stott, 2007:331) and grade point average.

Unpreparedness for academia

Research conducted by Stott (2004:96) and O'Donnell (2011:54) confirms that some of the under-graduate male nursing students are unprepared for the academic challenges of nursing courses. Students who enter the nursing course with better academic qualifications prior to admission for the course could potentially perform better academically within the nursing programme (Pitt *et al.* 2012:909). Many students have misconceptions regarding the depth of academic knowledge required for the nursing course, the responsibilities of a nurse and nursing as a profession upon entering nursing courses (Wright & Maree, 2007:597).

Academic failure in life sciences (that is, anatomy and physiology at first-year level) was identified by Masango (2014:725) as the main cause of attrition. Anatomy and physiology have been identified as the main cause of attrition in under-graduate nursing students whose schools inadequately prepared them for tertiary education (Masango, 2014:725). Pryjmachuk *et al.* (2008:158) suggest that not only should students receive academic support in mathematics and science, but also in English if they are English-second-language speakers.

Student centred learning environment

According to Stott (2007:331) under-graduate male nursing students are frequently wrongfully isolated by nurse educators in the educational and clinical setting; therefore, they struggled to remain in nursing. Stott (2007:331) recommends that nurse educators should foster a learning environment that focuses on problem solving and mastery of technical skills to reduce the attrition of under-graduate male nursing students.

Isolation in the clinical and educational field

Pryjmachuk *et al.* (2008:150) maintain that clinical placement is often identified as a contributing factor to the attrition of these male nursing students, as they experience negative and hostile attitudes from the female nurses. According to Pryjmachuk *et al.* (2008:151), the hostile and negative attitudes of professional nurses towards students during their clinical placement have been identified as a factor influencing student attrition.

Male nursing students recognise that nursing is a caring profession dominated by female nurses and would therefore benefit extensively from having men as role models, available not only in the clinical environment but also in the educational environment (Stott, 2007:329).

2.5.2 NON-ACADEMIC FACTORS

Non-academic factors highlighted are those of family responsibilities, internal stressors, burdensome work schedules, personal reasons, financial and health concerns (Wright & Maree, 2007:607).

Family responsibilities

Personal reasons (for male and female nursing students) is cited by Wright & Maree (2007:604) to include aspects such as lack of motivation, the number of hours worked, child care arrangements, an unpredictable family crises or pregnancy.

Financial burden

Financial reasons can also range from lack of finances to the sudden death of a partner with subsequent loss of income due to the loss of such partner (Wright & Maree, 2007:604). A student's financial status directly affects his or her risk of attrition from the nursing programme.

Poor health

Poor health was also identified by Wright and Maree (2007:604) and confirmed by Masango (2014:725) as the second most common cause for attrition of students.

Wrong career choice

For most of the male nursing students their perceptions of what nursing is versus what nurses does differ vastly. Most of the male nursing students entered the course for altruistic or philanthropic reasons, as all they wanted to do was to take care of people (Wright & Maree, 2007:603). Many students enter the nursing educational institution with unrealistic views of what nursing is. When confronted with the reality, they discontinue their studies as they realise they have made the wrong career choice (Wright & Maree, 2007:603).

According to O'Donnell (2011:55), when the expectations of students do not match their image of nursing, this reality leads to personal disillusionment and subsequent withdrawal from or discontinuation of their studies.

The decisive moment for nursing students comes when they are allocated to the clinical field and realise that nursing was the incorrect career choice. Discontinuation of their studies follows soon after (Masango, 2014:727).

2.5.3 DEMOGRAPHIC FACTORS

Demographic factors include characteristics of under-graduate male nursing students such as age and educational background as confirmed in studies conducted by Pitt, *et al.* (2012:905), Pryjmachuk *et al.* (2008:149) and Urwin *et al.* (2009:206).

Age

Younger students are more likely to discontinue their studies in the nursing profession than older students, who performed better academically for the duration of their studies (Pitt *et al.* 2012:905). Pitt, *et al.* (2012:905) state in their research that male nursing students younger than 25 years of age are more likely to discontinue their studies as some tend to be immature and irresponsible.

Educational background

For first-generation nursing students the newness of the culture of education will be starker since their exposure to the language and rituals of education have been limited. First-generation nursing students are also at a higher risk of attrition as their parents or guardians

have not attended any educational institution for further training. Therefore, these students tend not to receive educational support from their parents (Mashaba & Mhlongo, 1995:372). Outreach programmes from nursing education institutions and induction programmes into the culture of education may be of great help.

Recommendations from a study conducted by Cooley (2008:593) indicate that careful consideration should be given to students' motivation to study further and the impact studies will have on their personal and work lives. This study also implores educators to offer support and to facilitate solutions on how the students could overcome these barriers. These recommendations have been confirmed in studies conducted by Pitt *et al.* (2012:909).

2.6   SUMMARY

In Chapter 2, the existing literature regarding the phenomenon of attrition of under-graduate male nursing students was discussed. Reviewing the literature enabled the researcher to identify International and SA trends, as well as factors that influence and contribute to the attrition of male nursing students.

Attrition is an international issue that is of great concern in many parts of the developed world such as AUS, Europe, US, UK, Canada and even in a developing country such as SA according to Pryjmachuk *et al.* (2008:149).

Attrition is a universal problem with no easy solution to address the problem. Each student has unique, complex and/or individual reasons that contribute towards his attrition. (Pryjmachuk *et al.*, 2008:151).

Attrition is a significant and costly problem, not only for the nursing profession but also for the taxpayer (Masango, 2014:721).

The descriptive phenomenological methodology of this study will be described in Chapter 3.

2.7   CONCLUSION

The question that comes to mind is as follows: Why do nursing students discontinue their studies? Do all nursing students face the same challenges? Should students be selected more effectively by looking for those attitudes, behaviours, knowledge and skills that make them suitable candidates for nursing?

In conclusion, it can be said that the high attrition rate of under-graduate male nursing students continues to be of concern as it contributes to the worldwide nursing shortage.

CHAPTER 3
RESEARCH METHODOLOGY

3.1   INTRODUCTION

In Chapter 2, the existing literature regarding the phenomenon of attrition of under-graduate male nursing students was discussed. Reviewing the literature enabled the researcher to identify trends (International and SA) as well as factors that have influenced and continue to influence the attrition of male nursing students.

In Chapter 3, the methodology of the study is described, including the aims and objectives of the study, an explanation of the study design, key definitions, a description of the study population, the sample size, the semi-structured interview guide, data collection strategy, analysis of the data and measures for rigour.

3.2   AIM AND OBJECTIVES

The aim of this study was to explore the reasons for attrition of male nursing students in the under-graduate nursing programme at a private nursing education institution in Gauteng.

The objectives of this study were to:

- Explore the reasons for attrition of under-graduate male nursing students at a private nursing education institution in Gauteng.
- Understand the challenges that male under-graduate nursing students encounter.
- Identify the demographic factors that contribute to the attrition of male under-graduate nursing students at a private nursing education institution in Gauteng.

3.3   STUDY SETTING

The study was conducted at a private nursing education institution based in Gauteng, SA. Two under-graduate nursing courses are offered at the private nursing education institution namely the bridging course and the course for pupil enrolled nurses. The duration of both of these courses is two academic years.

A bridging course student is a student that is an enrolled nurse with the SANC for the course leading to registration as a general nurse (R.683).

A pupil enrolled nursing student is a student that is enrolled with the SANC for the course leading to registration as a nurse (R.2175).

All the participants (under-graduate male nursing students who had discontinued their nursing course(s) before date of completion) that were involved in the study were interviewed in a quiet, comfortable, naturalistic setting of their choice.

Seven of the participants chose to be interviewed within the nursing education institution, as this was an environment familiar to them and easily accessible. One candidate chose to be interviewed in a quiet venue within the clinical facility where he is currently permanently employed. All participants were offered refreshments of their choice.

3.4   RESEARCH DESIGN

The chosen design for this study was that of a descriptive, phenomenological qualitative design. The phenomenological approach was used as its strength lies in its ability to examine and explore the lived experiences of these male nurses and their interpretation of their experiences. (Polit & Beck, 2012:492; Willis *et al.*, 2016:1187). The study was descriptive, as it was designed to depict the experiences of the participants accurately. The data were described in terms of human experiences and interpretations of certain phenomena (Polit & Beck, 2012:226; Willis *et al.*, 2016:1188). The descriptive research design helped the researcher to provide answers to the open-ended key questions of "who", "what", "when", "where", and "why" associated with this particular study.

3.5   POPULATION AND SAMPLING

Population

Population is the sum total of participants that are of interest to the researcher and that meet the criteria of the study (Polit & Beck, 2012:273). The population for this study were those South African, under-graduate male nursing students (bridging course and enrolled nursing students) who had previously registered for the programme but discontinued before completion of the course since from 2010 onwards. A bridging course student is a student that is an enrolled nurse with the SANC, in terms of section 45(1) of the Nursing Act, 1978 (Act No. 50/1978) for the course leading to registration as a general nurse (R.683). An enrolled nursing student is a pupil that is enrolled with the SANC, in terms of section 45 (1) of the Nursing Act, 1978 (Act No. 50 of 1978) for the course leading to registration as a nurse. The population for this study was diverse in that they came from different social-, ethnic-, cultural- and economic backgrounds. The total number of under-graduate male nursing students that enrolled for either of the nursing courses at the private nursing education institution in Gauteng during the five year period of 2010 till 2014 was 60, of which 18 discontinued their studies.

Sampling

Sampling is the process of selecting a group of participants from the population that meets the criteria of the study (Polit & Beck, 2012:275). A purposive sampling technique was utilised and previously registered students from six clinical facilities within the Gauteng region were contacted and invited to participate in the study, depending on availability. All training records containing information of former and current under-graduate nursing students are kept at the nursing education institution for a period of five years, thus enabling the researcher to make contact with the participants. Purposive sample sizes are often determined by that point in data collection where new data no longer brings additional insights into to the research question. We call that point "data saturation" (Grove *et al.*, 2013:365). Data saturation was reached by the sixth interview as no new information was heard by the researcher and the same information was repeatedly reported by the participants. Two more interviews were conducted to confirm data saturation.

Two categories of previous under-graduate male nursing students were invited to participate in the study: pupil-enrolled nurses and bridging course students. Participants were selected according to their willingness and desire to commit their time to the interview and share their experiences of being an under-graduate male nursing student. Eleven participants, including the exploratory interview of the pilot interview participant, were contacted telephonically and invited for individual semi-structured interviews. The purpose of the research was explained to them. Two of the potential participants had relocated to another province and could therefore not be interviewed.

3.5.1 Inclusion criteria

Inclusion criteria are defined as all elements that the students need to possess to be included in the study (Grove *et al.,* 2013:696). Under-graduate male nursing students that had discontinued their training before completion of the programme at a private nursing education institution since 2010 were included in this study.

3.5.2 Exclusion criteria

Exclusion criteria are defined as those criteria that a student may not possess and that prevent the student from being a member of in a sample (Grove *et al.,* 2013:694). No potential participants were excluded in the study except seven of these male nursing students that could not be contacted as their contact details were not up to date.

3.6   SEMI-STRUCTURED INTERVIEW GUIDE

Data collection is the various processes that are used by a researcher to collect the data needed for the research (Grove *et al.,* 2013:45). The data collected correlates with the aim of the study; therefore data collection was a planned process for addressing the aim and objectives of the study (Botma *et al.*, 2010:131).

For the purpose of this study the qualitative data collection method that was used was semi-structured interviews, as the phenomena that were studied was multifaceted. Face-to-face interviews of between 45 minutes to 60 minutes were conducted by an experienced interviewer between March 2016 and April 2016. The interviewer is in possession of a Master's degree in Nursing and is pursuing her Doctorate in Nursing. The interviewer is a trained interviewer that used her skills as an interviewer for both her Masters and Doctoral studies. A semi-structured interview guide (Appendix 4) was used by the interviewer on behalf of the researcher to gain perspectives from the former under-graduate male nursing students regarding issues or problems they experienced during their training (Grove *et al.*, 2013: 66). The questions in the semi-structured interview guide were self-developed with due consideration of the aim and the objectives of the study. Individual interviews were conducted that enabled the interviewer to capture as complete as possible understanding of these male nursing students' experiences as possible on behalf of the researcher. The semi-structured interviews consisted of a limited number of open-ended key questions that helped define the areas to be explored and elaborated on.

The interviewer commenced the semi-structured interview by introducing herself and offering the participants some refreshments. The interviewer spent a little time getting to know the participant in order to put them at ease. The purpose of the interview was briefly discussed and verbal consent was obtained and written consent was confirmed. The approximate length (45 – 60 minutes) of the interview was confirmed. The interviewer asked the participants a few basic questions; for example, "Was it easy to find the venue?" These basic questions was followed up with open-ended questions such as "Thinking about your course, what did you think the course would be like?" The sequence of the questions as set out in the semi-structured interview guide (Appendix 4) was not the same for every participant, as the sequence depended on the process of the interview as well as each participant's responses.

The semi-structured interview guide, however, ensured that the interviewer referred back to the aims and objectives of the study. Participants were assured that they could seek clarification should they not understand the questions asked. Probing questions such as "Help me to understand what you mean when you say *"term or phrase?"* "You mentioned

"*term*" or "*phrase*"… "Can you tell me a little bit more about this?" were used by the interviewer to ensure reliability of the data and to clarify interesting statements and relevant issues raised by the participants.

The interviews were recorded; therefore, informed consent and verbal consent were obtained for conducting the recordings. These recordings and the transcripts they generated were stored by the researcher in a locked cabinet to ensure that the participants' privacy and confidentiality were maintained. Only the researcher had and has access to the recordings and the transcripts of the interviews. All transcripts and recordings have been password protected.

3.7   PILOT INTERVIEW

A pilot interview is an initial, exploratory interview to determine the suitability of the interview guide prior to the commencement of the study. One pilot interview was conducted on behalf of the researcher by a trained interviewer in order to evaluate and test the semi-structured interview guide for the methodology, the appropriateness and the interview time needed. The questions on the semi-structured interview guide were clear and understandable in order to meet the aims and objectives of the study. The pilot interview was conducted early in March 2016, prior to conducting the remainder of the semi-structured interviews. This pilot interview was included in the main study (De Vos *et al.*, 2011:352).

As discussed earlier, pre-determined, open-ended probing key questions were used as a guide to engage the participant in a discussion based on the aims and objectives of the study (De Vos *et al.,* 2011:352). No changes were made to the questions on the semi-structured guide after conducting the pilot interview, however, the order of the questions varied from participant to participant depending on the flow of the interview.

3.8   TRUSTWORTHINESS

The data collected for this descriptive qualitative study was evaluated for trustworthiness by measuring and assessing the data for credibility, conformability, dependability and transferability (Lincoln & Guba, 1985:290; Polit & Beck, 2012:175). The objectivity of the researcher is important; therefore, values, feelings and perceptions of the researcher did not play a role in the research (Grove *et al.*, 2013:24). Considering the objectivity of the researcher is also known as "bracketing" (Polit & Beck, 2012:589). An expert in possession of a Master's Degree in Nursing and was included in the data analysis of the semi-structured interviews to enhance trustworthiness and to avoid bias. According to Terre Blanche *et al.,*

(2006:326) it is important to involve people who are familiar with your work environment and your field of study, as they may be able to provide fresh perspectives on the topic.

3.8.1   Credibility

Credibility refers to the believability of the findings not only for the reader but also for the participants (Lincoln & Guba, 1985:290). Member checks were performed by the participants of this study to verify and validate the accuracy of the data captured on the transcript. The participants were contacted telephonically and a date and time convenient for each participant was selected and confirmed. Each participant of the study was asked to carefully read through his transcript in order to verify that his statements had been captured accurately. Thus, transcripts of the interviews were returned to the participants so that they could examine them for accuracy, to validate or refute the content of the transcript or its interpretation.

3.8.2   Transferability

Transferability refers to the extent to which the study findings can be applied to similar settings and contexts or with other participants (Lincoln & Guba, 1985:290). Strategies that were applied to ensure transferability of this study were the detailed description of the participants selected, with sufficient thick descriptions of the data and data saturation. Detailed, descriptive information based on the data obtained in the study about the reasons for attrition will be made available to other researchers, thus enabling them to compare and assess to what extent they can apply the findings to similar settings and new settings.

3.8.3   Dependability

Dependability refers to evidence that the data that was collected is believable, consistent and stable over a period of time (Polit & Beck, 2012:197). Therefore, should other researchers repeat the study with the same participants, similar findings would be produced. In-depth methodological descriptions were provided for future researchers; in this way researchers were enabled to repeat the study and achieve similar results. Dependability was verified by the researcher and the supervisor by means of conducting an audit trail. An audit trail is a transparent in-depth description of the study from the process of data collection, analysis and reduction of the data to the presentation of the findings. During the audit trail the processes and procedures were reviewed by the researcher and supervisor to determine whether the correct research processes were followed. Consistency of data collected regarding attrition of male nursing students was thus verified as well as the research methods and thematic analysis of the transcripts.

3.8.4   Conformability

Conformability refers to the objectivity of the researcher in that the data that was obtained was from the participants and not influenced by the bias of the researcher (Polit & Beck, 2012:197). Field notes was made by the interviewer immediately after each interview to capture what was observed during the interview such as attitude, gestures and the mood of the participant. These field notes and transcripts of the study were made available to the participants and the research supervisor upon request. Therefore, the participants and the supervisor confirmed that the factors and reasons given for discontinuing their studies as under-graduate male nursing students were accurate.

3.9   DATA COLLECTION

Data collection refers to the systematic gathering of information by means of spoken words and non-verbal communication during the interview (Grove *et al.,* 2013:271). For the purpose of meeting the aims and objectives of this study, all the participants in this study were interviewed face to face in order to explore reasons for attrition among male nursing students.

The former under-graduate male nursing students in this study were contacted telephonically and invited for individual, semi-structured interviews on a given date and time as agreed by all parties involved. The researcher explained the reason for the research to each participant and verbal consent was obtained telephonically. This consent was obtained in English, as this was the language of instruction at the nursing education institution. Written consent was obtained on the day of the interview.

To avoid bias, all participants were interviewed by an experienced interviewer, as the researcher is the manager of the private nursing education institution. The interviewer is in possession of a Master's degree and is not affiliated to the nursing education institution. The participants were given the option to choose a venue suitable for them to be interviewed in.

The pilot interview was conducted on 9 March 2016 and the last interview was conducted on 28 April 2016. All participants in the study were requested to sign written consent to partake in the study as well as for the interview to be recorded. Initial guiding questions were asked in a non-threatening way to encourage participants to describe and discuss their experiences (See Appendix 4), thus reducing anxiety for the interviewer and all eight of the participants. During the individual, one-on-one, semi-structured interview, a series of probing questions was asked for gaining more information regarding their reasons for not completing or leaving before completion of their programme. Open-ended key questions were used to explore and understand the root causes of attrition and to determine the relationship

between the root causes of attrition. The individual interviews lasted between forty-five minutes and one hour. The interviews were recorded and then typed verbatim.

The researcher wrote field notes immediately after listening to each recorded interview. Participants were requested to validate the content of the transcripts through member checking; thus transcripts were returned to the participants for them to check the content for accuracy and as evidence that the researcher had captured the participants' meaning. The transcripts of the interviews were coded, which means that each transcript received a unique code that was known to the researcher only.

Data saturation was reached during the interview process when no new data or insights were observed by the interviewer or by the researcher upon listening to the recordings.

According to Grove *et al.* (2013:365), data saturation is that stage in data collection and the analysing process at which no new insights are observed. Therefore, eight interviews with a homogenous population may be sufficient to enable the researcher to develop meaningful themes and useful interpretations.

3.10   DATA ANALYSIS

The inductive approach towards analysing the data was followed by the researcher. This approach is comprehensive and time consuming but it was the most suitable method for thematic analysis. Cause and effect analysis (root cause analysis) as devised by Professor Kaoru Ishikawa was used to analyse and identify possible causes for attrition of male nursing students (Phillips & Simmonds, 2013:18). Analysis took place concurrently with data collection in order that the transcripts could be examined on the spot by the researcher (Grove *et al.*, 2013: 66). Interview transcripts, field notes and observations made by the researcher provided a descriptive account of the study but not an explanation of the study. During the first stage (note steps described below), the researcher read through each transcript and made notes in the margins using words or short phrases that summarised what was written in the text. During the second stage (note steps described below), the researcher collected all the words and phrases from the interviews and looked for overlapping, similar themes. Themes were identified by colour coding words, ideas and nuances that appeared to be connected on each transcript. These were reduced further and refined by grouping similar themes together.

The following steps, as proposed by Terre Blanche *et al.* (2006:322), were followed for analysing the data collected:

Step 1: Familiarisation and immersion.

The researcher immersed herself in and familiarised herself with the data by listening and re-listening to the recordings of the interviews. This recurring action enabled the researcher to confirm the accuracy of the transcripts. The researcher immersed herself further by reading and re-reading the transcripts of the participants until she had a deeper sense of the 'natural meaning units' of the participants. During the 'immersing process', ideas and insights emerged at odd times; for example, while the researcher was travelling to and from work. The researcher made notes as these insights occurred (Grove *et al.*, 2013: 283).

Step 2: Inducing themes.

According to Terre Blanche *et al.* (2006:323), themes (also known as categories) are broad units of information that naturally emerge from the data. As the researcher read and re-read through the transcripts, themes were identified. These were academic inadequacies, negative attitude of students towards their studies, family (social) responsibilities, feelings of failure and regret, ill health or poor wellness, inadequate support (clinical and educational), inadequate knowledge of the programme, isolation in the workplace, long working hours and wrong career choice. These themes are based on the participants' words/ideas, language and expressions. These themes represent the essence of the participants' meaning units and were colour coded and noted in the right margin of the transcripts.

Step 3: Coding.

The researcher carefully read through each transcript, line by line, in an effort to reduce the volume of data collected. A code or theme that described what was interpreted in the passage or paragraph as important was assigned. As the data was analysed and insight gained, the researcher created a spreadsheet and transferred these codes and themes from each transcript to assist with the analysis of the data. The researcher coded the first two interviews independently by using predetermined (a priori) codes that were identified from the literature. Subsequent transcripts revealed emergent codes. These codes were applied to the subsequent interviews as no significant dissimilarities were observed.

Step 4: Elaboration.

This was the process according to which the researcher carefully compared sections of text that appeared to belong together and revised the initial coding system to capture themes more elaborately. Codes were grouped together into clearly defined categories. The researcher finalised coding of the transcripts by continually elaborating and reflecting until the last transcript was coded and no new significant meanings had emerged (Terre Blanche *et al.*, 2006:326).

Step 5: Interpretation and checking.

In the next chapter, the interpretation of the data is presented in a narrative format. The researcher collected all the words and phrases from the interviews and looked for overlapping, similar themes. Themes were identified by colour coding words, ideas and nuances that appeared to be connected on each transcript. Codes and similar themes were refined, reduced and further grouped together. Each code was given an assigned number for easy identification and that was written directly onto the transcripts before the data was transferred to the spreadsheet for quick reference. This was a time-consuming process as it involved compiling of the gathered information for interpretation and checking that appropriate and justified interpretations had been made. The researcher discussed these findings with the subject expert and a colleague, as it is important to consult people who are familiar with the topic and those who are not, as they might provide fresh perspectives on the topic (Terre Blanche *et al.,* 2006:326).

3.11   SUMMARY

In Chapter 3 the researcher discussed the purpose of the research, the context in which the research was carried out and the methods that were used for data collection and data analysis.

Furthermore, care was taken throughout the study to ensure the following three ethical principles were adhered to: respect for persons, beneficence and justice (Botma *et al*., 2010:3).

3.12   CONCLUSION

This chapter discussed the context in which the research was conducted in order to make sense of the qualitative data that was derived from the semi-structured interviews and to describe the inductive approach towards analysing the data.

The male participants for this study were purposively sampled as they had previously discontinued or not completed their training.

Strategies to ensure trustworthiness of this study were described. These strategies are credibility, conformability, dependability and transferability.

The thematic analysis and interpretation of the research findings will be discussed in Chapter 4.

CHAPTER 4

DATA ANALYSIS AND INTERPRETATION

4.1   INTRODUCTION

In the previous chapter the methodology of the study was described extensively.

In Chapter 4 the findings of the research are analysed, interpreted and presented. These findings are presented in two sections. In Section A, biographical data of the participants will be presented. In Section B, the analysis of the reasons for attrition of male nursing students will be presented in a narrative format. These findings reflect the opinions, feelings and lived experiences of the participants. To enhance authenticity, verbatim quotes extracted from the data include language and grammar mistakes made by the participants.

4.2   SECTION A: BIOGRAPHICAL DATA

The participants that were invited to participate in this study consisted of eight former male under-graduate nursing students. The participant of the pilot study was included as indicated in Chapter 1 and Chapter 3.

Those participants who had not completed or had discontinued their studies had done so after six to twelve months from the start of their training.

All eight of the interviews were conducted in English as indicated in Chapters 1 and 3. The mother tongues of the study participants were: Sepedi, Siswati, Tshonga, Northern Sotho, Xhosa and English. For seven of these participants, English was their second language.

The ages of the participants ranged from 21 – 37 years. The majority of the participants' ages ranged between 21 to 29 years.

None of the participants had commenced nursing training upon completion of high school. The gap between completion of high school and commencing nursing training was between one and thirteen years. Seven of the participants explored different career options such as Sound Engineering, Electrical Engineering, Environmental Sciences, a career in the Military Services and Marketing. Seven of the participants indicated that nursing was not their first career choice. Only one participant indicated that he was interested in pursuing a career in the health sciences.

Three of these participants discontinued their studies voluntarily whilst the remainder of the participants' studies were discontinued as a result of them not meeting the course

requirements. Two of the participants subsequently resumed their studies in 2013 and 2015 respectively. One participant that is still a practising nurse has not resumed his studies but plan to do so in the near future.

A summary of the biographical data is presented in Table 4.1.

Table 4.1: Biographical data of participants

Biographical Data						
Participant	Time period before nursing training	Home Language	Age of participant	Nursing - first career choice?	Time period of training completed	Reason for discontinuation
P1	9 Years	Siswati	29	NO	8 months	Academic Performance
P2	1 Year	English	21	NO	6 months	Resigned - Other career options
P3	6 Years	Sepedi	25	NO	8 months	Academic Performance
P4	5 Years	Sepedi	25	NO	12 months	Academic Performance
P5	5 Years	Xhosa	24	NO	12 months	Resigned - Personal reasons
P6	3 Years	Northern Sotho	27	NO	12 months	Academic Performance
P7	13 Years	Sepedi	37	NO	6 months	Resigned - Other career options
P8	8 Years	Tshonga	28	YES	6 months	Health reasons

4.3   SECTION B: THEMES EMERGING FROM THE INTERVIEWS

During data analysis, the theoretical foundations of cause and effect analysis as devised by Professor Kaoru Ishikawa in the 1960s (Phillips & Simmonds, 2013:18) were applied.

The cause and effect analysis provided the researcher with a systematic way to identify themes and sub-themes from the data that was collected. The process thus enabled the researcher to develop solutions towards reaching a desired outcome (Phillips & Simmonds, 2013:19).

The following themes emerged from the raw data collected during the interviews: academic inadequacies, negative attitude of students towards their studies, family (social) responsibilities, feelings of failure and regret, ill health or poor wellness, inadequate support (clinical and educational), inadequate knowledge of the programme, isolation in the workplace, burdensome working hours and wrong career choice.

A summary of these themes and sub-themes is presented in Table 4.2. After the table, appears a comprehensive description of each theme and sub-theme.

Table 4.2: Themes and sub-themes

Themes	Sub-themes
Academic inadequacies	Academic preparedness Difference between school and nursing education
Attitude of students towards their studies	Motivation Study for financial gain
Family (Social) Responsibilities	Financial constraints Family commitments Culture
Feelings of failure and regret	Emotions Feelings
Ill health or poor wellness	Ill health before and during course Stress
Inadequate support (clinical and educational)	Attitude of experienced nurses in the workplace Attitude of the educators
Inadequate knowledge of the programme	Unrealistic views of nursing Unrealistic views of being a 'hero'
Isolation in the workplace	Bullying Gender stigmatisation Victimisation
Working hours	Unrealistic working hours Inadequate time available for studies
Wrong career choice	Unrealistic views of nursing Reasons for commencing nursing training

4.3.1   Theme 1: Academic inadequacies

"Academic inadequacies" refers to insufficient knowledge or the lack of the required academic resources; therefore, an inability to meet the required academic demands of the nursing programme.

4.3.1.1 Academic preparedness

Many students are not prepared for the academic demands of the nursing programmes. Academic factors such as difficulties with the theoretical portion of the studies or the practical component of the studies were reported by participants to be one of the main reasons why these male under-graduate nursing students did not complete their studies.

*S*ome of the participants (such as P4) found it difficult to become independent learners that took responsibility for their own learning.

P6 stated that '*I did manage to pass to pass now and again… you could say it was study methods gone wrong and just someone being lazy'*.

Five of the participants' (P1, P3, P4, P6 and P7) studies were discontinued as they did not meet the academic course requirements. They failed to obtain the required 50% average in a system of continuous assessment in order to gain entry to the summative SANC examinations.

Students who were not academically well prepared had higher attrition rates.

4.3.1.2 Difference between school and nursing education

Participants were aware of the differences in the learning environment and workload from their prior experiences of being at school or university versus those of the nursing education institution.

Participant 2 (P2) said: '*it took me back to high school what they taught me... Okay that brought memories of the things I was taught in high school'*.

Students needed time to adjust to the new learning environment. The majority of the participants realised retrospectively that they should have prioritised and managed their time better in order make time for their studies.

4.3.2   Theme 2: Attitude of students towards their studies

"Attitude" refers to the participants' behaviours, perceptions, feelings and experiences regarding their studies. Students without a positive attitude and who have negative perceptions have little chance of learning.

4.3.2.1 Motivation

Most of the participants knew that studying involved hard work and dedication. They felt that more information regarding time management and planning should have been made available during orientation.

P6 verbalized that '*I left nursing because I was a lazy student and for some reason I always thought things would come all right my way for so to speak, without actually put in any effort'*.

One participant (P2) verbalised that there should be balance in your life and that there should be time available for social activities. He verbalised that men bond with one another when they do sporting activities together, not over a cup of tea.

P2 stated that *'guys can break off from work for that time and focus on something that isn't work. Men are men. Men love being active. They love being proud… We want to be proud of who we are. We want to act like men'*.

Students with high levels of motivation were more likely to complete their studies than those with low levels of motivation.

4.3.2.2 Study for financial gain

External motivation also played a role in that some of the participants enrolled for the course as they knew someone who had a family member that was in the nursing profession and they always seemed to have money.

P1 verbalised that '*from the beginning I was there just to do more money, to get more money and stuff'*.

Some male students entered the nursing programme solely as a means to bring in an income as they were the sole breadwinners for their families. A few of the participants verbalised that they entered the nursing profession purely because their parents would not allow them to stay at home.

4.3.3   Theme 3: Family (Social) responsibilities

"Family responsibilities" refers to more than taking care of oneself and one's immediate family; it also includes caring for other family members such as aunts or uncles, or siblings taking care of each other. The responsibilities may even extend to the greater community.

4.3.3.1 Financial constraints

Some participants experienced financial constraints as they were held responsible for supporting their families as soon as they started earning an income. This included paying the school fees of their younger siblings, maintaining the household by paying for expenses incurred such as groceries, electricity and water bills.

These constraints were explained by P1 in the following manner: *'I had financial problems. Eh, I was staying with my sister. Actually I was looking after her. My mom actually she is a single parent. So I had much debt on the other side. So I was trying to push*

my debt overtimes. I was trying too much, actually paying my, my, my, my, my sister's school fees then and then just try to meet her halfway… transport wise'.

P1 felt that his parent '*was giving him the responsibility of looking after his sister at the same time… I was trying much not to disappoint'.*

P7 indicated that he experienced financial constraints in that the money he received at the end of the month was not enough to cover the rent at home, travelling costs to and from work, and to the nursing education institution. This story was confirmed by the majority of the participants as they affirmed that the lack of finances often resulted in them not being able to travel to and from work or have enough money for food.

4.3.3.2 Family commitments

Family commitments included the immediate family as well as the extended family members. These commitments directly or indirectly influenced nursing students' academic performance. Some of the participants had to attend to family commitments before they could attend to their studies. The participants stated that they felt torn between their studies and family commitments.

P1 found it difficult to separate his academic responsibilities from his social responsibilities. Some of the participants experienced a lack of support from their families. P5 said that he commenced with nursing training not because he wanted to, but because he wanted to please his parents. He wanted to quit six months into the programme but was forced by his parents to continue

4.3.3.3 Culture

"Culture" refers to the way of life, especially customs and beliefs, of particular groups of people at any given time.

A few of the participants indicated that within their culture there has to be at least one nurse in the family to act as an intermediate for the family when one of the family members becomes ill or experiences health-related difficulties.

Some of the participants also suggested that within their culture, they were held responsible for the financial wellbeing of their immediate and extended families.

4.3.4　Theme 4: Feelings of failure, disappointment or regret

The purpose of being enrolled in a nursing programme was to give these male students the knowledge and skills that would enable them to successfully complete their course. However, the majority of the participants experienced negative emotions and feelings of inadequacy during the time of being a student.

4.3.4.1 Emotions

Depending on their emotional status at the time, these feelings were experienced as either positive or alternatively as negative. For some of the participants the feeling of relief outweighed that of disappointment.

P2 verbalised that he *'felt amazingly happy'* after he voluntarily discontinued his studies.

P1 stated the following: '*So actually, it was a hard year for me because I felt like… actually I have ruined…, actually, eish joh, it was a difficult year'*.

4.3.4.2 Feelings

Students that discontinued their studies invariably experienced feelings of regret, disappointment or the opposite that is "relief". P4 expressed great sadness at not being able to complete his training as it made him feel like a loser and a failure.

Another participant (P5) mentioned that nursing stressed him out '*as it is too* [much] *responsibility. Too much to own up for… and the pressure… it left me feeling drained*'.

4.3.5　Theme 5: Ill health or poor wellness

There is a close relationship between the health of a student and his academic performance. Healthy students are therefore better learners and have greater academic success.

4.3.5.1 Ill health before and during course

Another factor that contributed to male nursing students discontinuing their studies was ill health and/or poor wellness. For one of the participants (P8) it was a problem that he experienced prior to admission to the nursing programme and that escalated as a result of stress and being on medical treatment. The discontinuation of his training at that time left him feeling devastated.

4.3.5.2 Stress

Stress experienced by the participants was due to a multitude of factors such as the fear of academic failure, lack of clinical and academic support, financial constraints and family responsibilities. Stress can lead to higher degrees of stress, burnout and other health-related problems.

As P1 indicated during his interview '…*'I think I was always tired, stressed and stuff. So studying at that time, I think actually it was… I wasn't... It was a year where actually I got sick'.*

4.3.6 Theme 6: Inadequate support (clinical and educational)

In order for participants to complete an academic year successfully, the required clinical outcomes and objectives per academic year need to be completed. This is a requirement from the nursing education institution as well as from the SANC. Some of the participants experienced barriers such as inadequate clinical and educational support during their training that influenced their decision to not complete their training or to discontinue their training.

4.3.6.1 Attitude of experienced nurses in the workplace

The majority of the participants found it very difficult to complete the clinical component of their programme before the due date. They felt that they needed more time and more exposure in the clinical field. P2, P3, P5 and P7 reported that their experiences in the clinical setting contributed to their decision to leave the undergraduate nursing programme.

Their responses varied from '*there was more shouting than there was actually support'* to '*they come to work angry, they leave work angry… they never smile'* and *"I would get 'skelted' on like maybe one of the Sisters would be like why did you remove it before the thingy was finished'.*

Feedback from one participant (P7) suggested that his first clinical placement on introduction to nursing in a medical unit was of significant importance as he verbalised that these experiences derailed him. The clinical placement and lack of support from experienced registered nurses influenced his decision to discontinue his training.

Negative experiences during clinical placement demoralised and distracted students from their academic work.

4.3.6.2 Attitude of the educators

P2 reported that he felt victimised by the younger educators as *'sometimes nurses would look at you down a little like the stare of the Trojan or horse, like steel eyes. Like if you do one mistake wrong you are going down boy',* but that he had a positive experience with a more experienced educator in the clinical field.

The majority of the participants expressed that the educators were approachable and nice to them and that they felt comfortable with their attitude towards them.

P6 stated that '*lecturers, teachers, they, they go all out. They present in class, they stay after class just to help you if you don't understand a word'.*

This was confirmed by P7 during his interview. Some of the participants suggested that more support should have been made available especially for male nursing students.

P3 verbalised the he found it difficult '…*adapting to what is done at a hospital and what is taught in the book. Ja, because they are two different things'*.

Should adequate support have been available, students could have succeeded at good theoretical and clinical work.

4.3.7   Theme 7: Inadequate knowledge of the programme

Despite brochures and online information being available regarding nursing programmes, it seems that most of the participants' knowledge about what the programme entails was limited despite the fact that they stated that they wanted to study nursing during their selection interview.

4.3.7.1 Unrealistic views of nursing

An unrealistic view was confirmed by one participant (P6) during his interview when he said: '*They* [prospective male nursing students] *were actually like pre-coached, pre-coached just to understanding nursing. That is making it much more easier for them* [prospective male nursing students] *to becoming a nurse'.*

Most of the participants (P1, P2, P3, P4, P6 and P7) enrolled for the course as a result of a family member or friend having told them about the course and not as a result of them knowing about the course.

Should they have had adequate knowledge regarding the programme, they might have been

able to make a more informed decision regarding enrolment for the course.

P1 stated: *'… I didn't thought, actually nursing was so… so interesting. It was just a try. Let me just give it a chance'.*

4.3.7.2 Unrealistic views of being a 'hero'

Some of the participants had the vision of a nurse as being someone that cares for the patient and feeds the patient.

P4 stated the following: *'I thought I will be this person, I will be like,… get all this respect and you know, be like a hero and all of that, because I am saving lives and all of that.'*

These male students did not know about the science of nursing.

4.3.8   Theme 8: Isolation in the workplace

Loneliness and isolation in the workplace were described by some of the participants as being a factor that distracted them from their studies and from completing their clinical objectives and outcomes. These negative feelings were increased by underlying gender-based and biased assumptions that only the female gender can be nurses.

4.3.8.1 Bullying

In the nursing profession, bullying has its own expression "Nurses eat their young". Nursing Professor Judith Meissner coined this phrase in 1986 in an attempt to motivate nurses to stop ripping apart inexperienced coworkers.

Despite nursing being depicted as a caring and compassionate profession, a number of the participants implied that bullying in the workplace still takes place. From their narratives it can be deduced that these experiences influenced their decision to discontinue their studies and to explore alternative career options.

P5 felt that… *'I had people gunning for me, ja, who were coming for me'.*

Bullying behaviour can be identified as anything from verbal abuse, threats, humiliating or intimidation.

P5 stated the following: '*She, this one time she called me in to her office and told me that she would make sure that I got terminated because she was very angry.'*

P8 expressed it as follows: *'it is very hard sometimes, because now they, they teach you and then the next day they will be like ah he didn't know anything. I taught him. There are good Sisters… and the negative ones I just identify them and say okay, I'm going to stay out of their way'.*

4.3.8.2 Gender stigmatisation

Some of the male participants (P2, P3, P4, P6, P7 and P8) made the point that people are under the misconception that nursing is for females only and if you become a male nurse you end up becoming gay. From the narratives of the participants it became clear that even in this modern age, society still views nursing as a feminine profession. The participants reported being questioned about their masculinity and often having to justify their career choice.

As P2 put it: *'a lot of people would consider me a homosexual because I was in that career. It made me a bit like angry inside because they believed that only homosexuals are taking that career line. That didn't really bothered me until someone actually thought I was. I was like okay, but it is your opinion, not the truth. Then the fact that I have to work with a lot of female colleagues, it gets kind of lonely'.*

P4 stated the following: *'Nursing was for the ladies… that is what I told myself when I grew up'.*

P7 also felt that being a male in the workplace was challenging as '*most of the patients, you know, they have different thoughts about you. They think maybe you are going to disclose their status and some… they don't even believe that you can help them'.*

P8 stated that '*because you are surrounded by women… you are feeling like an outsider sometimes… in the hospitals. We feel that we are being mistreated… only because of our gender, not because of our incompetence or anything'.*

4.3.8.3 Victimisation

One participant (P7) went so far as to state that he felt as a male nursing student he was being victimised and subsequently ignored in the workplace for reporting incorrect behaviour of the qualified female nurses.

P2 stated that '*in the hospital, people look down upon you and they abuse their power.'*

Students that are able to integrate into the workplace experience a sense of belonging and as a result they will perform better.

4.3.9   Theme 9: Working hours

Participants were employed full time for their study period, meaning that they were shift workers that worked 42 hours per week (Sunday to Saturday). Students did not work and attend lectures in the same week.

4.3.9.1 Unrealistic working hours

P2, P3 and P5 complained that working twelve hour shifts during clinical placement was too long. They also found it difficult to work two consecutive days in a row.

P2 explained it as follows: *'I got depressed because I was working hours I have never worked before, twelve hour shifts for a little bit of pay at the end of the month which is de-motivating, but everyone needs to start at some point'*.

Participants experienced the workload as being emotionally taxing and unrealistic.

This was voiced by P5 as *'…the hours, that whole twelve hour shift. My feet would hurt every day because these shoes that I have bought and I am not used to wearing shoes. I am used to wearing sneakers. So that hard inner sole and whatever, jissy my feet would hurt. I would sleep with that, um pillows and blankets under my feet just to elevate my feet every night. That was too much. My feet would hurt every, every day actually'*.

4.3.9.2 Inadequate time available for studies

Certain participants (P3 and P5) found it very difficult to work and then have to study for tests that were scheduled to take place during the next block week. They complained of tiredness upon returning from the clinical field to the educational field and having to write a test on the first day of attending lectures.

Difficulties experienced by the participants to balance work and studies might be an indication that the majority of the male nursing students were inadequately prepared for nursing as a career and that they did not fully comprehend what work-integrated learning entails.

4.3.10 Theme 10: Wrong career choice

As confirmed in the narratives, the most common reason and motive for commencing with nursing training was cited as job security, a need to help others, mobility within the nursing career and nurse role models in the family. For all the participants that took part in this study, nursing was not their first choice for a career, nor their first field of study. A few of the participants reported a wrong career choice as the reason for discontinuing their studies from the undergraduate nursing programme.

4.3.10.1 Unrealistic views of nursing

The perception most male nursing students had of nursing was unrealistic. They saw nursing as a profession that was based on common sense interlaced with lots of nurturing and compassion. This false perception led to the thought that nursing did not require complex theoretical knowledge.

As P2 stated during his interview: *'if I knew that before the course I wouldn't have needed to drop out, because I wouldn't even be here in the first place'*.

It would therefore be beneficial for prospective candidates to be adequately informed about what the nursing profession entails by means of open days and interviews during the selection period.

Such proposed solutions in itself were problematic as one of the participants (P5) stated that *'It doesn't matter what someone tells you really, unless you have done it yourself and then you get a better understanding of it. It is still different when you get there. They, they do tell us in class what is going to happen and everything, but then you get there it is still... Because people don't quit before they get to the hospital, they quit afterwards'.*

4.3.10.2 Reasons for commencing nursing training

Five of the male students went into nursing because somebody in the family or the extended family was in either medicine or nursing.

P2 stated that *'…I wanted to use it as a stepping stone. So that was my main reason for trying the course… It is definitely not for me'* and P6 said that *'I had no idea about the occupation. It was, for me, it was like a route headed in to medical field because I always had this fascination about becoming a doctor'.*

Disillusionment and unpreparedness of the participants might be an indication that not all prospective students were fully informed of what the nursing profession entailed. Once they

entered the clinical setting the students were disillusioned by what they encountered.

4.4   SUMMARY

In summary the participants described a myriad of opinions, feelings and lived experiences. Seven of the male nursing students embarked on a career in nursing for monetary reasons or to use it as a stepping stone towards another career. They neither knew nor investigated what the requirements for pursuing a career in nursing entailed. Many of these students were from homes where the home language was not always English and, therefore they struggled to meet the academic requirements. Despite remedial support and emotional support systems being in place, not all participants made use of these opportunities as they thought that to do so would be a sign of weakness. Financial responsibilities resulting from family commitments also affected some participants' decision not to complete their studies.

In Chapter 5 conclusions and recommendations will be discussed regarding the reasons for the attrition of male nursing students from their programme. The conclusions are discussed according to the purpose, aims and objectives of the findings as set out in Chapter 1. Areas for further research and the limitations are discussed and recommendations are made to try and stem the flow of undergraduate male nursing students from the undergraduate nursing programme.

CHAPTER 5

DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

5.1   INTRODUCTION

In Chapter 5 conclusions and recommendations are discussed regarding the reasons for the attrition of male nursing students from their programme. The conclusions are discussed according to the purpose, aims and objectives of the findings as set out in Chapter 1.

Data that was gathered and analysed according to the theoretical foundations of cause and effect analysis by Professor Kaoru Ishikawa (Phillips & Simmonds, 2013:18), provided valuable information regarding the phenomenon of attrition amongst under-graduate male nursing students.

Limitations as well as areas for further research and development are discussed.

Possible recommendations are made towards retaining and encouraging male nursing students to complete their studies so that the attrition rates are reduced.

5.2   DISCUSSION

The aim of this study was to explore and understand the reasons for attrition of male nursing students in the under-graduate nursing programme at a private nursing education institution in Gauteng.

The objectives identified for this study were to:

- Explore and understand the reasons for attrition of under-graduate male nursing students at a private nursing education institution in Gauteng.
- Understand the challenges that male under-graduate nursing students encounter.
- Identify the demographic factors that contribute to attrition of male under-graduate nursing students at a private nursing education institution in Gauteng.

A brief discussion of the findings in relation to the study objectives follows.

5.2.1   Objective 1: Explore and understand the reasons for attrition of under-graduate male nursing students at a private nursing education institution in Gauteng

The picture that emerged from this phenomenological study highlighted the two main reasons for the male student nurses' discontinuation of their studies as failing to meet the academic requirements and wrong career choice.

In order to meet the academic requirements, these under-graduate male nursing students needed to maintain a 50% average in a system of continuous assessment of the clinical and theoretical components of their programme in order to be admitted for the summative SANC examinations.

Wrong career choice was often mentioned as a reason for not completing or discontinuing their studies, as they did not familiarise themselves with the content of the studies or course entailed (Essa, 2011:255). Students had misconceptions regarding the responsibilities of being a nurse and the depth of academic knowledge required.

Other reasons that influenced the attrition of the undergraduate male nursing students were financial constraints, difficulties experienced during clinical placement and health related problems. Financial constraints that were referred to by participants included supporting themselves, their immediate family as well as the extended family.

The reasons that were identified corroborate findings of other researchers that explored the experiences of male nursing students (Masango, 2014:725, O'Donnell 2011:55, Wright & Maree, 2007:603). By exploring and understanding reasons for the discontinuation of their studies, nursing educational institutions can formulate strategies to assist at-risk male nursing students.

The objective to explore and understand the reasons for attrition was achieved.

5.2.2   Objective 2: Understand the challenges that male under-graduate nursing students encounter.

It is evident from the study that these male nursing students encountered difficulties such as isolation in the clinical field as well as difficulties in the educational field (Meadus & Twomey, 2011:271). One of the major barriers male nursing students experienced was gender stereotypes. Little effort was made in the clinical field or the educational field to make these experiences a more positive experience for these male students

Despite more men entering the nursing profession, they still remain the minority in a female dominated environment. This is also evident in that the lecturers and most of the nurses in the clinical field are females and that references in nursing textbooks are based on a female worldview (Jooste & Mia, 2015:53).

Some of the male participants suggested that nurse educators and supporting staff in the clinical field should be more vigilant in selecting the first area of clinical exposure within the clinical field. The most challenging area of clinical exposure that was identified by the participants was during their rotation in the maternity units. Barriers encountered by these male students impacted on their ability to integrate and become part of the workforce (Stott, 2007:329).

Twomey and Meadus (2011:270) suggested that another major barrier encountered by men in nursing is the assumption that they are gay and therefore they are often questioned about their masculinity. These assumptions are based on historical beliefs that nursing is a female profession.

Narratives from these male nurses also suggested that their experiences in the clinical field were more discriminatory than those experiences encountered within the educational environment (Stott, 2007:329).

The objective to understand challenges that male nurses encounter was achieved. This achievement revealed issues related to gender bias in both the clinical and educational environment.

5.2.3   Objective 3: Identify the demographic factors that contribute to attrition of male under-graduate nursing students at a private nursing education institution in Gauteng.

Clinical placement of learners in the clinical field is of utmost importance, as this placement gives the male nursing students the opportunity to learn, apply their knowledge, as well as to be exposed to the real world of nursing. Several of the participants expressed feelings of being used within the clinical field by nurses purely for their physical strength in performing tasks that require physical strength (Stot, 2007:330).

Some participants felt that they were victimised because of their gender. Victimisation was not limited to the clinical field only, but extended to the educational environment. Some of the participants described how they were singled out in the classroom specifically because

they were men. Therefore, they experienced isolation and a sense of loneliness while attending lectures at the nursing educational institution.

These experiences (clinical and educational) have been highlighted in previous studies where the attrition of male nursing students was examined (Jooste & Mia, 2015:54, Meadus & Twomey, 2011:275).

Narratives from the male nurses also suggested that people are under the misconception that nursing is for females only and if you become a male nurse you may be seen as a homosexual. Society still views nursing as a feminine profession in this modern age. Several of the participants reported being questioned about their masculinity and often having to justify their career choice.

The objective to identify demographic factors that contribute towards attrition was achieved.

5.3 LIMITATIONS OF THE STUDY

The limitations of this phenomenological study were that it was conducted at one nursing education institution in the private sector, situated in Gauteng.

5.4 CONCLUSIONS

It is clear from the data collected during this study that the reasons for attrition of under-graduate male nursing students are complex and diverse in nature. It has also been identified that none of the participants commenced the nursing programme as their first choice of a career.

Many of these male students entered the nursing profession without the necessary knowledge of what nursing entails, in this way leading to the ultimate discovery that they had made the wrong career choice and would discontinue their training.

Some of the students could not cope with the clinical and educational requirements of the course. Despite educators being available in the clinical field for clinical accompaniment and at the nursing education institution for remedial classes, very few of the students made use of the opportunity. The reasons for not making use of these opportunities were cited as transport problems in the afternoons.

5.5   RECOMMENDATIONS

To assist nursing education institutions with increasing the throughput of under-graduate male nursing students and to better understand the reasons for attrition of these students, the following recommendations are put forward.

5.5.1   Recommendation 1 – Selection criteria for prospective candidates

The current selection criteria should be relooked at as a result of the outcomes of this study.

Psychometric testing of prospective candidates prior to their commencing nursing training should be conducted by an independent psychologist in order to assess their personality, attitude and values. It is difficult to assess personal characteristics such as team-working skills, personal empathy and a caring nature during the selection interview process.

By conducting a personal interview with prospective candidates, personality traits, behavioural skills and critical thinking skills can be evaluated. Probing questions can be asked to determine the candidates understanding of the profession and any misconceptions can be rectified during the interview, should there be any (Pitt *et al.,* 2012:908). During the selection interview valuable information regarding the profession such as working hours, employee benefits and possible career opportunities within the nursing profession can be discussed.

It would seem beneficial for all prospective candidates to complete a health questionnaire prior to the interview and supply the nursing education institution with a certificate from a medical doctor stating that the candidate is physically and emotionally fit to commence with nursing training. Knowledge of their current health status and wellness enables the nursing education institution to assist the prospective candidate should the need arise.

5.5.2   Recommendation 2 – Nursing as a career for males to be promoted

Nursing as a career for males should be promoted, with the ultimate aim of getting the appropriate information regarding the nursing profession disseminated. Although nursing was traditionally seen in the times of Florence Nightingale as a female's domain, nowadays it is seen as a profession that includes both sexes. Knowledge of nursing as a career will enable prospective male candidates to make an informed career choice and reduce the likelihood of discontinuation of the nursing programme.

The reality of what nursing entails needs to be brought to the attention of prospective male candidates by introducing job shadowing for a minimum period of two weeks prior to

commencing with nursing training. Prospective male nursing students should be given the opportunity to work with male nurses in the clinical setting while they are job shadowing.

Career days should be arranged within the community and at tertiary education institutions in order that prospective male candidates develop a more accurate idea of what nursing is and what it entails.

5.5.3   Recommendation 3 – Clinical and educational placement and support

Educators and clinical personnel need to be aware of their attitudes towards male students and of how they are perceived by these male nursing students. First impressions are lasting impressions.

Educators and clinical personnel need to be culturally sensitive and they have to portray a positive attitude. They need to act professionally at all times, as they are the role models and mentors for these students not only in the nursing education institution, but also in the clinical field.

At-risk male nursing students that encounter difficulties in the clinical and educational field should be identified early.

Male role models should be identified to support and guide these students in the clinical field. Similar duty hours should be allocated for the nursing student and the role model in order that a positive relationship can be fostered. Regular meetings between the clinical personnel, nursing students and the educators should be held in order to keep them updated regarding the expected clinical outcomes and theoretical content covered before clinical placement.

The first clinical encounter for a novice nursing students should be in a non-threatening environment within the clinical field such as a surgical or a medical unit. This will result in a nursing student that will master clinical skills in a safe environment and develop confidence.

For male students that are struggling in the educational environment, one-on-one sessions with an educator would be beneficial. These sessions should be scheduled at a convenient time for male students with transport problems. It is recommended that an agreement should be reached between this student and the educator for the student to be placed on the appropriate academic support programme. The educator can assist the struggling male student to draw up a timetable in order to improve his time management and organisational

skills. Alternatively, an academically strong fellow male nursing student can be assigned to assist the struggling male student to act as an academic mentor.

Educators should adapt their teaching styles in order to accommodate the at-risk male nursing student's learning styles and in this way improve the student's study skills. The use of all the alternative educational resources available at the educational institution such as the library and electronic media should be emphasised.

Regular meetings should be scheduled between all parties involved in order to provide constructive feedback and to discuss areas of concern. Study findings highlighted the need for novice nursing students to be placed with experienced educators and role models in the clinical field, as such placement would enable both parties to identify at-risk male nursing students.

5.5.4   Recommendation 4 – Monitor and calculate attrition rates annually

Nursing education institutions should monitor and calculate their attrition rates annually so that individual trends and reasons for attrition can be addressed appropriately. These trends and reasons will illustrate where inputs are required to reduce the attrition of male nurses. However, it is difficult to measure attrition rates due to the diverse nature and dimension of these rates.

A clear measurement for calculating attrition rates should be formulated, thus allowing for possible trends in attrition to be identified. Remedial strategies and strategies to reduce attrition amongst male nursing students should be implemented.

Currently there is little or no information available pertaining to the reasons why male under-graduate nursing discontinue or do not complete their studies, thus making it difficult to make precise recommendations.

5.5.5   Recommendation 5 – Conduct exit interviews

Exit interviews should be conducted with male nursing students that discontinue or speak their intent to discontinue their nursing training. Problem areas highlighted by these students could potentially be identified early. Strategies can be implemented to retain these male nursing students that might increase the completion and throughput rate.

Study findings also highlighted the importance of an exit interview to be conducted at least two to three weeks after the studies of a male nursing student have been discontinued or terminated. The implementation of such an exit procedure could assist nursing education

institutions in obtaining valuable information regarding the attrition of male nursing students. Appropriate and effective interventions can be designed and implemented thereafter.

The information and data gathered should be kept on a student data base for future reference. Data collected during the exit interview might assist educational institutions to formulate and implement preventative strategies for future under-graduate nursing students.

Strategies that have been identified in the literature and successfully implemented are those that target academic-, clinical-, and financial problems. The implementation of a wellness programme could become an effective strategy,

5.5.6   Future research

Despite numerous studies having been conducted internationally to explore reasons for the attrition of male nursing students internationally, very little research has been conducted in SA. It would be advisable that in-depth research be conducted at other nursing education institutions across SA to establish why under-graduate male nursing students discontinue or do not complete their studies.

5.6   DISSEMINATION

The results of this study were used by the researcher to write this report as part of a Master's Degree. The results might also be used by the researcher for publication in an accredited journal after having been peer reviewed or for the purpose of presenting the findings at conferences.

5.7   CONCLUSION

Research that has been conducted has demonstrated that attrition of nursing students is of global concern as it affects the number of qualified nurses available to provide continuous safe nursing care within the healthcare environment.

Attrition of male under-graduate nursing students will decrease only if nursing education institutions relook their selection criteria and implement job shadowing. By doing the aforementioned, those candidates that enter the profession for all the wrong reasons will be eliminated. Many prospective male students enter nursing for altruistic purposes and not as their first career choice. Academic, remedial and emotional support needs to be improved so that throughput rates rise.

Nursing is a career that is appropriate for both genders; therefore, we need to value and invest in our under-graduate male nursing students as they form a part of the nursing workforce of the future.

REFERENCES

Abele, C., Penprase, B. & Ternes, R. 2011. A closer look at academic probation and attrition: What courses are predictive of nursing success? *Nurse Education Today,* 33(3): 258-261.

Botma, Y., Greeff, M., Mulaudzi, F.M., Wright, S.C.D. 2010. *Research in Health Science*. 1st Edition. Cape Town: Heinemann.

Burns, N. & Grove, S.K. 2011. *Understanding Nursing Research - Building an Evidence-Based Practice.* 5th Edition. St Louis, Missouri: Elsevier Saunders Publishers.

Cooley, M.C., 2008. Nurses' motivations for studying third level post-registration nursing programmes and the effects of studying on their personal and work lives. *Nurse Education Today,* 28(5): 588-594.

De Vos, A.S., Strydom, H., Fouche, C.B. & Delport, C.S.L. 2011. *Research at grass roots: For the social sciences and human services professions.* 4th Edition. Pretoria, South Africa: Van Schaik.

Department of Health. 2012. *Strategic Plan for Nursing Education, Training and Practice: 2012/2013 - 2016/2017.* Pretoria. Government Printers.

Dyck, J.M., Oliffe, J., Phinney, A. & Garrett. 2009. Nursing instructors' and male nursing students' perceptions of undergraduate, classroom nursing education. *Nurse Education Today,* 29(6): 649-653.

Eick, S.A., Williamson, G.R. & Heath, V. 2012. A systematic review of placement-related attrition in nurse education. *International Journal of Nursing Studies,* 49(10): 1299-1309.

Essa, I. 2011. Reflecting on some of the challenges facing postgraduate nursing education in South Africa. *Nurse Education Today*, (31): 253-258.

Fowler, J., & Norrie, P. 2009. Development of an attrition risk prediction tool. *British Journal of Nursing,* 19(19): 1194-1200.

Grove, S.K., Burns, N. & Gray, J.R. 2013. *The Practice of Nursing Research. Appraisal, Synthesis, and Generation of Evidence.* 7th Edition. St Louis, Missouri: Elsevier Saunders Publishers.

Jooste, K. & Mia, M. 2015. Self-Leadership of Male Learner Nurses during a Four-Year Program at a College in the Western Cape, South Africa. *Journal of Psychological Issues in Organizational Culture,* 5/4: 53-72.

Lewis, L. 2010. Mississippi addresses the nursing shortage. *American Journal of Nursing,* 110(7): 58-61.

Lincoln, Y.S. & Guba, E.G. 1985. *Naturalistic Inquiry*. Newbury Park, CA: Sage Publications.

MacWilliams, B.R., Schmidt, B. & Bleich, M.R. 2013. Men in Nursing – Understanding the challenges men face working in this predominantly female profession. *The American Journal of Nursing,* 113(1): 38-44.

Manzini, H.N. 1998. *Student nurses drop out.* Unpublished D Litt et Phil. Pretoria: University of South Africa.

Masango, T.E. 2014. A qualitative study on attrition of student nurses in Kwazulu-Natal College of Nursing: Principals' perspectives. *African Journal for Physical, Health Education, Recreation and Dance, (AJPHERD)* 20(2:2): 721-731.

Mashaba, T.G. & Brink, H.I. 1994. *Nursing Education: An international perspective.* Claremont, South Africa: Juta & Co.

Mashaba, T.G. & Mhlongo, T. 1995. Student nurse wastage: a case study of the profile and perceptions of students of an institution. *Journal of Advanced Nursing,* 22(2): 364-373.

Mc Lachlan, M.E. 2010. *Experiences influencing the academic performance of 1st year nursing students at the Western Cape College of Nursing, South Africa during 2008.* [Online]. [Accessed 19 May 2015]. Available from: http://sanursesconference.co.za/images/pres-lachlan.pdf.

Meadus, R.J., & Twomey, J.C. 2011. Men student Nurses: The Nursing Education Experience. *Nursing Forum,* 46(4): 269-279.

Mouton, J. 2001. *How to succeed in your master's and doctoral studies.* Pretoria, South Africa: Van Schaik.

Mulholland, J., Anionwu, E.N., Atkins, R., Tappern, M. & Franks, P.J. 2008. Diversity, attrition and transition into nursing. *Journal of Advanced Nursing*, 64(1): 49-59.

O'Donnell, H. 2011. Expectations and voluntary attrition in nursing students. *Nurse Education in Practice,* 11(1): 54-63.

O'Donnell, H. 2009. The emotional impact of nursing student attrition rates. *British Journal of Nursing,* 18(12): 745-754.

O'Holloran, S. 2009. *Attrition from undergraduate nursing education programmes in Ireland*. [Online]. [Accessed 25 May 2015]. Available from: http://lenus. ie/hse/bitstream/10147/99132/1/NurseUndergradAttritioninIre2006-2008.pdf.

Phillips J. & Simmonds L. 2013. Using fishbone analysis to investigate problems. *Nursing Times,* 16.04.13 109(15): 18-20.

Pitt, V., Powis, D., Levett-Jones, T. & Hunter, S. 2012. Factors influencing nursing students' academic and clinical performance and attrition: An integrative literature review. *Nursing Education Today,* (32): 903-913.

Polit, D. & Beck, C.T. 2014 (a). *Essentials of Nursing Research. Appraising evidence for nursing research.* 8th Edition. China: Lippincott Company.

Polit, D.F. & Beck, C.T. 2012 (b). *Nursing Research Generating and Assessing Evidence for Nursing Practice.* 9th Edition. China: Lippincott Company.

Pryjmachuk, S., Easton, K. & Littlewood, A. 2008. Nurse education: factors associated with attrition. *Journal of Advanced Nursing,* 65 (1): 149-160.

Schreiber, B., Luescher-Mamashela, T. & Moja, T. 2014. Tinto in South Africa: Student integration, persistence and success, and the role of student affairs. *Journal of Student Affairs in Africa.* 2(2): v-x

South African Nursing Council Statistics. 2015 (a). *Nursing Education Institution Output 2005 to 2014: Bridging Programme.* [Online] Accessed on 28 May 2015. Available from http://www.sanc.co.za/stats_ts.htm.

South African Nursing Council Statistics. 2015 (b). *Nursing Education Institution Output 2005 to 2014: Enrolled Nursing Programme.* [Online] Accessed on 28 May 2015. Available from http://www.sanc.co.za/stats_ts.htm.

South African Nursing Council Statistics. 2015 (c). *Growth in the Registers and Rolls, 2005 to 2014.* [Online] Accessed on 28 May 2015. Available from http://www.sanc.co.za/stats_ts.htm.

South African Nursing Council Statistics. 2015 (d). *Registration of Pupil Nurses – Calendar year 2014.* [Online] Accessed on 28 May 2015. Available from http://www.sanc.co.za/stats_ts.htm.

Stickney, M.C. 2006. Factors Affecting Practical Nursing Student Attrition. *Journal of Nursing Education,* 47(9): 422-425

Stott, A. 2007 (a). Exploring factors affecting attrition of male students from an undergraduate nursing course: A qualitative study. *Nurse Education Today,* 27(4): 325-332.

Stott, A. 2004 (b). Issues in the socialisation process of the male student nurse: implications for retention in undergraduate nursing courses. *Nurse Education Today,* 24(2): 91-97.

Terre Blanche, M., Durrheim, K. & Painter, D. (Eds.). 2006. *Research in Practice: Applied methods for the Social Sciences.* 2nd Edition. Cape Town: UCT Press.

Tinto, V. 1975 (a). Drop-out from Higher Education: A theoretical synthesis of recent research. *Review of Educational Research*, 45(1): 89-125.

Tinto, V. 2006 (b). Research and practice of student retention: What next? *Journal of College Student Retention,* 8(1): 1-15.

Urwin, S., Stanley, R., Jones, M., Gallagher, A., Wainwright, P. & Perkins, A. 2009. Understanding student nurse attrition: Learning from the literature. *Nurse Education Today*, 30(2): 202-207.

Van Lingen, J.M., Douwman, D.L. & Wannenberg, I. 2011. A cross-sectional exploration of relationship between undergraduate nursing student wellness and academic outcomes at a South African higher education institution. *South African Journal of Psychology,* 41(3): 396-408.

Willis, D.G., Sullivan-Bolyai, S., Knafl, K. & Cohen, M.Z. 2016. Distinguishing Features and Similarities Between Descriptive Phenomenological and Qualitative Description Research. *Western Journal of Nursing Research,* 38(9): 1185-1204.

Wright, S.C.D. & Maree, J.E. 2007. First year Baccalaureate nursing students: Reasons for drop-out? *South African Journal of Higher Education,* 21(5): 596-609.

APPENDICES

Appendix 1 (a): Ethical approval from Stellenbosch University

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Request for Modifications
New Application

20-Nov-2015
Hutchinson, Frances F

Ethics Reference #: S15/10/228
Title: Attrition of under-graduate male nursing students at a private nursing education institution in Gauteng,

Dear Ms Frances Hutchinson,

The **New Application** received on **14-Oct-2015**, was reviewed by members of **Health Research Ethics Committee 1** via Expedited review procedures on **17-Nov-2015**.

In principle the Committee is in agreement with the project, but requested that you should attend to the following matters before the project could be finally approved. The following modification(s) and/or additional information about the research or the application are requested:

1. It is unclear what the difference is between "reasons for" and "what are the views"... according to the research question. There are two questions, but only one objective. The aims and objectives need to be reviewed.
2. Why the interest in male attrition is not clear. The attrition rate is only 1% less compared to females and this is not significantly different. All the reasons already identified in the literature seem applicable to both genders. Kindly comment.
3. There is little evidence of critical analysis of the literature. Where does the data reported in Table 2 come from? It is not referenced nor put into perspective in the argument/statement of the problem.
4. It is unclear how reliability and validity can be determined using only one interview data set.
5. Risks are undermined. Probing questions may be asked which can cause distress? What contingency plans do you have in place to deal with this?
6. How will having the supervisor conduct an audit ensure dependability?
7. The concept of transferability seems also to be misunderstood here. The question is whether the methodology (includes sampling) is appropriate and the responses/results can be transferable to other settings (generalizable). If it is, the results are useful to other settings and the recommendations/conclusions could be applied to other settings as well.
8. Explain why there are two ICFs.
9. Under Ethical considerations: The risks of probing questioning needs to be addressed and included in the ICFs .
10. Include in the ICF that although they won't be paid, refreshments will be served during the interview. Specify that there are no costs involved for them except their time.
11. Also state that the interview will be recorded and state how you will store these recordings.
12. How will results be disseminated? This must also be included in the ICF as well as who will have access to the data.

On receipt of the additional information / corrected document(s) the application will be reconsidered.

Please provide a letter of response to all the points raised IN ADDITION to HIGHLIGHTING or using TRACK CHANGES function indicate ALL corrections / amendments of ALL DOCUMENTATION, clearly in order to allow rapid scrutiny and appraisal.

The HREC has determined that your response to this Request for Modifications may be reviewed via Expedited review procedures. Based on your response the HREC has the prerogative and authority to ask further questions, seek additional information, require further modifications, or refer your response to the convened HREC.

Please note that the application for approval and registration of this project would be cancelled automatically if no feedback is received from you within 6 (six) months of the date of this letter.
Please note that you *may not* recruit subjects until you receive a *written notice of HREC approval* that will include the date-stamped informed consent document(s) to use when seeking consent from subjects.

For standard HREC forms and documents please visit: www.sun.ac.za/rds

If you have any questions or need further assistance, please contact the HREC office at 0219389657.

Appendix 1 (b): Ethical approval from Stellenbosch University

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Approval Notice
Response to Modifications- (New Application)

19-Feb-2016
Hutchinson, Frances F

Ethics Reference #: S15/10/228

Title: Attrition of under-graduate male nursing students at a private nursing education institution in Gauteng,

DearMs Frances Hutchinson,

The Response to Modifications - *(New Application)* received on 19-Jan-2016, was reviewed
Please note the following information about your approved research protocol:

Protocol Approval Period: **19-Feb-2016 -18-Feb-2017**

Please remember to use your **protocol number** (S15/10/228) on any documents or correspondence with the HREC concerning your research protocol.

Please note that the HREC has the prerogative and authority to ask further questions, seek additional information, require further modifications, or monitor the conduct of your research and the consent process.

After Ethical Review:
Please note a template of the progress report is obtainable on www.sun.ac.za/rds and should be submitted to the Committee before the year has expired. The Committee will then consider the continuation of the project for a further year (if necessary). Annually a number of projects may be selected randomly for an external audit.
Translation of the consent document to the language applicable to the study participants should be submitted.

Federal Wide Assurance Number: 00001372
Institutional Review Board (IRB) Number: IRB0005239

The Health Research Ethics Committee complies with the SA National Health Act No.61 2003 as it pertains to health research and the United States Code of Federal Regulations Title 45 Part 46. This committee abides by the ethical norms and principles for research, established by the Declaration of Helsinki, the South African Medical Research Council Guidelines as well as the Guidelines for Ethical Research: Principles Structures and Processes 2004 (Department of Health).

Provincial and City of Cape Town Approval

Please note that for research at a primary or secondary healthcare facility permission must still be obtained from the relevant authorities (Western Cape Department of Health and/or City Health) to conduct the research as stated in the protocol. Contact persons are Ms Claudette Abrahams at Western Cape Department of Health (healthres@pgwc.gov.za Tel: +27 21 483 9907) and Dr Helene Visser at City Health (Helene.Visser@capetown.gov.za Tel: +27 21 400 3981). Research that will be conducted at any tertiary academic institution requires approval from the relevant hospital manager. Ethics approval is required BEFORE approval can be obtained from these health authorities.

We wish you the best as you conduct your research.
For standard HREC forms and documents please visit: www.sun.ac.za/rds

If you have any questions or need further assistance, please contact the HREC office at 0219389657.

Included Documents:

CV F Hutchinson

Permission to conduct research Nursing Executive

Application form

Protocol

20160128 MOD Protocol Synopsis

Declaration F Hutchinson

Declaration C Klopper

Consent to participate in research

20160128 MOD Cover letter

Checklist

Permission to conduct research Nursing edu manager

Consent form

CV C Klopper

20160128 MOD Consent form

Protocol Synopsis

20160128 MOD HREC Health Modifications

Permission to conduct research Employee Relations

20160128 MOD Protocol

Sincerely,

Franklin Weber
HREC Coordinator
Health Research Ethics Committee 1

Appendix 2: Permission obtained from institution

<div align="right">

Ms F Hutchinson
PO Box 884
Muldersdrift
1747
19 February 2016

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Dewald de Lange
Manager │Employee Relations
Mediclinic Southern Africa
PO Box 456
Stellenbosch
7599

Dear Mr de Lange

RE: PERMISSION TO CONDUCT RESEARCH: ATTRITION OF UNDER-GRADUATE MALE NURSING STUDENTS AT A PRIVATE NURSING EDUCATION INSTITUTION IN GAUTENG

I, Frances Hutchinson (18817459), a M Cur student at the Stellenbosch University, hereby kindly request permission to conduct my research at a training facility in Gauteng, in the Mediclinic Southern Africa group.

The aim of the study is to explore and understand the views of under-graduate male nursing students about attrition at a private nursing education institution.

Data collection will be done by using semi-structured interviews. The date for the data collection will be finalized as soon as permission is granted.

The data collected will not be linked to any training facilities or clinical facilities, as no names will be mentioned in the research report. It is however my intent to present the results at a conference and to publish an article.

Attached please find a copy of the proposal and the Ethical Approval notice. Ethical approval has been obtained from the Health Research Ethics Committee of Stellenbosch University. The Ethics Reference number: S15/10/228.

I trust that approval of the above request will be granted. Due to time limits your prompt feedback will be appreciated.

Yours sincerely

Frances Hutchinson
Student number: 18817459
Cell No: 082 823 0319

Ms F Hutchinson
PO Box 884
Muldersdrift
1747
19 February 2016

Ms Ann van Zyl
Nursing Education Manager
Mediclinic Southern Africa
PO Box 5228
Tyger Valley
7536

Dear Ms van Zyl

RE: PERMISSION TO CONDUCT RESEARCH: ATTRITION OF UNDER-GRADUATE MALE NURSING STUDENTS AT A PRIVATE NURSING EDUCATION INSTITUTION IN GAUTENG

I, Frances Hutchinson (18817459), a M Cur student at the Stellenbosch University, hereby kindly request permission to conduct my research at a training facility in Gauteng, in the Mediclinic Southern Africa group.

The aim of the study is to explore and understand the views of under-graduate male nursing students about attrition at a private nursing education institution.

Data collection will be done by using semi-structured interviews. The date for the data collection will be finalized as soon as permission is granted.

The data collected will not be linked to any training facilities or clinical facilities, as no names will be mentioned in the research report. It is however my intent to present the results at a conference and to publish an article.

Attached please find a copy of the proposal and the Ethical Approval notice. Ethical approval has been obtained from the Health Research Ethics Committee of Stellenbosch University. The Ethics Reference number: S15/10/228.

I trust that the above request will be granted. Due to time limits your prompt feedback will be appreciated.

Yours sincerely

Frances Hutchinson
Student number: 18817549
Phone: 082 823 0319

E-mail response regarding institutional permission

From: van Zyl, Ann
Sent: 25 February 2016 06:31 AM
To: Hutchinson, Frances
Subject: RE: Mediclinic research application requirements

Dear Frances

I give permission to conduct your research in the Tshwane learning centre.

Regards

Ann van Zyl
Higher Education and Training Manager
MEDICLINIC SOUTHERN AFRICA
Mediclinic Regional Office
Tijgerpark 1, Willie van Schoor Drive, Bellville, 7530
PO Box 5228, Tygervalley, 7536
T +27 21 943 6000
F +27 86 681 3188
www.mediclinic.co.ca

From: Hutchinson, Frances
Sent: 24 February 2016 12:59 PM
To: Lottering, Clinton
Cc: van Zyl, Ann
Subject: RE: Mediclinic research application requirements

Dear Clinton,

Thank you very much. I will ensure that the company receives a complete copy of the final research project on completion and grading thereof.

Kindest Regards | Vriendelike Groete

Frances Hutchinson
Head Educator
MEDICLINIC SOUTHERN AFRICA
Mediclinic Ltd Learning Centre : Tshwane Region
132 Celliers Street; Sunnyside; 0132
PO Box 27053; Sunnyside; 0132
T +27 12 421 9129
F +27 86 242 4820
www.mediclinic.co.za

From: Lottering, Clinton
Sent: 24 February 2016 12:47 PM
To: Hutchinson, Frances
Subject: RE: Mediclinic research application requirements

Dear Frances,

Following our previous correspondence and your submission of the required documents, the company has approved your research project subject to the conditions set out below:

1. The company will be provided with a complete copy of the final research project once it has been submitted and graded.
2. The research process may not interrupt the daily operations of the Mediclinic Learning Centre - Tshwane Region and should preferably take place during off-peak times.

Your research project is approved for Mediclinic Learning Centre – Tshwane Region.

Please contact me if you require any further information.

Kind regards,

Clinton Lottering
Officer | Employee Relations
MEDICLINIC SOUTHERN AFRICA
Mediclinic Offices
Strand Road, Stellenbosch, 7599
P.O. Box 456, Stellenbosch, 7600
T: + 27 21 809 6725
F: + 27 86 743 5214
www.mediclinic.co.za

From: Lottering, Clinton
Sent: 22 February 2016 09:46 AM
To: Hutchinson, Frances
Subject: RE: Mediclinic research application requirements

Dear Frances,

As discussed I acknowledge receipt of the documentation and will keep you informed regarding the outcome once considered for approval purposes.

Kind regards,

Clinton Lottering
Officer | Employee Relations
MEDICLINIC SOUTHERN AFRICA
Mediclinic Offices

Strand Road, Stellenbosch, 7599

P.O. Box 456, Stellenbosch, 7600

T: + 27 21 809 6725

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www.mediclinic.co.za

From: Hutchinson, Frances
Sent: 22 February 2016 09:32 AM
To: Lottering, Clinton
Subject: RE: Mediclinic research application requirements
Importance: High

Dear Clinton,

Attached please find the e-mail that I have sent to Dewald de Lange on Friday, 19 February 2016 after our telephonic conversation. I have followed the guides as set out in the Training and Development Policy: Research Educators http://intranet/docs/training/Nursing%20Education%20Policies/Learning%20Centre%20Issues/Research%20Educator.pdf

Trust that you find this in order. Should you require additional documents, please do not hesitate to contact me.

Kindest Regards | Vriendelike Groete

Frances Hutchinson
Head Educator
MEDICLINIC SOUTHERN AFRICA
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www.mediclinic.co.za

From: Lottering, Clinton
Sent: 19 February 2016 02:32 PM
To: Hutchinson, Frances
Subject: Mediclinic research application requirements

Dear Frances,

Our telephonic discussion has reference. Mediclinic receives various requests from students to partake in research projects and therefore we follow a formal approach to ensure that all applications are considered equally.

Should you wish to continue with your research project at Mediclinic we would require the following information?

1. A formal letter from your research supervisor on an official letterhead from the learning institution explaining the reason and detail of the study.
2. A sample of the questionnaire that will be used in the research project (a website reference if it is an online questionnaire).
3. Instructions on how the questionnaire should be completed by staff members, should the project be authorised.
4. The amount of responses required and level of employees to complete the questionnaire.
5. A letter of assurance from the learning institution that all information gained from the research project will only be used for academic purposes and that no details will be made available to third parties.

Once we have received the above information your research project will be considered by the HR Executive and we will provide you with details on the way forward.
Kind regards,

Clinton Lottering
Officer | Employee Relations
MEDICLINIC SOUTHERN AFRICA

Mediclinic Offices
Strand Road, Stellenbosch, 7599
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Appendix 3: Participant information leaflet and declaration of consent by participant and investigator

<u>**PARTICIPANT INFORMATION LEAFLET AND CONSENT FORM**</u>

TITLE OF THE RESEARCH PROJECT:

Attrition of under-graduate male nursing students at a private nursing education institution in Gauteng.

REFERENCE NUMBER: S15/10/228

PRINCIPAL INVESTIGATOR: Frances Hutchinson

ADDRESS: 132 Celliers Street,

Sunnyside

Pretoria

0132

CONTACT NUMBER: 012 421 9100

082 823 0319

You are being invited to take part in a research project. Please take some time to read the information presented here, which will explain the details of this project. Please contact me should you have any questions about any part of this project that you do not fully understand. It is very important that you are fully satisfied, that you clearly understand what this research entails and how you could be involved. Also, your participation is **entirely voluntary** and you are free to decline to participate. If you say no, this will not affect you negatively in any way whatsoever. You are also free to withdraw from the study at any point, even if you do agree to take part.

This study has been approved by the **Health Research Ethics Committee at Stellenbosch University** and will be conducted according to the ethical guides and principles of the international Declaration of Helsinki, South African Guides for Good Clinical Practice and the Medical Research Council (MRC) Ethical Guides for Research.

What is this research study all about?

The purpose of this study is to explore and understand the reasons for attrition of under-graduate male nursing students at a private nursing education institution in Gauteng.

If you agree to take part in the study, you will be interviewed and requested to share your experiences of being an under-graduate male nursing student at a private nursing education institution. The interview will be conducted in English but if you would like to express yourself in another language, a translator will be made available.

The interview will take approximately 45-60 minutes of your time. The interview will be recorded to make sure we are able to recall your words accurately. Once we have written down what was said in the interview, the recordings will be locked away in a safe place and your name will not be used in the report. This is to make sure that you cannot be identified. You will be asked to check content of the transcript for accuracy.

If you agree to take part in the interview you may stop the session and withdraw from the study at any time should you feel distressed. Should the interviewer feel you would benefit from or if you request, counseling can be arranged with an experienced counselor.

Why have you been invited to participate?

You have been invited to participate in this study as you were an under-graduate male nursing student at the private nursing education institution in Gauteng that discontinued your studies. Because of this experience, you will be able to provide the researcher with valuable information that may assist educators and nursing education institutions to generate and formulate strategies for future under-graduate male nursing students.

What will your responsibilities be?

If you agree to participate, you will have a responsibility to voice your experiences of being an under-graduate male nursing student at a private nursing education institution.

Will you benefit from taking part in this research?

Although the study will not benefit you directly, the information obtained may assist future under-graduate male nursing students to complete their training successfully.

Are there any risks involved in your taking part in this research?

This research study is a non-experimental therefore there are no risks involved in your participation of this study. However, should you experience any distress or find that the interview brings back bad memories; you can choose to withdraw or be referred to an experienced counsellor for sessions.

If you do not agree to take part, what alternatives do you have?

You can choose whether to take part in this study or not. If you volunteer to take part in this study, you may withdraw at any time without consequences of any kind. You may also refuse to answer any questions you don't want to answer and still remain in the study. The investigator may withdraw you from this research if circumstances arise which warrant doing so.

Who will have access to your records?

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. Confidentiality will be maintained as no name of any participant will be mentioned in any reports to ensure anonymity. All information obtained in this study is strictly confidential and private. Only the researcher will have access to the transcripts of the interviews as it will be kept in a safe place. The results of this study will be used to write a report as part of a Master Degree. It may also be used for publication or presentation purposes, but no participant will be implicated by name.

What will happen in the unlikely event of some form injury occurring as a direct result of your taking part in this research study?

It is not anticipated that any form of injury may result because of your participation in the study. In the unlikely event that an injury does occur the principle researcher will arrange for treatment at the clinical facility of your choice.

Will you be paid to take part in this study and are there any costs involved?

There will be no cost implication for you, the participant, and no remuneration will be offered to you to take part in this study. You will however be interviewed in your own time at a venue of your choosing. Refreshments will be provided during the interview at no cost to you, the participant.

Is there anything else that you should know or do?

➢ You can contact **Frances Hutchinson** at **082 823 0319** if you have any further queries or encounter any problems.
➢ You can contact the Health Research Ethics Committee at 021 - 938 9207 if you have any concerns or complaints that have not been adequately addressed by the researcher.
➢ You will receive a copy of this information and consent form for your own records.

Declaration by participant

By signing below, I …………………………….…………. agree to take part in a research study entitled: 'Attrition of under-graduate male nursing students at a private nursing education institution in Gauteng'.

I declare that:

- I have read or had read to me this information and consent form and it is written in a language with which I am fluent and comfortable.

- I have had a chance to ask questions and all my questions have been adequately answered.

- I understand that taking part in this study is **voluntary** and I have not been pressurised to take part.

- I may choose to leave the study at any time and will not be penalised or prejudiced in any way.

- I may be asked to leave the study before it has finished, if the study doctor or researcher feels it is in my best interests, or if I do not follow the study plan, as agreed to.

Signed at (*place*) ....…......……………. on (*date*) ………….....………. 2016.

....

Signature of participant   **Signature of witness**

Declaration by investigator

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

- I explained the information in this document to …………………………………..
- I encouraged him to ask questions and took adequate time to answer them.
- I am satisfied that he adequately understands all aspects of the research, as discussed above
- I did/did not use an interpreter. (*If an interpreter is used then the interpreter must sign the declaration below.*

Signed at *(place)* ....…......……………. on *(date)* …………...……….. 2016.

....
Signature of investigator   **Signature of witness**

Declaration by interpreter

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

- I assisted the investigator (*name*) ……………………………………. to explain the information in this document to (*name of participant*) …………….………………………….. us ning the language medium of Afrikaans/Xhosa.
- We encouraged him/her to ask questions and took adequate time to answer them.
- I conveyed a factually correct version of what was related to me.
- I am satisfied that the participant fully understands the content of this informed consent document and has had all his questions satisfactorily answered.

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

....
Signature of interpreter   **Signature of witness**

Appendix 4: Semi-structured interview guide

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The interviewer will begin the process by putting the participant at ease by introducing themselves, offering some refreshments and asking a few basic questions e.g. 'Was it easy for you to find the venue?'

Introduce the purpose of the interview.

Provide approximate length of the interview.

Explain the purpose of the voice recorder to the participant.

Assure the participant that he may seek clarification of questions.

<u>**Semi-Structured Interview Guide**</u>

1. What made you decide to discontinue/leave your studies and/or resign?
2. How did you feel when you left the course?
3. Thinking about your course, what did you think the course would be like?
4. In your opinion, what advice/recommendations do you have for current and future male nursing students?
5. What would have made it better?

Probing questions to ensure reliability of the data will only be used to clarify interesting statements and relevant issues raised by the participants.

1. Help me understand what you mean when you say '*term or phrase*'?
2. You mentioned '*term or phrase*'… Can you tell me a little bit more about this?
3. Can you give me an example of '*term or phrase*'?
4. Why is this important to you?
5. How does this relate to the topic we started with?

Appendix 5: Confidentiality agreement with interviewer

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UNDERTAKING OF CONFIDENTIALITY

I, <u>SUSETH GOOSEN</u>, hereby declare that I understand and accept that I will come into contact with sensitive and confidential information during the interviewing of the participants in the study titled: 'Attrition of under-graduate male nursing students at a private nursing education institution in Gauteng'.

I recognise and understand that any data and information obtained during the course of my duties as an interviewer be treated as strictly confidential and will therefore not use or discuss such information.

I will access these recordings only when required and I will not transmit or share these data files with any third parties nor will I make personal use of these data.

I accept the seriousness of my declaration.

Signed at (*place*) <u>Centurion (Pretoria)</u>   on (*date*) <u>2 March 2016</u>

SUSETH GOOSEN   JOAN ESTERHUIZEN
Signature of interviewer   **Signature of witness**

Appendix 6: Confidentiality agreement with data transcriber

UNDERTAKING OF CONFIDENTIALITY

I, _GERHARD MEYER_ transcriptionist, hereby agree to maintain full confidentiality in regards to any and all audio files received from Frances Hutchinson related to her research study on the researchers' study titled: 'Attrition of under-graduate male nursing students at a private nursing education institution in Gauteng'. Furthermore, I agree:

1. To hold in strictest confidence the identification of any individual that may be inadvertently revealed during the transcription of recorded interview.

2. To not make copies of any audio files or computerized titles of the transcribed interviews texts, unless specifically requested to do so by the researcher, Frances Hutchinson.

3. To store all study-related audio files in a safe, secure location as long as they are in my possession.

4. To delete all audio files and electronic transcriptions containing study-related documents from my computer hard drive and any back-up devices.

I am aware that I can be held legally responsible for any breach of this confidentiality agreement, and for any harm incurred by individuals if I disclose identifiable information contained in the audio files to which I will have access.

Transcriber's name (printed) _GERHARD MEYER_

Transcriber's signature _____

Date: 5 April 2016

Appendix 7: Extract of transcribed interview

<u>INTERVIEWER</u>: Now tell me a little bit about yourself.

<u>PARTICIPANT</u>: Yes, ma'am.

<u>INTERVIEWER</u>: Without your name, tell me about age, family, hobbies whatever.

<u>PARTICIPANT</u>: Okay, um I am twenty four years old.

<u>INTERVIEWER</u>: Ja.

<u>PARTICIPANT</u>: Um, I live in the North West with my mother and father. My brother is in Pretoria. He is studying with UNISA.

<u>INTERVIEWER</u>: Okay. What, what is your brother studying?

<u>PARTICIPANT</u>: Oh he is doing um, web development.

<u>INTERVIEWER</u>: Okay.

<u>PARTICIPANT</u>: He is very smart ja. I am always feeling the pressure like to live up to, to him and all that.

<u>INTERVIEWER</u>: Okay.

<u>PARTICIPANT</u>:   My family is very academic.   My other brother who is on my mother's side, but he is my mother's son, but not my father's son...

<u>INTERVIEWER</u>: Okay.

<u>PARTICIPANT</u>: Ja, he did um Computer Engineering. He actually went into nursing. He has been a nurse for seven or eight years now.

<u>INTERVIEWER</u>: Okay, so he started off with nursing?

<u>PARTICIPANT</u>: Ja.

<u>INTERVIEWER</u>: Then he...

<u>PARTICIPANT</u>: He left that.

<u>INTERVIEWER</u>: Why did he decide to go...

<u>PARTICIPANT</u>: I don't know, I don't know.

<u>INTERVIEWER</u>: It is, it is two different worlds isn't it?

<u>PARTICIPANT</u>: I know, it doesn't make sense. He jumped from, from like um, Health Sector like to computers and everything.

<u>INTERVIEWER</u>: From people to machines.

<u>PARTICIPANT</u>: Imagine.

<u>INTERVIEWER</u>: Imagine ne.

<u>PARTICIPANT</u>:   It doesn't make sense.   I guess he wanted something that challenged him. I don't know, I guess. Maybe, we...

<u>INTERVIEWER</u>: Do you thing nursing is not challenging enough?

<u>PARTICIPANT</u>: It is, it is. It defeated me. I have lots of respect of it ja.

<u>INTERVIEWER</u>:   Okay.   So did you understand nursing?   Do you think you

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understand nursing better because your brother studied that?

PARTICIPANT: Not really, unless you have done it yourself, like being a nurse. That is what I think ja.

INTERVIEWER: Okay.

PARTICIPANT: It doesn't matter what someone tells you really, unless you have done it yourself and then you get a better understanding of it.

INTERVIEWER: Okay, so what was your understanding initially?

PARTICIPANT: I thought I will be this person, I will be like um, get all this respect and you know, be like a hero and all of that, because I am saving lives and all of that.

INTERVIEWER: Okay.

PARTICIPANT: Ja, I saw the whole heroic part of it. But eh, when I got there, I think for me, working with people's lives. It was just too much for me. I was scared. It is too much responsibility. Too much to own up for... I guess that is what stressed me out and the pressure, okay just, I kept thinking of that over and over. Whenever I do, whenever I make a mistake and thinking that ja, I just didn't get... I still remember some of the mistakes I did from 2014, imagine.

INTERVIEWER: So it is, it is just coming back and back and back to you...?

PARTICIPANT: Ja, it was too much. I think the environment as well, being around sick people all the time.

INTERVIEWER: Okay.

PARTICIPANT: It was too much for me. It left me feeling very drained. That is why I would say, every day it is just coming back from okay like joh.

INTERVIEWER: Okay.

PARTICIPANT: You give so much of yourself and it is, ja...

INTERVIEWER: Okay. Okay, you said a lot of things that I actually...

PARTICIPANT: I know, I know.

INTERVIEWER: But it is no problem.

PARTICIPANT: Okay.

INTERVIEWER: I, I make short notes here, so as I remember things we can go back.

PARTICIPANT: Okay, no problem.

INTERVIEWER: So don't worry. As things come, just talk, okay.

PARTICIPANT: Okay.

INTERVIEWER: If I want any clarity I will, I will stop you.

PARTICIPANT: Okay.

INTERVIEWER: Okay, you said initially that um, you thought you are going to be

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this hero.

PARTICIPANT: That was very glamorous I think, ja.

INTERVIEWER: So nursing was a glamorous job for you?

PARTICIPANT: Ja for me. That is what I thought ja.

INTERVIEWER: Because you safe lives?

PARTICIPANT: Ja, you save lives, ja. As soon as you get there, and it is a lot of work, ja.

INTERVIEWER: The nursing?

PARTICIPANT: All twelve hour shifts as well, yes.

INTERVIEWER: The hours is also a...?

PARTICIPANT: Ja.

INTERVIEWER: Okay. So um, and respect, that was another word that you said that I, that I like.

PARTICIPANT: Ja because even my parents they were, they were very happy that I was doing this course.

INTERVIEWER: Uh-huh.

PARTICIPANT: And they bragged a lot about it.

INTERVIEWER: Okay.

PARTICIPANT: Ja because I think it comes with a certain respect. People respect you if you are a nurse. That is what I think ja.

INTERVIEWER: Is it, is it common in, in your culture? Is it common with males…. that respect comes with nursing?

PARTICIPANT: Not really, not really.

INTERVIEWER: Okay.

PARTICIPANT: Not really. But I think, because my, my brother, like my half brother is doing it, I thought, and I respect him. I know he is very smart.

INTERVIEWER: Uh-huh.

PARTICIPANT: I, I am not, I am not um, like gender wise I, I have been raised where, because you know um, in lots of black cultures ne...

INTERVIEWER: Ja?

PARTICIPANT: ...the women stay outside when there is like a shares meeting whatever. With, whereas with me, like the women participated um, my aunts work and they take care of their kids. So I never really seen that whole women and men, ja. I always thought they were equal. Let me say that, ja. So the whole being a nurse it is like for women and whatever, I didn't really think of it that way. I just saw the whole um, it is a job and you are saving lives.

INTERVIEWER: Okay.

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PARTICIPANT: So I never had that whole, ja...

INTERVIEWER: So, so you are not that much of a traditional black male?

PARTICIPANT: Ja, ja let me say that ja.

INTERVIEWER: You grew up in a, a western, a more western?

PARTICIPANT: Ja.

INTERVIEWER: There is still some of your, the black culture that is coming in?

PARTICIPANT: There is ja, but still um, in a more modern type of way ja.

INTERVIEWER: Okay.

PARTICIPANT: Where you know that women also work, women can also be the head of the family and all that, ja.

INTERVIEWER: Okay. That is forward thinking

PARTICIPANT: Ja I try to be, I try to be.

INTERVIEWER: Okay, um so if I understand correctly, in a traditional black family the male is the head of the family?

PARTICIPANT: Mm, mm, he makes all the... Even though they do make decisions together but when it comes to certain points… he makes the, the tough choices and everything and all that. The financial choices as well ja.

INTERVIEWER: Males are not carers then? They are leaders?

PARTICIPANT: Not really. Not really, ja they are leaders ja.

INTERVIEWER: Okay.

PARTICIPANT: Ja.

INTERVIEWER: Interesting.

PARTICIPANT: They are leaders. I will be sick, whenever I will be sick while I was growing up as child my mother would take care of me and all that. My dad was obviously the one who pays for the medical aid and whatever, you know what I mean.

INTERVIEWER: Mm.

PARTICIPANT: That is what I am trying to, ja.

INTERVIEWER: Okay, that is, it makes sense that um, people think that way. Okay, so we had the hero and we had the respect.

PARTICIPANT: Ja.

INTERVIEWER: And then um, reality.

PARTICIPANT: Ja, ja.

INTERVIEWER: Okay.

PARTICIPANT: Ja reality of working daily.

INTERVIEWER: Of working. Tell me about your work a bit.

PARTICIPANT: Nothing glamorous like I thought, nothing glamorous. I had to get

used to seeing blood, having to um, clean people, you know, whenever they make a mess on themselves and whatever. Ja, but I got used to it actually. It wasn't even that... Like I said, it was more the pressure of... Because I would make a mistake every now and then, I would maybe remove like um, someone will be receiving like medicine, you know with the IV and all of that, and then maybe I will take, take it out before it is finished because the person wants to leave, he has been discharged from the hospital. Then I would get 'skelted' on like maybe one of the Sisters would be like why did you remove it before the thingy was finished. Because um, with antibiotics you have to take the whole um, what is this, quantity of the medicine or whatever.

INTERVIEWER: Okay.

PARTICIPANT: So that would stress me out.

INTERVIEWER: Just tell me um, quickly before we go on, because you talk about medicine, I think that you were already a Pen2?

PARTICIPANT: No I was actually a Pen1.

INTERVIEWER: Okay.

PARTICIPANT: So I was, I should not even have been...

INTERVIEWER: Ja but um, the...

PARTICIPANT: Removing IV.

INTERVIEWER: ...removing IV is part of your...

PARTICIPANT: Ja it is part of our work ja.

INTERVIEWER: Okay.

PARTICIPANT: Ja.

INTERVIEWER: And then you make a mistake?

PARTICIPANT: Ja.

INTERVIEWER: What did the staff do when you make a mistake? Shout?

PARTICIPANT: They would shout at me and then you try not to tell the doctors I guess, if it is not that serious, you don't...

INTERVIEWER: Okay.

PARTICIPANT: Ja, without get shout at ja. But not as in embarrassing in front of everyone, ja.

INTERVIEWER: Okay.

PARTICIPANT: Because the ladies...

INTERVIEWER: But they were not happy?

PARTICIPANT: Ja they were not happy. They were not happy. I remember that one specifically, that specific incident. Ja it didn't go that well.

INTERVIEWER: Okay.

PARTICIPANT: Ja, and just feeling as though you don't know much about what you are doing, because you are still so... I didn't uh, I didn't like it.

INTERVIEWER: When did you leave nursing, or how did you leave nursing?

PARTICIPANT: Ah I left after thirteen months actually in the course. Then I left, eh, it was actually the day before we had to hand in our books. All that practical... practice that you had, that you had to have done and finished, um ja. I still, I think I still had one or two that I didn't have finished. The thing is if you don't have, if you do hand it in without those two or like one practical exam or whatever that is not finish, I think you, they take you back... I don't know if I can call it a grade or what.

INTERVIEWER: Okay.

PARTICIPANT: So you repeat the, the year.

INTERVIEWER: So they basically extend your course?

PARTICIPANT: Extend the course ja. Ja, that is a better word.

INTERVIEWER: Okay is that what you meant?

PARTICIPANT: Ja, but actually I think six months into the course I felt like leaving. I mean I felt like leaving. My parents and my brother sat me down and told me I am wasting opportunity and all of that. Basically made me, basically made me feel guilty for wanting to leave. So I was like let me finish at least the year and then maybe I will get used to it. And if, even if I, maybe just finish that one year and then from there I can study something else while I am working, pay for my own studies and everything.

INTERVIEWER: Okay, and then what happened?

PARTICIPANT: I couldn't take it. It was too much, ja.

INTERVIEWER: Could you finish those practical books? Could they register you for an Auxiliary Nurse?

PARTICIPANT: Ja if I hand in the book and then got my course extended it would have been fine. I think I could have finished then.

INTERVIEWER: So did you decide then not to go on? So you have resigned?

PARTICIPANT: I resigned ja.

INTERVIEWER: Okay.

PARTICIPANT: Ja that is what I did.

INTERVIEWER: How did your family feel?

PARTICIPANT: Devastated to say the least. I mean my, especially my father, he was actually very disappointed.

INTERVIEWER: Uh-huh.

PARTICIPANT: It took him a while to get over it.

INTERVIEWER: How did that make you feel?

PARTICIPANT: It made me feel bad.

INTERVIEWER: Uh-huh.

PARTICIPANT: Ja it made me feel bad. I was, I was disappointed in myself and I was a bit angry as well, because I felt as why don't they understand that actually... Because like I said, I wanted to leave six months into the course. I actually tried to finish the course, why can't they see that part. Then also like when, when they came to me, when I actually resigned I felt as though I didn't want to be like, I didn't even want a future in nursing anymore. I felt as though ja, like...

INTERVIEWER: It is not you.

PARTICIPANT: Ja it is not me. I tried it, but then it is not me. I hoped that they will understand that, but they didn't. They just seemed disappointed I guess.

INTERVIEWER: Okay so what was your first um, choice for a career?

PARTICIPANT: Career? I was actually telling the Sister now eh I wanted to do um, a Biomedical Engineering. It is a course where you work with the machines in the hospital actually.

INTERVIEWER: Okay.

PARTICIPANT: Those um, dialysis and that other machine, the machines that work in the hospital.

INTERVIEWER: Ja.

PARTICIPANT: Ja, um they call it artificial organs, because you know like um, they do the work of the kidneys like the dialysis and... That is what I... Because, I actually wanted to work in the hospital but not being a nurse and hands on with people.

INTERVIEWER: Okay.

PARTICIPANT: Ja.

INTERVIEWER: What changed your mind? Why didn't you go for um, Biomedical Engineering?

PARTICIPANT: My marks are not good enough for university. Then you couldn't get the course in like a college. So ja...

INTERVIEWER: Okay.

PARTICIPANT: That is what led to me doing nursing.

INTERVIEWER: So it was your second choice?

PARTICIPANT: It was my second choice ja. It was my, my third choice. After that...

INTERVIEWER: Okay, and the second?

PARTICIPANT: After that I thought I will do um, Radiography.

INTERVIEWER: Okay.

PARTICIPANT: You know, the people with the x-rays and, ja.

INTERVIEWER: The machines again?

PARTICIPANT: Ja the machines again. I was actually interested in working with the machines ja.

INTERVIEWER: And also there...

PARTICIPANT: It still wasn't good enough. The marks still wasn't good enough ja, because they want really high marks in maths and physics.

INTERVIEWER: Mm.

PARTICIPANT: Ja. I am doing now, I am doing Electrical Engineering now in a college in a FET college.

INTERVIEWER: Okay, and is it going better?

PARTICIPANT: At first, it was the first semester, it was good, but now the second one it is getting difficult. It is weird I'd write what I remember from the book in the exam, but it comes back wrong. I don't know. I don't know what I am doing. I guess it is...

INTERVIEWER: It is not school anymore ne?

PARTICIPANT: Ag, eish. It is like you understand. I think also, um spending time away from school and having to go back ja, it is bit of an adjustment.

INTERVIEWER: Okay, how old were you when you started with the nursing career?

PARTICIPANT: Actually I was eh, twenty two.

INTERVIEWER: That is quite young still ne?

PARTICIPANT: I know. I think it gets also... Because you have to mature, it forces you to mature. After that first week at hospital you must just grow up and stop acting like eh whenever there faeces or anything ja. You must just grow up.

INTERVIEWER: Did you ever get used to that?

PARTICIPANT: I did, I did actually. Ja when someone had vomit I would actually run towards the person who is vomiting, not away from them, ja.

INTERVIEWER: Ja sometimes I still want to run away.

PARTICIPANT: Ja and I thought it is my first week there, when someone has eh, what do you call it, gastroenteritis ne...

INTERVIEWER: Ja.

PARTICIPANT: ...and the faeces has blood in it, joh that smell...

INTERVIEWER: No that I must agree. We call it a malena stool.

PARTICIPANT: Ja.

INTERVIEWER: It is terrible.

PARTICIPANT: Wow in my first week, three days in to it I had to deal with that. I was like joh.

INTERVIEWER: That is a smell that is never getting out of your nostrils.

PARTICIPANT: That is why I could taste the smell. I were like jissy.

INTERVIEWER: Ja.

PARTICIPANT: It was bad.

INTERVIEWER: Ja, no I must say, there is a few challenges that needs writing up.

PARTICIPANT: Ja.

INTERVIEWER: Okay. Then we come back, you said you were drained and you have this recurring memories. Um, do you want to tell me about how you feel when you were drained? Explain that a bit more.

PARTICIPANT: Um, I felt as though like I didn't want to do it anymore actually. The thing is, it has been physically tired and it is, in your mind you are telling yourself I am tired and then automatically your body feels tired. I think it was eh, I would tell myself I am tired, this is too much. And…, and I think I wasn't... The fact that we are not earning much as well ja, I think so ja.

INTERVIEWER: So money is also making you tired?

PARTICIPANT: Ja if I ever going to work hard I am going to expect some money, yes. That is how I think it is, ja.

INTERVIEWER: Okay, were you ever, did you ever feel depressed?

PARTICIPANT: I did, I think I did. But, even before that, I don't know, I think I did, because I spent, there is a time where I would spend like a month or two in the house without leaving... I don't know if that is eh, that is depression or what, and I can't, I didn't even like being around people much... Something I have to deal with outside, ja.

INTERVIEWER: Do you still feel like that?

PARTICIPANT: Sometimes.

INTERVIEWER: Have you ever looked for any help for that?

PARTICIPANT: Not really hey. But um, when I was there actually in, in the hospital I would take those um, those um, what they call it, a counsel would come and I would actually get to talk to her about it. I think that is why I lost it after the six months, that is why I lost it, take seven more months, ja.

INTERVIEWER: Okay so the counselling helped a bit?

PARTICIPANT: Mm, it did.

INTERVIEWER: Was it part of Occupational Services?

PARTICIPANT: Ja the Occupational Health Sister ja.

INTERVIEWER: The Occupational Health Sister, okay. Did you sign up yourself, did somebody referred you?

PARTICIPANT: She referred me actually.

INTERVIEWER: That is interesting.

PARTICIPANT: Ja, and then I was actually open, so it was...   The thing is I was getting into so much trouble with being late and then sometimes I would be absent, you know.

INTERVIEWER: That was all because you did not really want to do...?

PARTICIPANT: I didn't want to be there, ja.   That is how, that is what I noticed, like why would I...   Because for the first six months I was, it was good, good grades, good everything.   Then after that six months when I wanted to quit then I was actually...   I was actually forced to go back.   So ja, I was just...

INTERVIEWER: Was there one specific incident that made you decide that was now enough?

PARTICIPANT: Ja that was, that was um, I don't know what to say now, it was a ward, like a ward manager that...   That is what you call them mos now?

INTERVIEWER: Unit Manger.

PARTICIPANT: Unit Manger ja.   Ja, the whole coming late thingy made her very angry and I think to her it seems as though, it seems as though I was disrespecting her and then like, because I would stop for two, three days and then it would happen again.   She would get very angry with it.   She, this one time she called me in to her office and told me that she would make sure that I got terminated because she was very angry.   But she did come back and apologise like two, three weeks afterwards, like sorry about that I was very angry and I can see that you changed your ways and all of that, you know.

INTERVIEWER: Okay, so it is a person that was the final...?

PARTICIPANT: Ja, ja I think...   Because the thing is every ward I would go to, I remember going to a ward after that and the Unit Manger there said wow surprisingly you have been very good here and you came every day.   Because it was in December, you know, and I came every day, I was on time and everything.   She was like surprisingly you have been here every day.   It was um, because I was, I was expecting so, so much trouble from you um, according to what I have heard.

INTERVIEWER: Oh.

PARTICIPANT: So I could see like, ja, so the word was spreading and everything. So I would go to other wards and then you could see the Unit Manger will treat you differently already, ja, based on what she would, like what she had heard from the others.

INTERVIEWER: Okay.

PARTICIPANT: Ja.

INTERVIEWER: That also made you feel...?   How did you feel?

PARTICIPANT: Like I didn't belong there.

INTERVIEWER: Okay.

PARTICIPANT: Like I had people gunning for me, ja, who were coming for me and like she said she would make sure I was going to be terminated. So ja.

INTERVIEWER: Then you did it yourself?

PARTICIPANT: I did it myself.

INTERVIEWER: Okay, any other memories that you can, can relate to me?

PARTICIPANT: Um, doing like the practical exams as well, it was very stressful.

INTERVIEWER: Okay.

PARTICIPANT: Ja, very stressful. You have got um, this patient that you are working with and, and the lecturer here as well. It is very stressful. Like you don't want to make any mistakes. Ja, and like, like I said, um, to always feel as though you don't really know what you are doing so, ja.

INTERVIEWER: That is a general feeling.

PARTICIPANT: Ja it is a general feeling. It is an honest one...

INTERVIEWER: Ja. Okay, so and how did that make you feel?

PARTICIPANT: Like I didn't belong here, like I keep saying ja, ja.

INTERVIEWER: So it is important for you to belong?

PARTICIPANT: I guess so ja, I guess so.

INTERVIEWER: Do you feel that you belong now?

PARTICIPANT: Ja with the Engineering that I am doing, ja I think so, because I am um, we have got maths and physics, ja and biology. That is why I can, ja, but...

INTERVIEWER: Okay.

PARTICIPANT: ...the nursing thing...

INTERVIEWER: Nursing, not for you?

PARTICIPANT: Ja it is not for me.

INTERVIEWER: Okay.

PARTICIPANT: But I am, I am glad I tried it. I am glad I tried it.

INTERVIEWER: Now you can talk with authority.

PARTICIPANT: Ja, I have been there, done that ja.

INTERVIEWER: Okay, then you also talked about the hours that was...

PARTICIPANT: Mm, ja the hours, that whole twelve hour shift.

INTERVIEWER: Uh-huh.

PARTICIPANT: My feet would hurt every day because these shoes that I have bought and I am not used to wearing shoes. I am used to wearing sneakers. So that hard inner sole and whatever, jissy my feet would hurt. I would sleep with that, um pillows and blankets under my feet just to elevate my feet every night. That was too much, joh. My feet would hurt every, every day actually.

INTERVIEWER: For the full year?

PARTICIPANT: For the full year, imagine. I was just…, sjoe.

INTERVIEWER: Okay.

PARTICIPANT: Ja.

INTERVIEWER: And how did you feel about the uniform?

PARTICIPANT: No it was fine. I didn't have a problem with that.

INTERVIEWER: That was okay?

PARTICIPANT: Ja.

INTERVIEWER: So it was only the shoes that was a big issue for you?

PARTICIPANT: Mm, it was, oh ja and the uniform, I would tuck in the thingy as well, that long top with that pockets...

INTERVIEWER: Ja?

PARTICIPANT: ...that almost looks like it is a, like a shoemaker or whatever. I would tuck that in and wear my pull-over over that. So that it's like it is cool, I don't mind.

INTERVIEWER: Ja.

PARTICIPANT: Ja.

INTERVIEWER: I haven't actually came across anybody that likes uniforms so...

PARTICIPANT: Ja.

INTERVIEWER: You did that at school and you did that in nursing.

PARTICIPANT: You would only try and make it a bit more fancy than it is, ja.

INTERVIEWER: Okay. So, we have basically now talked um, about what do you know about nursing before you have started.

PARTICIPANT: Un-huh.

INTERVIEWER: Then um, about the challenges in nursing that you have experienced. Now, tell me, what do you know about nursing now?

PARTICIPANT: Ja… It is not child's play, ja. Um, you have to be guts in here, I guess to be a nurse. That is what I think, ja.

INTERVIEWER: Do you think it is a job for a male?

PARTICIPANT: I think ja. I think there is no, for me there is no um, it is for women or whatever, because I know women are really the ones who are nurturing and whatever. But I think guys can do it too, ja. It was never that for me, that whole I can't do this job, that is for women.

INTERVIEWER: Okay.

PARTICIPANT: I try not to think like that a lot.

INTERVIEWER: Will you advise anybody else to go for nursing, any other male?

PARTICIPANT: Um, not really, based on my experiences not really. If any, I think

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the guys is mature enough, I think, ja I will say as well. Because for me that is what I thought... Like you said, I was actually there and, ja to do, to begin a course in nursing.

INTERVIEWER: But there is still, there is some guys that came out of matric and is doing it.

PARTICIPANT: I know.

INTERVIEWER: Okay. Okay, um now tell me, now you have made that decision you are not going to continue with nursing as a career, how did that make you feel?

PARTICIPANT: I felt relieved actually.

INTERVIEWER: Okay.

PARTICIPANT: I felt relieved, but like I said, I live with my parents... It is very... Because I didn't tell them when I retired. I only, when I resigned I only told them afterwards. When they see me, when they saw me just um, pitched up on the door actually in North West...

INTERVIEWER: Okay.

PARTICIPANT: They just saw me knock on the door and they went like, what are you doing here, shouldn't you be at work. The first time when I told them they convinced me to stay. So the second time I was...

INTERVIEWER: You are not going to ask them?

PARTICIPANT: I am not going to ask them anything, I am just going to tell them when it is done and final.

INTERVIEWER: That brother of you that was a nurse, how did he, what did he um, tell you when you arrived back home?

PARTICIPANT: He wasn't... He tried to be supportive, because he, actually like, at least he understands the challenges and everything.

INTERVIEWER: Uh-huh.

PARTICIPANT: Ja. He was supportive I guess, ja. He said he would have liked that I would stay and finished the course and continue with the career, but then he understands where I am coming from, ja.

INTERVIEWER: Do you think he was the only one that really understood?

PARTICIPANT: Ja he was, he was actually.

INTERVIEWER: So did he support you then?

PARTICIPANT: Mm.

INTERVIEWER: Any other support systems that you had?

PARTICIPANT: My mother after a while also was like, it is the child and at least he tried, and stop being so hard on you, ja.

INTERVIEWER: And your family now, are they okay?

PARTICIPANT: Ja they are fine, they are fine now. They are fine.

INTERVIEWER: Good.

PARTICIPANT: It took them a while, but they are fine.

INTERVIEWER: So you were relieved, just relieved?

PARTICIPANT: I was relieved. I was relieved.

INTERVIEWER: Couldn't wait for the next day?

PARTICIPANT: Mm. I was, it was too much. On that day I think it just... I remember I didn't go up to the ward and anything. I went to the INCON Sister actually.

INTERVIEWER: Okay.

PARTICIPANT: Ja. She is nice, she is easy to talk to as well, ja. Ja, and I even told her how I am feeling, also like... But I don't want it to be... She, she said I don't want it to sound as though I am the one telling you to do this or advising you to do this. But then you have told me before that you wanted to do this, so...

INTERVIEWER: It is now your choice.

PARTICIPANT: Ja it is now your choice, because the next day... She basically told me then tomorrow you are getting terminated, while as today you could at least leave with some sort of dignity when you resign.

INTERVIEWER: Do you think it was good advice?

PARTICIPANT: It was, it was.

INTERVIEWER: Okay.

PARTICIPANT: But I would have anyway, I would have resigned anyway, so I can't say I took her advice or whatever.

INTERVIEWER: You just took it a day earlier?

PARTICIPANT: Ja I just took it a day earlier. Ja, let me say that ja.

INTERVIEWER: Okay.

PARTICIPANT: Ja.

INTERVIEWER: Okay. If you need to advise me on what can we do to make nursing better for, for the people that is coming in to nursing?

PARTICIPANT: I haven't thought of that.

INTERVIEWER: Oh, now you have to.

PARTICIPANT: What can I say? I guess you can't change the hours.

INTERVIEWER: I can put it down. How will you change the hours for me?

PARTICIPANT: I don't know, maybe an eight hour day at least.

INTERVIEWER: Okay.

PARTICIPANT: Eight hour shifts.

INTERVIEWER: So you want to work five days of eight hour shifts?

PARTICIPANT: Ja, and everyone else can manage five days of eight hours shifts.

INTERVIEWER: Un-huh.

PARTICIPANT: Don't teachers work for eight hours?

INTERVIEWER: They work for nine.

PARTICIPANT: For nine? Ja let's say nine hours then, ja.

INTERVIEWER: Okay.

PARTICIPANT: They manage quite well.

INTERVIEWER: How are we going to um, to do the night shift?

PARTICIPANT: The night shift, oh, because you can't be...

INTERVIEWER: No you can. But I want you to, to tell me how we are going to do that Mr. Engineer.

PARTICIPANT: Wow, you put me on the spot.

INTERVIEWER: Engineer my, my hours for me.

PARTICIPANT: I was, I was thinking of like um, instead of, because it is mos twelve hours...

INTERVIEWER: Uh-huh.

PARTICIPANT: ...and then the other group comes in, whereas it could be three groups of people.

INTERVIEWER: Okay.

PARTICIPANT: Ja, maybe to...

INTERVIEWER: So what time would you like to start work?

PARTICIPANT: I don't know. Seven is still fine.

INTERVIEWER: Remember, now we are dreaming. We can make it whatever we want.

PARTICIPANT: I know, seven is still fine, I don't have a problem with seven.

INTERVIEWER: Okay seven was still okay. So there is going to be seven till four and four till eleven.

PARTICIPANT: Eleven. You see you can't now expect people to wake up and go work at eleven o clock. I just said it,…. I didn't think about it.

INTERVIEWER: Okay, so we, we can do something with the hours.

PARTICIPANT: Just lessen the hours, ja please.

INTERVIEWER: Okay. We can look at that, and what else?

PARTICIPANT: What else? More people within the wards, more ja, more nurses in the wards ja.

INTERVIEWER: Okay. What category of nurses would you like to see there?

PARTICIPANT: Categories as in, um Registered Nurses. I would like a bit more Registered Nurses and if they could do some more of the work, because they

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basically just give out medicine. And you guys would do the work the whole day and then they just come and tell the doctor, look into your files and just tell the doctor what you have been doing and everything, ja.

INTERVIEWER: Uh-huh.

PARTICIPANT: Because they have this thing where they think they do the, the more important work.

INTERVIEWER: Okay.

PARTICIPANT: Ja.

INTERVIEWER: So you want to...

PARTICIPANT: Not to offend anyone or you.

INTERVIEWER: So you want to...

PARTICIPANT: Not to offend anyone...

INTERVIEWER: No we are talking freely here.

PARTICIPANT: Okay.

INTERVIEWER: We can dream big, we can do, we can say. So um, the Registered Nurse, you would like more Registered Nurses working with you?

PARTICIPANT: Ja.

INTERVIEWER: Okay, and what else?

PARTICIPANT: More practical work before you actually step in to the nurse, in to the hospital ja.

INTERVIEWER: Okay where would you like that practical work to happen?

PARTICIPANT: I don't know, that is the thing. If, I think, I think it still has to be done on people. That is the thing ne, ja.

INTERVIEWER: Remember we are dreaming, so tell me what you, what you think.

PARTICIPANT: Here in the college before you step in to the hospital, you can maybe do more practical work so that you know what you are doing before you get there. You know, what to expect and everything.

INTERVIEWER: Tell me, did you take, um the practicals that early in your, that first few... I think you were six weeks in a block wasn't it? Did you take it seriously, the vital signs and all?

PARTICIPANT: No, um...

INTERVIEWER: Okay.

PARTICIPANT: I think that is why um, I was left to do practicals um, just a day before that books had to be handed in, ja. It was a bit um, I took my time ja. I was a bit lazy with that, ja.

INTERVIEWER: Do you want to tell me which two procedures were still outstanding? What is happening here?

PARTICIPANT: I don't know. I actually think... I think it was vital signs.

INTERVIEWER: Okay.

PARTICIPANT: Ja vital signs, starting with the checking everything.

INTERVIEWER: Uh-huh.

PARTICIPANT: Vital signs and... Oh ja, I think removing a catheter. Ja that scared me. Jis, it scared me a lot.

INTERVIEWER: Okay.

PARTICIPANT: I actually done it before, but there was no one to um, to assess me and everything.

INTERVIEWER: Okay. Two of those that were really scary procedures for you? Were you scared that you are going to fail? Were you scared for the educators? What made you so scared to do those two?

PARTICIPANT: I was scared I was going to fail I guess, because I got to... They give us mos three chances?

INTERVIEWER: Ja.

PARTICIPANT: That was vital signs, ja and initially I failed three times. Two times and then on the third um, assessment there had to be two lecturers there. It was stressful.

INTERVIEWER: Were they there?

PARTICIPANT: Mmmm.

INTERVIEWER: Okay.

PARTICIPANT: On the day, and the patient that I picked out to do the vital signs she got um, fits.

INTERVIEWER: Goodness.

PARTICIPANT: Imagine. There was enough stress already and then this happens.

INTERVIEWER: Okay, so that is, that is a bit of a challenge that you have prepared this patient. Could you do it on that patient?

PARTICIPANT: Ja I could'nt, I could'nt, and the lecturers were, were fair enough and told me um, let's postpone this, because now you have prepared on this patient and your, all your information is on this one patient. You can't now just rush and get another patient, um, not being fair on you...

INTERVIEWER: So the educators were fair in their process with you?

PARTICIPANT: Ja.

INTERVIEWER: Okay.

PARTICIPANT: They gave me two, three days extra to, ja...

INTERVIEWER: To find another one?

PARTICIPANT: Mm.

INTERVIEWER: Okay. Okay, but we were busy dreaming. Let's go back. Tell me more, what else can we change from nursing?

PARTICIPANT: I guess um, more guys in everything, because there was only four of us in a group of twenty, there was only four boys ja.

INTERVIEWER: Okay. That started the nursing course?

PARTICIPANT: Ja in our class.

INTERVIEWER: What will you make the percentage? How should we...?

PARTICIPANT: But I wonder if guys, more guys do apply, you know.

INTERVIEWER: I have no idea.

PARTICIPANT: At least if it is um, maybe a 40/60% or 30/70%, at least ja.

INTERVIEWER: Okay.

PARTICIPANT: If there is more guys then you feel as though you can do it as well.

INTERVIEWER: So you need a bit of peer support?

PARTICIPANT: Ja I think so, I think so. I don't like doing things on my own I guess.

INTERVIEWER: Okay. Anything else there that you think we can add?

PARTICIPANT: Ah not really.

INTERVIEWER: Okay. Now we come to the interesting part. Tell me what will you um, require as a male nurse from the nursing career; the career, the school, everything?

PARTICIPANT: Look I don't want any special treatment or anything. But then... I don't know… Like in what way?

INTERVIEWER: What can we do to make it better for the males in nursing so that we keep them?

PARTICIPANT: But like I suggest um, more guys in the class, more males in the class. I don't think there is really anything because you can't now give the others special treatment or anything. I think that is it, if there is more guys there.

INTERVIEWER: Okay, and if I can organise now for all the males that is currently in this school and you need to, to talk to them, what will you tell them?

PARTICIPANT: Um, I guess um, actually um, They should, mmmm….like I said, don't, don't take your time with the practicals.

INTERVIEWER: Uh-huh.

PARTICIPANT: And then be, be, try to be more responsible. Don't now every weekend... Because you know the thing with boys and the guys they go partying on weekends and all of that, where it is, where it is unnecessary. You can just focus on your work and all that will come when they are done with the course and all that, ja. Just try and be more responsible like I guess as long as you try. Manage your time better, because that is something with me and time.

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INTERVIEWER: Okay.

PARTICIPANT: Even today I was supposed to get here at quarter past, I only got here twenty past,… twenty past three. I am very bad with time. I can't, I can't manage time. I am not sure why.

INTERVIEWER: We will have to show you how to put reminders on sir.

PARTICIPANT: I know.

INTERVIEWER: Okay, so time management um, you need some support.

PARTICIPANT: Need some support yes.

INTERVIEWER: What was the third thing that you said, Be responsible?

PARTICIPANT: Ja, try and be more responsible.

INTERVIEWER: Okay what of those things also can be applied to, to the female nurses?

PARTICIPANT: Is it?

INTERVIEWER: Ja because they can also be more responsible. They can also manage their time and they have the, the support maybe. Okay, so let's talk about that support. Tell me about, how do you as a male, how would you like us to support you, your fellow males, how should they manage your support?

PARTICIPANT: Um,… I think if the guys got together more and maybe if you get there you will get a mentor that is a male as well. Let me say that. That makes sense ne?

INTERVIEWER: Ja.

PARTICIPANT: And then... The thing with eh, with eh female nurses, you guys talk more so then... Let's not offend anyone.

INTERVIEWER: No.

PARTICIPANT: Like you will share more your challenges and everything, whereas guys will get together and just talk about sports. So if you could talk about the job, and the challenges that you are dealing with and um, your studies more, I guess...

INTERVIEWER: Okay, so should we females, put some topics for you down to talk about?

PARTICIPANT: Please, because we just get together and talk about sports and, I don't know, stupid stuff, ja.

INTERVIEWER: Talking about sports, will it help that you maybe play soccer together?

PARTICIPANT: Wow, ja… It will help us um, just eh relationships and everything. It may help us work better as a team as well yes.

INTERVIEWER: Okay.

PARTICIPANT: That is, that is good for guys.

INTERVIEWER: That is something that guys will benefit from?

PARTICIPANT: Ja, it always work for guys ja, being on a team together and doing sports together, get over your challenges and everything and differences and all of that.

INTERVIEWER: Okay. Is there um, differences that you now mentioned? Is there a lot of differences between the males in nursing?

PARTICIPANT: Um I guess, like when you are new and you are like you are a student and you are new like I was in the beginning and you find someone who is already in their third year there they won't feel they time for you as much.

INTERVIEWER: Okay.

PARTICIPANT: Ja.

INTERVIEWER: Is it because they don't know you because they don't like you, what?

PARTICIPANT: I think the whole you not knowing much as well, um being a rookie if I can say that, ja, they don't really have time for you. Even when you guys get to know each other you don't really talk about work as much. That is what I noticed ja.

INTERVIEWER: Do you think sport will encourage you to talk a bit more?

PARTICIPANT: Ja I think so, because it builds relationships… for guys ja.

INTERVIEWER: Okay. I um, I sense that in the beginning of this interview you talked that you were very stressed in the nursing field. Um, will the, a sport actually support that, will it help you a bit to de-stress?

PARTICIPANT: Ja I think so. Ja I think it would work ja, because working out and jogging helps with that with me personally, ja.

INTERVIEWER: So it will help you?

PARTICIPANT: Ja.

INTERVIEWER: You can't talk about the others?

PARTICIPANT: No.

INTERVIEWER: Okay. So if we can arrange something for the males specifically where they can actually get together as a group to do something together, whether it is now a sport or...

PARTICIPANT: Anything.

INTERVIEWER: ...a talk or something, but males have that need to bond?

PARTICIPANT: Ja, I agree.

INTERVIEWER: Okay, you don't do the cake and tea thing, but you want to do something active?

PARTICIPANT: Something active, yes ma'am.

INTERVIEWER: Okay, I understand. Anything else that you would like to add that

we can make it much better for you?

PARTICIPANT: No not really. I can't think of anything else.

INTERVIEWER: Okay, let's see if I have asked you all the questions. Um, recommendations for current and future male nursing students, okay.

PARTICIPANT: But I will tell them, I guess, I would recommend that someone do try nursing, but I would still tell them my experience and what happened ja, and tell them if they think they could deal with, like all the challenges that come with nursing, then they should apply.

INTERVIEWER: Okay, so you think we are not as open with all the challenges of nursing?

PARTICIPANT: I guess so, I guess so. But it is still different when you get there. They, they do tell us in class what is going to happen and everything, but then you get there it is still... Because people don't quit before they get to the hospital, they quit afterwards.

INTERVIEWER: Okay, ja that is true. So is there anything that we can do before they go to practice that can make it a bit better?

PARTICIPANT: At least maybe like a week or two into the thingy… before you waste all the money on a person there. Take them to the hospital and have a day where they, they see what happens in the day to day work like nursing, ja before you spend the whole twelve months on them or six months.

INTERVIEWER: Okay, and who do you recommend should go with that student or that potential student?

PARTICIPANT: Our lecturers. I don't know if you know Sister X?

INTERVIEWER: Yes I know her.

PARTICIPANT: She is really nice ja. She is really nice because she is understanding as well, and she knew how to talk to people I will say whether you are very smart or not so smart. She will just adjust then.

INTERVIEWER: Okay.

PARTICIPANT: So someone like that, someone who is very observant, I guess.

INTERVIEWER: Okay, so you need the right person to go with you for that first day to, for exposure?

PARTICIPANT: For exposure. And the one thing is a bit exposure as well.

INTERVIEWER: How many people can go together?

PARTICIPANT: Four, groups of four, maybe three.

INTERVIEWER: Okay, class size, was it too many people in a class for you?

PARTICIPANT: No twenty is fine. It is not too big.

INTERVIEWER: Okay.

PARTICIPANT: But like I said, there was only four guys there as well.

INTERVIEWER: So it is one guy for every five girls man.

PARTICIPANT: I know. I know, but when it come with the job, because when I, I will be the only guy in the ward that we are basically, ja and every ward that I went to, I will be the only male there.

INTERVIEWER: Is it difficult for you being the only male there?

PARTICIPANT: At first but I got used to it after two or three weeks.

INTERVIEWER: Did they expect something different from the males in nursing in the wards?

PARTICIPANT: Not really, but when there is anything that is more physical they ask me to do it.

INTERVIEWER: Okay, so heavy patients, boxes and things?

PARTICIPANT: Boxes ja, and pushing the beds ja.

INTERVIEWER: Really unfair of us I will say.

PARTICIPANT: No we actually like it. The guys actually like that.

INTERVIEWER: Okay.

PARTICIPANT: Opening the whole mayonnaise bottle, they actually like that.

INTERVIEWER: Why?

PARTICIPANT: I don't know, like looking tough I guess.

INTERVIEWER: Looking tough, okay. So a little bit male pride? Is male pride very important to, to males?

PARTICIPANT: It is, it is, but in the professional senses you must understand, because especially in the nursing, normally the Unit Managers is mostly women. So if you already have a problem with that don't just, don't even try go into nursing.

INTERVIEWER: Okay.

PARTICIPANT: Ja, because you must accept that um, they are your seniors and they give you um, like a command or whatever.

INTERVIEWER: Ja?

PARTICIPANT: You must do this and that, you must do it. You mustn't now feel like I am a male I can't now take um, commands from a woman.

INTERVIEWER: Do you think males usually battle with that?

PARTICIPANT: Males usually battle with that, especially black males.

INTERVIEWER: Okay, do you want to tell me a bit more about that?

PARTICIPANT: You like that topic.

INTERVIEWER: Ja.

PARTICIPANT: Like I said, especially in the Xhosa and Zulu culture I think, ja.

INTERVIEWER: Ja?

PARTICIPANT: Ja it is very much um, whenever there is negotiations, like maybe even um, marriage like negotiations ja, the women stay outside, they make the food when it is only the men inside that um, that discuss the whole lebola thing.

INTERVIEWER: Mm.

PARTICIPANT: Ja it is only the males.

INTERVIEWER: So males is the decision makers?

PARTICIPANT: Mm, it is always them, the decision makers.

INTERVIEWER: Women is not allowed to make decisions?

PARTICIPANT: Ja, whereas in the Tswana culture, that is where I am from, the women are there when decisions are being made. They sit with us and they make decisions just as equal, in an equal manner and whatever, ja.

INTERVIEWER: Okay.

PARTICIPANT: That is where, that is where I grew up. That is the, the background I have.

INTERVIEWER: Okay, good.

PARTICIPANT: Okay.

INTERVIEWER: Now I understand a little bit more. So anything that you want to add that I haven't touched but you think that I should know of?

PARTICIPANT: No not really.

INTERVIEWER: I think there must be something.

PARTICIPANT: No not really, no.

INTERVIEWER: Okay. How did you experience this interview?

PARTICIPANT: It was nice actually. It didn't make me feel awkward or anything, ja.

INTERVIEWER: I told to you.

PARTICIPANT: Ja, you actually are expecting me to just talk and ja, get everything of my chest.

INTERVIEWER: Do you feel a little bit lighter?

PARTICIPANT: I do, I do, I do.

INTERVIEWER: Okay. That is what I need from you.

PARTICIPANT: Okay.

INTERVIEWER: Thank you very much. If there is anything that is unclear to us or that we can't hear or um, that we need clarity of further, will it be okay if we contact you?

PARTICIPANT: Mm.

INTERVIEWER: Thank you very much.

PARTICIPANT: Okay.

INTERVIEWER: Okay

Appendix 8: Declarations by language and technical editors

wordsm;ths
english consultancy

TO WHOM IT CONCERNS – THE EDITING OF FRANCES HUTCHINSON'S MASTER'S THESISIS

I, Barbara English, declare that in my capacity as director of *Wordsmiths English Consultancy* have electronically edited the master's thesis of Frances Hutchinson.

Barbara English

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