An exploration of a personal-professional developmental programme for pre-registration nurses from a multicultural setting

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DECLARATION

By submitting this assignment electronically, I declare that the entirety of the work contained therein is my own, original work, that I am the authorship owner of the copyright thereof (unless to the extent explicitly otherwise stated) and that I have not previously in its entirety or in part submitted it for obtaining any qualification.

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ABSTRACT

A nurse has to develop certain concepts, attitudes, knowledge and skills in nursing. For the purpose of this study the researcher explored a private nursing school in the Southern Cape with the focus on their personal-professional developmental (PPD) programme. The researcher explored the feasibility of this programme by describing the pre-registration nurses' perceptions on the value and contribution of the programme to their personal and professional development.

In particular, the exploration addressed the nurses from a multicultural setting who found it difficult to adapt to the nursing norms, values or working culture. This was done in order to make a difference in the nature of the above-mentioned programme so that it would suit the nurses from different cultures and also set up a programme which will ensure quality nurse-patient care through enhanced communication skills, empathy and critical thinking abilities. The objectives set for this study were to explore the perceptions of pre-registration nurses from a multicultural setting who were involved in this programme in order to determine whether the PPD programme contributed to their life enrichment and level of knowledge and to explore the perceptions of the professional nurses supervising the pre-registration nurses with regard to additional knowledge, skills and attitudes gained after the completion of the PPD programme. A quantitative research approach with a smaller qualitative component and a descriptive design was selected. The population for this study comprised all the pre-registration nurses of the above-mentioned school (N=120) and all the professional nurses who worked closely with the pre-registration nurses (N=27). A structured questionnaire and semi-structured interviews were used to collect the data. The sample of pre-registration nurses who took part included the entire population (n=120). The non-probability purposive sampling of the professional nurses who took part in this study comprised 14 participants. Reliability and validity were assured by means of a pre-test of the questionnaire and the use of experts in nursing education, research methodology and statistics. Data were collected personally by the researcher. Ethical approval was obtained from Stellenbosch University and the head of the particular private hospital. Informed written consent was obtained from the participants. It seemed that the multicultural pre-registration nurses felt the PPD programme was effective and contributed to the skills they needed to be passionate and knowledgeable nurses. On completion of the study key recommendations were made regarding the improvement of communication between pre-registration nurses and management at ward level, the implementation of a structured programme with measurable,

accessible outcomes, and the provision of classes in computer literacy as well as basic research skills.

OPSOMMING

ʼn Verpleegster moet sekere konsepte, houdings, kennis en vaardighede in die verpleegkultuur ontwikkel. Vir die doel van die studie het die navorser ʼn privaat verpleegskool in die Suid-Kaap ondersoek wat hul toespits op ʼn unieke persoonlike professionele ontwikkelingsprogram (PPO). Die lewensvatbaarheid van hierdie program, asook die vlak van kennis wat die voorgraadse verpleegsters bereik het en ná voltooiing van die program op pasiënte toepas, is deur die navorser ondersoek. Hierdie program het ten doel om voorgraadse verpleegsters bevoeg te verklaar t.o.v. lewensverryking betreffende kommunikasievaardighede, empatie en kritiese denke. Die doel van die studie was om die persepsies van multikulturele voorgraadse verpleegsters ten opsigte van die genoemde program vas te stel ten einde te bepaal of hierdie program wel bygedra het tot hul lewensverryking en vlak van kennis. Persepsies van professionele verpleegkundiges onder wie se toesig hierdie genoemde verpleegsters werksaam was, is ondersoek om vas te stel of voorgraadse verpleegsters addisionele kennis, vaardighede, empatie en kritiese denke met behulp van die program bekom het. ʼn Kwantitatiewe studie met ʼn kleiner kwalitatiewe komponent en ʼn beskrywende ontwerp is gekies. Die populasie het bestaan uit al die voorgraadse verpleegsters van die genoemde skool (N=120) en al die professionele verpleegkundiges wat betrokke is by bogenoemde verpleegsters (N=27). ʼn Gestruktureerde vraelys en semi-gestruktureerde onderhoude is gebruik om data in te samel. Die totale populasie verpleegsters is ingesluit in die studie (n=120). ʼn Nie-waarskynlikheids- doelgerigte steekproef van professionele verpleegkundiges wat deelgeneem het was 14. Geldigheid en betroubaarheid is verseker deur die uitvoer van ʼn vooraf toetsing van die vraelys, asook deur kenners in verpleegonderrig, navorsingsmetodologie en statistiek te konsulteer. Data is persoonlik deur die navorser ingesamel. Etiese goedkeuring is van die Universiteit Stellenbosch en die hoof van die spesifieke privaat hospitaal verkry. Geskrewe ingeligte toestemming is van al die deelnemers verkry. Dit wil voorkom asof die voorgraadse verpleegsters in die multikulturele werksomgewing van mening was dat die PPO-program effektief bygedra het tot hul passie vir verpleging en hulle verryk het met kennis. Ná afloop van die studie is die hoof-aanbevelings gedoen ten opsigte van verbeterde kommunikasievaardighede tussen voorgraadse verpleegsters en bestuur op grondvlak, die instelling van ʼn gestruktureerde program met meetbare, bereikbare uitkomste, asook die aanbieding van rekenaarklasse en basiese navorsingsklasse.

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CHAPTER 1

SCIENTIFIC FOUNDATION OF THE STUDY

1. 1 INTRODUCTION

1.1.1 Background and preliminary review of relevant literature

Quality patient care by kind, considerate and tactful nurses who provide nursing care according to ethical standards as described by Pera and Van Tonder (2005:12) exemplify the requirements needed to be a caring nurse. In the social milieu of the hospital setting the nurse will experience that "the behavior of the nurse-as-a-person interacting with the patient as-a-person has significant impact on the patient's well-being and the quality and outcome of nursing care" (Peplau, 1992, in George, 2002:63). In other words, a nurse must have self-knowledge before he or she will be able to identify the patient as a holistic person. The nurse has to develop certain attitudes, knowledge and skills in order to become a capable professional nurse who is competent in listening skills, moral reasoning and critical thinking abilities.

More than two decades ago Holbert and Abraham (1988:26) pointed out that critical and creative thinking skills were becoming increasingly important for nurses due to the changes experienced in health problems and health care systems. Critical thinking requires that one should be able to personalise the given information, analyse it and then draw conclusions about it in order to make informal decisions. In the same year, Searle (1988:160) stated that "whatever the nurse does will affect other beings in some way". For this reason, tutors expect certain characteristics in the student nurses such as responsibility for their own behaviour, thoughts, feelings, needs and actions. Price (2004:46) contends that it is important for nursing students to manage these skills because it will enable them to understand themselves and others in order to solve problems in the health care setting. The Community College of Rhode Island (2003:2) explains that to think critically means to perform focused reasoning in order to resolve problems no matter what this problem might be. Since it is difficult for students to adapt to the nursing culture when they start their nursing career, they need certain skills to help them cope with this new environment. A personal-professional developmental programme should provide this opportunity.

Gumbs (2001:45) undertook a study to create an environment that is conducive to learning in building necessary social skills to have an impact on students' performance. The author mentioned that nurses need social skills in order to communicate effectively with their patients. She went on saying that nurses lack these skills and tutors need to find ways to improve social skills. Corbin (2008:163) argues that caring is something that parents can teach their children by setting conditions that will foster empathy, kindness, justice and morality in many ways. A caring character displays compassionate connectedness through responsibility, commitment, conscience and decision, all in goodwill. Sanborn (2004:9) tells a true story about a postman called Fred who had an absolute passion for his work and life. This person changed people's life, vision and perceptions because he turned the ordinary into the extraordinary. To become a *Fred* character, in other words a caring person, every student should be taught the caring characteristics Sanborn calls the *Fred* factor.

Nursing students are educated in ethos and professional practice as part of their curriculum, but according to Giddens (1993:90), they need to become specifically skilled in social interaction. Since a need exists to develop skills in interacting socially with friends, and/or professionally with patients, a personal-professional developmental programme for student nurses needs to be generally implemented to educate them in acting in an appropriate way.

A private nursing school in the Southern Cape has provided training for enrolled nurses by means of a bridging course since the year 2000. This training school also provides a personal-professional developmental (PPD) programme, or better referred to as a life skills programme, for all pre-registration nursing students. The main aim of this programme is to develop the student into a nurse who, besides being knowledgeable about how to care, will have "specific skills, […] appropriate attitudes, values and moral integrity, and [who will be] able to think critically and creatively and make decisions and judgments" (Mellish, Brink & Paton, 1998:7).

No sufficient data was found on similar developmental programmes for pre-registration nurses, although a website from the University of Pretoria (2005) described a development programme offered during the induction period of their students. No data was found to confirm whether this programme had been successful or not. Enrichment programmes for professional nurses should

also be developed and implemented to help them cope in everyday practice, starting with the students before they become professional nurses, otherwise they will lack the much-needed caring character expected of a nurse (Oosthuizen, 2002:4).

Jacobs, Gawe and Vakalisa (2000:49) emphasised that "educators should entrench multicultural values in their learners". Therefore it is important to investigate how nurses from a multicultural setting interact with each other and the patient in order to determine if their cultural beliefs and/or education play a role in their actions. According to Pohl (1979:45), "it is very often cultural differences that produce the so-called 'difficult' or 'uncooperative' client, although the client may be behaving according to beliefs that are different from the nurse's beliefs, and may think it is the nurse who is 'difficult' or 'uncooperative'". Hinchliff (2004:67) also acknowledge the importance of culture and went on to say "patients or clients as a group tend to identify with one another in terms of common problems, and we encourage this…" In chapter 1, section 6 of the South African Constitution, "learners should be assessed in their first language…" (Botha, Kiley & Truman, 2007:217.) Furthermore, chapter 2, section 29 of the Bill of Rights which dealt with the rights of learners emphasized the importance of language. However nurses should develop personally in a multicultural setting of a hospital and they need certain skills to achieve this knowledge.

Against this background, it was important to investigate how the PPD programme for pre-registration nurses influenced the interaction between nurses from a multicultural setting in terms of the set standards, namely positivism, commitment, responsibility, caring and critical thinking. Language barriers may lead to dissatisfaction among nurses and patients, bad attitudes in nurses, lack of support from management, demotivation in nurses and eventually resignations.

Years of experience have taught the researcher that patients expect a nurse to demonstrate respect, trustworthiness, integrity, patience and caring. Tutors expect personal and professional development from nursing students, but there is no sufficient training in life skills to assist nurses in making the transition from high school to the working environment and no content included in the current curriculum to help them to cope with difficulties in the workplace.

1.1.2 Problem statement and rationale

Management of the previously mentioned private nursing school and hospital found that pre-registration nurses lack listening skills, moral reasoning, critical thinking, compassion and empathy. Moreover, they communicate with difficulty when confronted with sick patients, difficult family members and colleagues. Management wanted to contribute to the value of nurses as it is the objective of this private hospital to ensure client satisfaction through staff that would at all times be polite, considerate, caring and friendly.

This private nursing school is unique in presenting this PPD programme for nurses in a multicultural context, but when patient complaints were processed it became clear that this programme was not achieving its aims. It seemed that the programme showed much potential, but it had no definite structure, process or outcomes.

The researcher planned to explore the feasibility of this programme by describing the level of knowledge gained by nurses through the implementation of the programme and the effect thereof on nurse's behaviour towards their patients. In particular, the exploration addressed the nurses from a multicultural setting who could not cope with the adaptation to nursing norms, values or working culture. This study wanted to make a difference in the nature of the programme to suit not only the nurses from multicultural backgrounds, but also set up a programme which would ensure quality nurse-patient care through communication skills, empathy and critical thinking abilities.

1.1.3 Aim of the study

The aim of this study was to explore the feasibility and effectiveness of a developmental programme for pre-registration nurses from a multicultural backgrounds offered by a private nursing school in the Southern Cape.

1.1.4 Objectives

The objectives of this study were to:

- explore the perceptions of the pre-registration nurses involved in this programme and to determine whether this PPD programme contributed to enriching their lives; and

- explore the perceptions of the professional nurses supervising the previously mentioned pre-registration nurses regarding additional knowledge, skills and attitudes gained in terms of their personal and/or professional development.

1.1.5 Clarification of concepts

Terminology, abbreviations, and acronyms that were frequently mentioned in this report and that are not commonly known to the average reader are defined or explained below:

- C*ritical cross-field outcomes* (CCFOs): "A set of 12 national outcomes recognized as the basis for the design of learning programmes, curricula and qualifications. These learning outcomes are relevant throughout life, not simply in employment and further learning" (Botha *et al*., 2007:397);
- *Empathy*: "The ability to recognize and to some extend share the emotions and state of mind of another and to understand the meaning and significance of that person's behavior" (Mosby's Medical, Nursing and Allied Health Dictionary. 1994:543);
- *Ethics*: "The standards and behavior expected of a group as described in the group's code of professional conduct" (Pera & Van Tonder, 2005:4);
- *Ethical Relativism*: "The rightness or wrongness of an action is determined by a specific context. Some relativists claim that determinations of right and wrong are relative to the individual; others relate them to the culture; still others relate them to the situation" (Curtin & Flaherty, 1982:45);
- *Morality*: "Principles concerning the distinction between right and wrong, or good and bad behaviour, a system of values and moral principles" (Concise Oxford Dictionary, 2005:755);
- *National Qualifications Framework* (NQF): "The framework or set of principles and guidelines that provide a national vision and structure for the construction of a qualifications system" (Botha *et al.,* 2007:401);
- *Personal-professional developmental programme* will be referred to as PPD program;
- *Positivism* is defined as "the degree to which participants perceive they are interdependent in that they share a mutual fate and that their success is mutually caused" (Johnson & Johnson, 1992:174, in Jacobs *et al.,* 2000:191);
- *South African Qualifications Authority* (SAQA): "The statutory body responsible for overseeing the setting of standards and the auditing of the quality of education and training"

(Botha *et al.*, 2007:402); and

- Human Immunodeficiency Virus /Acquired Immunodeficiency Syndrome (HIV/AIDS) (South African Concise Oxford Dictionary 2005:752)

1.2 RESEARCH METHODOLOGY

1.2.1 Research design and approach

A combined quantitative and qualitative descriptive research design was selected for this study to explore and describe the feasibility and effectiveness of the PPD programme offered for pre-registration nurses from a multicultural setting by a private nursing school. De Vos, Strydom, Fouché and Delport (2005:361) refer to this intentional combination of quantitative and qualitative approaches as *triangulation*. The reason for this combined design was not only to improve the chances of viewing all facets of the problem statement for this study from different angles, but to ensure data credibility and also eventually to generalise the findings. As the use of both quantitative and qualitative data in one study is not always cost-effective and can be time consuming, the researcher opted to make use of Creswell's dominant-less-dominant model (De Vos *et al*., 2005:359) during the data generating phase in which the quantitative information took preference.

Bless and Higson-Smith (1995, in De Vos *et al.*, 2005:104) define the unit of analysis as the individual(s) or object(s) from which the researcher gathers information. In this study nurses were the primary unit of analysis. This included the pre-registration nurses who underwent the PPD programme, as well as the professional nurses supervising these students.

1.2.2 Research question

The primary research question in this study was derived from the background sketched above. It was formulated as follows:

Did the relevant PPD programme contribute to the development and life enrichment of pre-registration nurses in a multicultural setting with regard to their listening skills, moral reasoning,

critical and creative thinking, ability to make informed decisions, show compassion and empathy and handle communication difficulties in their personal and professional lives?

1.2.3 Target population and sampling

De Vos *et al.* (2005:294) describe a target population as the total number of those components related to the research problem under investigation.

The population targeted for data collection in this study included:

- Pre-registration nurses who underwent training in the PPD programme (N=120);
- Professional nurses who supervised the above-mentioned pre-registration nurses (N=27).

Kerlinger (1986, in De Vos *et al.*, 2005:193) describes sampling as "taking any portion of a population or universe as representative of that population or universe". The researcher chose two sampling methods for this study as explained below.

- As the population of pre-registration nurses was relatively small, a convenient sample included the entire target population in the study (n=120).
- A non-probability purposive sampling of professional nurses who supervised the pre-registration nurses was consciously included in this study to ensure respondents who had experience and knowledge of the phenomenon under investigation (De Vos *et al.,* 2005:202). Since it was not cost effective to include 27 respondents as part of the qualitative component of the study, two professional nurses from each of the seven units at the particular private hospital in the Southern Cape were selected (n=14). However, the researcher continued until data saturation was reached. Polit and Beck (2006:273) define data saturation as "the point at which no new information is obtained and redundancy is achieved".

1.2.4 Exclusion criteria

The flexi-workers (professional nurses who were not permanently employed) were excluded from this study as they had no input into the nurses' training. As pre-registration nurses were not allocated to specialised units, professional nurses working in these units were also excluded from this study.

1.2.5 Instrumentation: questionnaires and semi-structured interviews

The two data collection instruments proposed for the data collection in this study were self-administered questionnaires and semi-structured interviews. The questions contained therein were aimed at gaining information regarding the feasibility and effectiveness of the PPD programme for pre-registration nurses from a multicultural setting offered at a private nursing school, thereby achieving the objectives of this study.

Self-administered questionnaires, which also contained open-ended questions, were chosen. To prevent bias the researcher improved credibility by providing a research assistant lecturer who handed out the questionnaires to the pre-registration nurses and remained with them while they completed the document. She was available to interpret the questions in Afrikaans if necessary if the respondents experienced any problems with the questions. Semi-structured interviews were conducted with the professional nurses in order to obtained in-depth insight regarding additional knowledge, skills and attitudes gained by the pre-registration nurses with relation to their personal and/or professional development. This specific interview technique gave the researcher the option to explore new developing paths as they came up during the interview (De Vos *et al.*, 2005:296).

1.2.6 Pre-test

Before the actual study took place a pre-test was conducted in order to ensure that the data was appropriate, applicable, effectual and free from problems and errors (Polit & Beck 2006:296).
A pre-test was conducted on respondents from within the same population as the main study in order to rectify any confusing and/or excess questions in the questionnaire and the interview schedule prior to the start of the main study. The pre-test group consisted of a 10% sample of the pre-registration nurses (n=12), as well as professional nurses (n=2). This pre-test was conducted under similar circumstances as the main study. However, these nurses and data from the pre-test were excluded from the main study findings and conclusions.

1.2.7 Reliability and validity

Babbie (2007:150) defines *reliability* as “a matter of whether a particular technique applied repeatedly to the same object, yields the same result each time”. Reliability of the quantitative

component in this study was ensured through the pre-test as the questionnaire was tested under exactly the same circumstances as the actual study. Although reliability is not applicable in qualitative studies as such, Guba's model of trustworthiness "is achieved to the extent that the research methods engender confidence in the truth of the data and in the researcher's interpretations of the data" (Polit & Beck, 2006:41).

According to De Vos *et al.* (2005:160), *validity* of an instrument signifies that it accurately measures the concept in question while reliability reflects the consistency of the instrument in measuring the concept it is supposed to measure. Face validity is ensured by means of subjective judgments by experts in research methodology and nursing education about the degree to which the instrument appears to measure the relevant variables. In order to ensure reliability and validity, items of the questionnaire and the questions included in the interview schedule were based on a literature review as well as on the objectives set for this study. A statistician analysed the questionnaire to check whether all the variables could be analysed statistically.

1.2.8 Ethical considerations

Ethical approval was obtained from the Ethical Committee of Stellenbosch University (NO9/11/339). Other ethical aspects as explained by De Vos *et al.* (2005:58) were taken into consideration during this study. The respondents were informed exactly how the research would be conducted; they were assured that they could withdraw from the research at any time; and they were informed that they were free not to answer any question(s) with which they did not feel comfortable. Furthermore, no information would be disclosed by the researcher without the respondents' consent. Informed consent was obtained and they were told that all documentation would be kept confidential and anonymous. The documentation would be saved in the office of the hospital manager for a minimum of five years. The researcher abided by these standards of ethical conduct based on beneficence and respect for human dignity.

1.2.9 Data collection

Permission was obtained from the hospital authority of the particular private hospital in the Southern Cape to conduct the research. The researcher made appointments with the selected respondents and ensured that ethical issues and concerns were respected throughout the research. A research assistant lecturer delivered the questionnaires to the pre-registration nurses and waited while they completed the document. The data collection took place over a period of two months. Semi-structured interviews were conducted with selected participants, utilising an interview schedule in order to explore professional nurses' perceptions of the skills required and acquired by nurses, as well as any improvement on coping strategies in applying the relevant life skills as adapted by the PPD programme. Interviews were recorded on a tape recorder and transcribed verbatim. All the participants were asked beforehand if they felt comfortable being recorded during the interview. If they felt uncomfortable and refused to be recorded, the researcher relied on notes made by herself during those specific interviews. The interviews did not last longer than 30 minutes each and the objectives of the study were kept in mind throughout the interview.

1.2.10 Data analysis and interpretation

MS Excel was used to capture the *quantitative data* on computer. Appropriate inferential statistical tests were applied with the aid of a statistician who analysed the quantitative data by using *Statistica* Version 9 software. The data is displayed in the form of histograms and/or frequency tables (Maltby, Day & Williams, 2007:117).

To analyse the *qualitative data* the researcher made use of analytical abstraction by using a combination of models, namely Tesch's approach as described in De Vos (2001:343) and Carney's Ladder of Analytical Abstraction (Miles & Huberman, 1994:92). The purpose was to identify, categorise and group together the essential data into one descriptive framework. Data analysis occurred concurrently with data collection, which meant that data were gathered, managed and interpreted simultaneously.

1.3 OUTLINE OF THE RESEARCH REPORT

The outline of this research report is as follows:

Chapter 1: Scientific foundation for the study

In this chapter a general overview of the research was given, including an introduction to the research topic, operational definitions, as well as the rationale, problem statement, aim and objectives of the study. The methodology of the research study was explained briefly and the ethical considerations were discussed in depth.

Chapter 2: Literature review

The concepts of the caring character, skills development, multiculturalism, communication skills, standards and outcomes are clarified in this chapter. In addition, previous relevant research studies are reviewed and the research findings are discussed.

Chapter 3: Research methodology

In this chapter the research approach and design as well as the selection of subjects for the sample, the data collection methods and process, and the data management are explained.

Chapter 4: Data analysis and results

The results and findings of the research are discussed in this chapter.

Chapter 5: Conclusions and recommendations

This chapter contains the conclusions and recommendations of this study.

1.4 SUMMARY

A preliminary literature review on the research topic is included in this report. The problem statement, research question, aims and objectives were formulated to guide the study. In the discussion of the proposed methodology the study design was described and the target populations, sample size and sampling methods were identified. Questionnaires and semi-structured interviews were selected as data-gathering instruments and briefly discussed.

Aspects of life skills needs and aspects of multicultural needs were addressed and explored in this PPD programme for pre-registration nurses from a multicultural background to determine if it could assist in producing competent nurses with broadened insights who would make informed

decisions, listen critically, show empathy and manage communication difficulties in their personal as well as their professional lives. Attention was given to the feasibility and effectiveness of the PPD programme. The processes of data collection and statistical analysis were briefly described. The relevant ethical issues and the management of these issues were discussed. Recommendations were made in order to assist all pre-registration nurses in a multicultural setting in planning their personal-professional development as described by Botha *et al*. (2007:98).

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

In the private healthcare industry, hospital managers and nursing staff are challenged to apply staff more efficiently. They have to decide on the appropriate number and categories of staff to address patient needs, excellent nursing care and patient safety in an environment where nurses are content and enjoy a positive work experience. However, to balance these variables is a complex procedure, as stated by an employee from Vredendal primary healthcare services at a nursing research conference in Worcester in the Western Cape (Eygelaar, 2009). She mentioned that in the past she could select staff with specific skills and nursing experience, but this was no longer appropriate as the private healthcare industry requires that staff should have more specific skills for today's challenges. Attitude, willingness and the ability of staff seem to have a major impact on the delivery of patient care of a high standard; therefore nurses have to develop not only knowledge of the profession, but also self-understanding, in order to understand themselves as well as their patients (George, 2002:63).

2.2 CHARACTER OF CARING

Pera and Van Tonder (2005:12) describe a caring nurse as one who provides kind, considerate and tactful nursing care of a high quality according to ethical standards. In the social milieu of the hospital setting, 'the behaviour of the nurse-as-a-person interacting with the patient as-a-person has significant impact on the patient's well-being, and the quality and outcome of nursing care' (Peplau, 1992, as cited by George, 2002:63). In other words, one has to know oneself before one will be able to identify the patient as a holistic person. The nurse has to develop certain attitudes, knowledge and skills, which will enable him or her to become a capable professional nurse who is competent in listening skills, moral reasoning and critical thinking abilities.

Gumbs (2001:45) undertook a study to create an environment that is conducive to learning in building necessary social skills to impact on students' performance. This author argues that a

nurse needs social skills to be an effective, competent care provider and partner in the healthcare professionals' team and that educators need to find other ways to improve students' knowledge, social skills and competence. She states that student nurses do not have the necessary skills to educate patients successfully, and that this is evident from the high failure rate and withdrawal of students, especially with the compulsory course requirements and examinations. Course evaluation for failure was listed and it seemed as if the course was too intensive, that there was too much competition between students, and that it was not possible for them to work together as a group, as they lacked the ability to do so.

Corbin (2008:163) argued that parents can teach their children to be caring by setting conditions that will foster empathy, kindness, justice and morality in many ways. A caring person displays compassionate connectedness through responsibility, commitment, conscience and decision, all in goodwill. Sanborn's (2004:9) true story about a postman called Fred who had a passion for his work and life revealed that this person changed people's life, vision and perceptions, because he turned the ordinary into the extraordinary. To become a *Fred* personality, in other words a caring person, every student should be taught the caring characteristics to which Sanborn (2004:9) refers in explaining the *Fred* factor.

In the professional magazine, *Health SA Gesondheid* (2002:4), Oosthuizen suggested developmental programmes for basic and post-basic personnel to prepare nurses in their career when they care for patients from other cultures. Nurses should be sensitive to the differences when nursing patients from other cultures, because problems such as doubts, communication problems and unfairness might develop. Oosthuizen contends that since nurses have an "ethical obligation to provide quality care", they have to understand caring across cultural boundaries. In the summary of her research she requests accountability from "hospital authorities and the nursing profession" to supply nurses with the skills, knowledge and understanding they require in order to provide culture-sensitive care (Oosthuizen, 2002:6).

Groote Schuur Hospital Nursing Management started with an orientation and induction programme in 1981. This programme aimed at the work to be done in specific areas of nursing in order to produce a "positive spirit and good inter-relationships in the hospital". According to Du

Preez (2009:54), the Nursing Personnel Development and Organisation Development programme contributed to the effectiveness and achievement of the hospital as it dealt with the "most valuable, creative and expensive resource", namely the employers. Du Preez also emphasises the importance of support and development of nursing staff then and in the future (Du Preez, 2009:54).

Pretorius (2005:3) contended that it is essential for professional nurses to think critically in order to provide sufficient care to patients. She also stressed the importance of empowering student nurses with knowledge and thinking skills in order to help them solve problems, otherwise the patients would suffer from their lack of skills. She suggested an "in-service training programme to all categories of clinical nurse instructors" in order to empower students with knowledge of how to think critically.

In a dissertation that was completed as a result of an inter-intrapersonal enrichment programme for nurses at the University of Potchefstroom during 1995, the author came to the conclusion that such a programme is effective in terms of the stimulation of the hypothesised profile of the nurse as helper. The author further claims that all nurses and students in education programmes should undergo the intra- and interpersonal enrichment programme (Terblanche, 1995:xii).

2.3 SKILLS DEVELOPMENT

Nursing students are generally educated in ethos and professional practice as part of their pre-registration curriculum, but according to Giddens (1993:90) they need to become specifically skilled in social interaction. A need exists for nurses to develop skills to interact socially among friends, and/or professionally among patients, therefore a personal-professional developmental programme for student nurses needs to be generally implemented to educate nurses in acting in an appropriate way.

Holbert and Abraham (1988:26) stated that critical and creative thinking skills are becoming increasingly important for nurses due to the changes in health problems and healthcare systems. Critical thinking requires that one should be able to personalise the given information, analyse it,

and then draw conclusions around it in order to make informative decisions. Searle (in Holbert & Abraham, 1988:160) made the point that "whatever the nurse does will affect other beings in some way". This, amongst other things, has prompted tutors to expect certain characteristics in the student nurses, such as responsibility for their own behaviour, thoughts, feelings, needs and actions. Price (2004:46) emphasised that it is important for student nurses to manage these skills as it will enable them to understand themselves and others in order to solve problems in the healthcare setting. In a document of the Community College of Rhode Island (2003:2) the author explained that to think critically means to perform focused reasoning in order to resolve problems no matter what the problems might be. It is difficult for students to adapt to the nursing culture when they start their nursing career. They need certain skills to help them cope with the new environment and a personal-professional developmental programme should provide this opportunity.

2.4 MULTICULTURALISM

Jacobs *et al.* (2000:49) stated "educators should entrench multicultural values in their learners", therefore it is important to investigate how nurses in a multicultural setting interact with each other and the patient in order to determine if their cultural believes and/or education play a significant role in their actions. According to Pohl (1979:45) "it is very often cultural differences that produce what is called the 'difficult' or 'uncooperative' client, although the client may be behaving according to beliefs that are different from the nurse's beliefs, and may think it is the nurse who is 'difficult' or 'uncooperative' ". In reality it all depends on the person's reactions on his or her own emotions, therefore emotional intelligence plays a significant role in the progression of a nurse's character. Language barriers may lead to dissatisfaction among nurses and patients, bad attitudes in nurses and patients, lack of support from management, de-motivation in nurses and eventually resignations. It is important to investigate how the PPD programme for pre-registration nurses influences nurses' interaction with each other in a multicultural setting according to the set standards, namely positivism, commitment, responsibility, caring and critical thinking.

Botha *et al.* (2007:69) described emotional intelligence of the self as "interpersonal and intrapersonal" and they apply this concept to learning when they explain interpersonal interaction

as interaction that reflects consideration to a person's values and feelings through being sensitive to temper, feelings and emotions. Thus intrapersonal interaction is described as emanating from thorough knowledge of your own strengths, feelings and needs in order to handle and act in any situation because you know what your goal is.

Once pre-registration nurses can identify with the above-mentioned skills, they will be able to handle all challenges that occur. They should also be able to select the appropriate interaction pattern to perform appropriately in any given situation. Years of experience has taught the researcher that patients expect specific behaviour of a nurse in the form of respect, trustworthiness, integrity, patience and caring. Tutors expect personal and professional development from nursing students, but there is no sufficient training in life skills to assist nurses in making the transition from high school to the working environment, and nothing is included in the current curriculum to help them cope with difficulties in the workplace.

2.5 COMMUNICATION SKILLS

Pera and Van Tonder (2005:iv) claimed that patient numbers have increased over the years and that hospital expenses have been reduced by decreasing the number of nurses. This has evidently led to a shortage of nurses. The authors explained that the nursing profession has a task to educate nursing students to provide care that is significant and sensitive to the patient's needs in all cultures. They continue their recommendations by discussing the need for communication skills in order to gather the correct information from a patient, not only to provide in the patient's needs, but also to take holistic care of patients from other cultures (Pera & Van Tonder 2005:172).

The hospital management of a particular private hospital in the Southern Cape selects the pre-registration nurses themselves when nursing students apply for training at this private nursing school. They know that applicants will be multicultural, do not share the same background and that they differ in their interpersonal effectiveness, therefore management has strict rules as to what qualities they want to develop in these nursing students throughout their training. They invest enormously in the development of the pre-registration nurses and want to add value to

their education and personal lives. It stands to reason that the management wants to see the difference in their investment after a time (Swart, 2009)

Richmond, McCroskey and McCroskey (2005:16) stated that communication would naturally and unmistakeably have an impact on any organisation as this is the key means by which to determine if clients are satisfied and colleagues are fulfilled in their daily activities. The aspects of marketing are a complex issue and nurses add value and image to a practice through their interpersonal relationship with clients. Depending on their image and interaction with the public they need to do things in the correct manner as this contributes to the image of a practice. The importance of interpersonal skills, friendliness, clear communication, good manners and listening skills, among other things, will always be the best way to satisfy the public and promote professionalism (Verschoor, Fick, Jansen & Viljoen, 1997:123).

Quinn (1995:419) explained that "communication is the transmitting or imparting of signals or information to a receiver. In the case of interpersonal communication, both transmitter and receiver are human beings, although they need not necessarily be in direct physical contact with each other". Johnson (2006:382) mentioned that there are strategies by which to behave morally within relationships and these strategies permit people to work together efficiently although they may differ greatly in their "culture, religion, social class, and background". This author explains that there are certain rules that relate to teamwork, point of view, compassion, fairness, respect, control of emotions, educational differences and behaviour. Brief descriptions of verbal communication and non-verbal communication follow below.

2.5.1 Verbal communication

Quinn (1995:419) stated that communication is not only words. He describes verbal communication as the way in which people speak "prosodic aspects", which means that people use certain syllables and voice tone to put meaning into their feelings. The author also refers to "paralinguistic aspects" and explains that the voice can be loud or irritating and carry anxiety or aggression. Lastly he describes the "indexical aspects" which refer to a person's born identity, or actually where he or she comes from, as this will determine the person's accent.

Quinn (1995:419) stated that "[t]hese are aspects closely related to the meaning of the spoken words and include stress placed on syllables and the intonation of the voice. A rise in intonation at the end of a sentence usually indicates a question, even though the sentence is not in the interrogative form".

According to Hinchliff (2004:82), in the field of teaching the art of verbal communication depends on following certain rules and it entails asking the right questions, listening attentively to what someone is saying, making use of silence in order for the students to respond to a question and show that you understand someone else's feelings. Among other statements the author outlines the use of "what, why, when, where and how" during the teaching process in order to have a structure to present certain topics.

Richmond *et al.* (2005:17) argued that there are certain fallacies about communication: "[T]he idea that meanings are in words is perhaps the most common misconception about communication." They emphasise the fact that words mean different things to different people: "Meanings are in people, not words."

2.5.2 Non-verbal communication

Non-verbal communication includes body language, namely facial expressions, hand gestures, voice tone and the pitch of the voice – ultimately everything that we do but do not say in words (Johnson, 2006:193). Our body language must match our words in order for the listener to receive the correct message. Although the nurse and patient may speak the same language they might derive different meanings from what they see (Pera & Van Tonder, 2005:169).

Quinn (1995:420) cites Agryle (1983) in describing non-verbal communication signals or body language as "gestures, postures, facial expression, appearance, proximity and orientation, bodily contact and gaze". He goes on to say that any "non-verbal signal will depend largely upon the context in which it is emitted, as well as the culture in which it occurs". Richmond *et al.* (2005:34) claim that there is no information available at schools to help pupils understand the importance of non-verbal communication; therefore pupils are ignorant about the shattering results of non-verbal communication once they start their careers. It stands to reason that in a

caring career such as nursing it is important for pre-registration nurses to understand the impact of non-verbal communication on the patient's well-being (Pera & Van Tonder, 2005:170).

Booyens (1993:274) argued that non-verbal messages might have a bigger impact on a person than words: a person will be either distracted by these signals, or the message will be enhanced when the presenter uses body movement and/or signalling while talking in order to emphasise the message. Booyens explained her own fundamental understanding of non-verbal communication by describing it as "body language, physical appearance, haptics (touch to communicate), proxemics (own personal space), chronemics (use of time when speaking), artefacts (objects displayed in your office) and paralanguage (the use of voice)".

Pre-registration nurses need to ask their patients proper questions in order to determine the patient's feelings and/or needs (Parsley & Corrigan, 1994:192). These authors argue that nurses tend to maintain a distance from staff members who speak rudely to them, and that leads to a lack of team spirit. They point out that wrongly interpreted non-verbal communication could lead to poor work performance.

2.6 OUTCOMES

In describing outcomes, Jacobs *et al.* (2000:29) explained that outcomes allow learners to acquire a series of competencies which will affect them forever and that outcomes will give tutors essential information which will allow them to direct learners into self-understanding, success, job fulfilment, emotional steadiness and individual accomplishment.

According to Botha *et al.* (2007:20), the word 'outcomes' refers "to everything that is learnt, including social and personal skills, the activities of learning, how to learn, certain concepts, knowledge, methodologies, values and attitudes". The authors described seven critical cross-field outcomes and five specific outcomes as the basis for the design of all learning programmes. Jacobs *et al.* (2000:29) provided an alternative meaning to an outcome, namely "the ability to demonstrate at the end of either a learning experience, a pre-determined task, skill or set of behaviours in a manner that involves understanding and truthfulness". This version describes a practical approach which was intended to help students develop their "self-realisation, high

achievement, job satisfaction, emotional stability, enduring relationships and personal fulfilment" (Jacobs *et al.,* 2000:29).

Sullivan and Decker (1992:213) defined goal setting as providing "direction and vision for actions" and they explain that everyone should have personal and professional goals in order to achieve changes in one's life. This is one of the main outcomes of becoming a successful nurse in training.

The previously mentioned private nursing school in the Southern Cape provides training for enrolled nurses and the bridging course has been in existence since 2000. This nursing school also provides a PPD programme (better referred to as a life skills programme) for all pre-registration nursing students. The aim of this programme is mainly to develop the student into a nurse, one who is knowledgeable about how to care, with "specific skills, and having appropriate attitudes, values and moral integrity, and being able to think critically and creatively and make decisions and judgments" (Mellish *et al.,* 1998:7). Apparently the ultimate goal of this programme was to follow the outcomes-based training that was implemented by the South African Qualifications Authority (SAQA) which acts as the body tasked to oversee the development of the National Qualifications Framework (NQF) on which all qualifications obtainable in the country should be reflected (Jacobs *et al.,* 2000:166).

2.6.1 Critical cross-field outcomes (CCFOs)

Critical cross-field outcomes (CCFOs) relate to all unit standards (Botha *et al.,* 2007:24). Unit standards describe the result (outcome) of learning with appropriate measurement (assessment) and not the process of learning itself (Botha *et al.,* 2007:403). As already mentioned, seven critical cross-field outcomes were specified, although each one is not included in a unit standard. Botha *et al.* (2007:20) provide a summary of the critical cross-field outcomes listed by SAQA: problem-solving skills; team member skills; self-responsibility skills; research skills; communication skills; technological and environmental literacy; and the ability to understand the world as a set of related systems. These authors also indicate five specific outcomes in order to help the student to acquire knowledge, skills and other competencies as required within a specific field and/or discipline.

The relevant private nursing school in the Southern Cape introduced its own developmental programme in order to enrich pre-registration nurses with additional knowledge, skills and attitudes with relation to their intra-personal and interpersonal dimensions. It was apparently the vision of this private hospital's management when they designed the school's philosophy (Swart, 2009).

Baker (cited by Booyens, 1993:196) defined philosophy of nursing as "philosophical beliefs about man, the environment, health and nursing". This private nursing school has a mission and vision statement which includes this philosophy which is based on the view of Mellish *et al.* (1998:9) that education is a science, directed towards a goal, and is interactive through the utilisation of bio-psychosocial knowledge, effective communication techniques and clinical skills. Mellish *et al.* (1998:10) concluded that the philosophy of nursing education is about concerned people focused on nursing, the ethics and ideology of the profession, and assumptions about knowledge and education. The private nursing school combined the compulsory curriculum with the PPD programme in order to meet the critical cross-field outcomes as well as the developmental outcomes of the students at this school. Life coaches of this private nursing school have to tutor pre-registration nurses in understanding the diversity of cultures and taking responsibility for their own learning. They also teach values and norms to the students. Furthermore, pre-registration nurses have to take part in a project on entrepreneurship and they must become competent in employment skills. As a result, a programme was developed with only the critical cross-field outcomes as indicated in Table 2.1. It does not provide specific outcomes.

Table 2.1

Critical cross-field outcomes for PPD programme

Critical cross-field outcomes (CCFOs)	Key concept with relation to developmental outcomes	Specific outcome for PPD programme
CCFO 1	- Recognise and work out problems using imperative and inspired skills - Learning skills	Pre-registration nurses will be assisted in identifying problem-solving techniques and developing a positive attitude
CCFO 2	- Work efficiently with others as a team member - Cultural and aesthetic understanding	Outstanding customer service and managing anti-discrimination in a diverse ethnic group
CCFO 3	- Systematise and manage oneself - Responsible, reliable and efficient - Responsible citizenship	Pre-registration nurses assess their power of thought, time management and motivation
CCFO 4	- Gather, examine and crucially evaluate information - Employment-seeking skills and entrepreneurship	Pre-registration nurses will select a business of their choice, observe, be critical and provide feedback with the relevant literature and evidence
CCFO 5	- Correspond successfully by using optimal algebraic as well as verbal communication	Pre-registration nurses must obtain relevant information regarding work ethics, stress management and computer literacy
CCFO 6	- Be liable in using science, technology in the surroundings to ensure the health of others including HIV/AIDS patients	Pre-registration nurses will be evaluated at the end of the HIV/AIDS lecture to determine their understanding of the disease A formal test will be written on prevention strategy as well as on the progression of the disease after finishing the module in school
CCFO 7	- Discover different education and growth strategies and relate to the correct one; assess the usefulness of this progress strategy	Philosophy of the training school is emphasised and the organisation facilitates the provision of learning experiences

(Source: Botha *et al.*, 2007:21)

2.6.2 Standards of the PPD programme

A standard can be defined as an established criterion or model against which actual results can be compared (Botha *et al.,* 2007:23). Standards are necessary for effective functioning and can also be applied to personal development. To date these are the criteria the life-skill coaches at the private nursing school have used as indicated in Table 2.2.

Table 2.2

Standards for PPD programme

Structural standards	Process standards	Outcome standards
Philosophy and mission	-Design by tutors	None
French classes	- Teaching pronunciation, verbs, nouns, adjectives, numbers, times, days and months	Evaluation by means of tests and orally as well as written examination No quality control
The *Fred* factor	-Implementation of programme; facilitation of choices; cooperation and determining the need to change; embrace change; resist negative influences; choose personal attitude in advance; set goals and be positive	Evaluation by means of tests and examination
Customer support service	-Teach nurses in etiquette: corporate etiquette: talk skilfully; make people feel important; listen skilfully	Evaluate the effect on patient care and satisfaction through patient questionnaires
Personal development: take charge of one's attitude; body language; boost one's confidence; ethics such as honesty, integrity and discipline	- Development of programme according to needs - Participation and cooperation of the named nurses	Written general knowledge test Feedback from unit managers in the nursing departments through evaluation forms
Research: choose own institution and discover how the company runs it successfully	None	None

(Becker, 2008:215)

2.7 SHORTCOMINGS OF THE PPD PROGRAMME

Mellish *et al.* (1998:282) strongly emphasise the need for proper administration at any nursing institution. The authors describe actions which should be carried out when two or more people work together in order to provide education which would produce competent nurses skilled in their autonomous functions in an accountable and compassionate style. The life coach, Ms A. Vermeulen, who was running the PPD programme at the nursing school at the time of the research, confirmed that no material had been available at first. She said the Sanborn version of the *Fred* factor was first introduced after the recordings of motivational speakers were provided to help them in developing the necessary aptitude to do their tutoring (Vermeulen, 2009).

Shortcomings were mentioned by the tutors of this private nursing school, and the principal of the school pointed out that "pre-registration nurses still lack certain ethics and attitudes" (Klackers, 2009). The principal introduced new policies in order to give structure to the existing programme which will eventually evaluate the effect of this PPD programme, but at the time of this study it was not yet implemented.

Klackers (2009) came to the conclusion that the shortcomings were clear, as the programme was intended to enrich pre-registration nurses with life skills and help them cope with daily problems and difficult situations in the nursing environment, as well as in their personal life. Since no evaluation feedback such as questionnaires or interviews was available in order to test the value of learning and coaching, there was no possibility for improvement. Although it is easy to assess competence in a practical procedure, the assessment of a life skill is a practically impossible task because of the unobservable attributes of individual attitude. Mellish *et al.* (1998:227) provided a clear description of evaluations which could be useful for this programme. This programme has much potential when structured correctly and will certainly benefit not only the pre-registration nurses, but all of the other staff members as well.

2.8 CONCEPTUAL FRAMEWORK

As indicated in Figure 2.1 it is evident that the patient expects certain qualities from a nurse, but it is also clear that nurses lack these qualities and / or skills. Therefore a PPD programme is

introduced to ensure that the nurses will be taught certain qualities to eventually develop a *Fred* personality as discussed in paragraph 2.2.

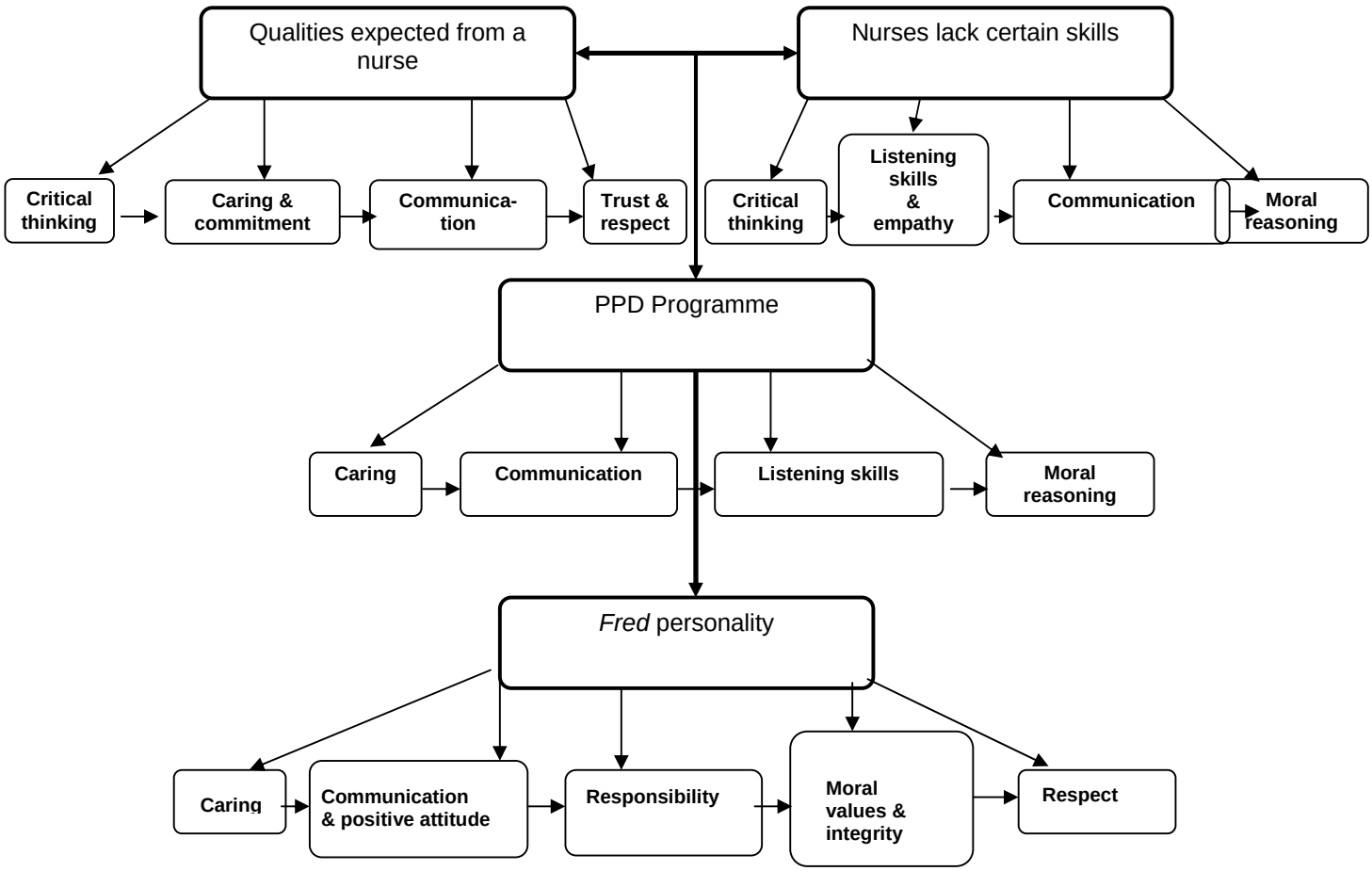

Figure 2.1

Conceptual framework of the PPD programme

2.9 SUMMARY

This chapter has reviewed some of the relevant literature related to the concept of the caring character of a nurse, which is a challenge to educators and nurses within the milieu of multiculturalism. Skills development, communication skills and the challenge of outcomes have been described. The apparent shortcomings in the outcomes of the PPD programme of the particular private nursing school have been mentioned briefly.

The methodology to explore these above-mentioned concepts and the effectiveness of the introduced developmental programme are discussed in detail in Chapter 3.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 INTRODUCTION

In this chapter the research methodology that was applied by the researcher for this study to explore the effectiveness of an introduced developmental programme for multicultural pre-registration nurses is described. Polit and Beck (2006:243) define research methodology as the methods, techniques and procedures that are employed in order to find, investigate and confirm data.

3.2 RESEARCH APPROACH AND DESIGN

A combined quantitative and qualitative research approach with a descriptive design was selected for this study to explore and describe the feasibility and effectiveness of the PPD programme for multicultural pre-registration nurses offered by a private nursing school in the Southern Cape. De Vos *et al.* (2005:361) refer to this intentional combination of quantitative and qualitative approaches as *triangulation*. The reason for this combined design was not only to improve the chances of viewing all facets of the problem statement for this study from different angles, but also to ensure data credibility, and eventually to generalise the findings.

As the use of both quantitative and qualitative data in one study is not always cost-effective and can be time consuming, the researcher opted to make use of Creswell's dominant-less-dominant model (De Vos *et al*., 2005:359) in the data generating phase by which the quantitative information took preference.

Bless and Higson-Smith (1995, in De Vos *et al.*, 2005:104) define the unit of analysis as the individual(s) or object(s) from which the researcher gathers information. In this study nurses were the primary unit of analysis, which included the pre-registration nurses who had completed the PPD programme, as well as the professional nurses who supervised these pre-registration nurses.

3.3 TARGET POPULATION AND SAMPLING

De Vos *et al.* (2005:294) describe a target population as the total number of those components related to the research problem under investigation.

The population targeted for data collection in this study included:

- pre-registration nurses who had completed training in the above-mentioned PPD programme (N=120);
- professional nurses who supervised the pre-registration nurses in this programme (N=27).

Kerlinger (1986, in De Vos *et al.*, 2005:193) describes sampling as "taking any portion of a population or universe as representative of that population or universe". The researcher chose two sampling methods for this study, as explained below:

- As the population of pre-registration nurses was relatively small (N=120), the entire target population was included in the study (n=120).
- A non-probability purposive sampling of professional nurses who were supervising the nurses was consciously included in this study to ensure that respondents who had experience with and knowledge of the phenomenon under investigation, were included (n=14) (De Vos *et al.,* 2005:202).

To include all 27 respondents as part of the qualitative component of the study was not time effective because these professional nurses only worked from 07:00 to 16:00 and could not stay for interviews after hours. Furthermore, the researcher did not find it necessary for all the professional nurses to give feedback regarding the pre-registration nurses. Therefore, two professional nurses from each of the seven units at the particular private hospital in the Southern Cape were selected (n=14).

The researcher continued the data collection process until data saturation had been reached. Polit and Beck (2006:273) define data saturation as "the point at which no new information is obtained and redundancy is achieved".

Table 3.1 provides a summary of the cultural description of the respondents included in this study.

Table 3.1

Cultural description of participants in the study

Category of nurses	White	Black	Coloureds	TOTAL (n=)
Pre-registration nurses	33	17	70	120
Professional nurses	9	1	4	14

3.4 EXCLUSION CRITERIA

The flexi-workers (professional nurses who are not permanently employed) were excluded from this study as they had no input into the nurses' training. As pre-registration nurses are not allocated to specialised units, professional nurses working in these units were also excluded from this study.

3.5 DATA COLLECTION INSTRUMENTS

The two measuring instruments proposed for the data collection in this study were self-administered questionnaires and semi-structured interviews. The questions contained therein were aimed at gaining information regarding the feasibility and effectiveness of the PPD programme for pre-registration nurses from a multicultural setting offered at a private nursing school, thereby achieving the objectives of this study.

3.5.1 Questionnaire

Self-administered questionnaires, which also contained open-ended questions, were chosen. The items in the questionnaire were based on the research objectives and reviewed literature. The questionnaire was designed to collect all the relative information regarding the proposed research topic by means of a variety of question types. The questionnaire consisted of three sections: the first section included four questions that generated demographic data, while the second section contained five questions related to the perceptions of pre-registration nurses. The next section

contained 20 questions by means of which the nurses' level of knowledge regarding the PPD programme was explored.

3.5.2 Semi-structured interviews

Semi-structured interviews were conducted with the professional nurses in order to obtain in-depth insight regarding additional knowledge, skills and attitudes gained by the pre-registration nurses with relation to their personal and/or professional development after they had completed the PPD programme. There were eight questions and the content included communication skills, trust and respect, critical thinking abilities as well as multiculturalism related to decision making. This specific interview technique gave the researcher the option to explore new developing paths as they came up during the interview (De Vos *et al.*, 2005:296).

3.6 PRE-TEST

Before the actual study took place, a pre-test of the questionnaire was conducted in order to ensure that the data collection instrument was appropriate, applicable, effectual and free from problems and errors (Polit & Beck 2006:296).

Participants from within the same population as that of the main study were included in the pre-test in order to rectify any confusing and/or excess questions in the questionnaire and the interview schedule prior to the start of the main study. The pre-test group consisted of a representative sample of 10% of the pre-registration nurses (n=12), as well as of the professional nurses (n=2). The pre-registration nurses were randomly selected and consisted of four first-year students, four second-year students, three third-year students, and only one fourth-year student because of the small number of fourth-year students. Only female respondents took part in the pre-test as they made up the majority of the pre-registration nurses. The first pre-registration nurses who entered the classes on the day they had their classes were selected. A research assistant handed the questionnaires to the nurses and stayed with them to answer any questions. Two students who were not fluent in English wanted her to explain the meaning of certain words. This was the only problem regarding the questionnaire that arose during the pre-test. The questions were adjusted and the remainder of the questionnaire stayed as it had originally been designed.

This pre-test was conducted under similar circumstances as the main study. However, these nurses and the data from the pre-test were excluded from the main study findings and conclusions.

3.7 RELIABILITY AND VALIDITY

3.7.1 Reliability

Babbie (2007:150) defined reliability as "a matter of whether a particular technique applied repeatedly to the same object, yields the same result each time". Reliability of the quantitative component in this study was ensured through the pre-test as the questionnaires were tested under exactly the same circumstances as the actual study. Reliability was also enhanced as pre-registration nurses and professional nurses were familiar with the questions under discussion and were able to supply appropriate answers to the questions asked. The researcher made use of *data source triangulation* by using multiple data sources in the study as described by Polit & Beck (2006:333), such as in-depth interviews with the professional nurses, as well as questionnaires that were completed by the pre-registration nurses.

3.7.2 Guba's model of trustworthiness

As reliability is not applicable in qualitative studies as such, Guba's model of trustworthiness is utilised "to the extent that the research methods engender confidence in the truth of the data and in the researcher's interpretations of the data" (Polit & Beck, 2006:41). According to Lincoln and Guba (in Polit & Beck, 2006:332), the model of trustworthiness consists of four criteria: credibility, dependability, conformability, and transferability.

Credibility refers to assurance in the authenticity of the data as well as the understanding thereof. Lincoln and Guba (1985, in Polit & Beck, 2006:332) state that the credibility of an investigation involves two aspects, namely to carry out the inquiry in such a way that believability is improved and thereafter taking steps to convey the honesty of the study. Dependability refers to data constancy over time and over circumstances. Polit & Beck (2006:335) argue that "there can be no credibility in the absence of dependability". Conformability refers to a neutral stance or objectivity of the data; that is, the possible resemblance between two or more independent people about the data's precision, association or meaning (Polit & Beck, 2006:336). According to

Lincoln and Guba (1985, in Polit & Beck, 2006:336), transferability refers to the degree to which the results from the data can be moved to other settings or groups. Thus it is "similar to the concept of generalization" (Polit & Beck, 2006:336).

In order to ensure trustworthiness of the study, the researcher was guided by supervisors throughout the study. Furthermore, the researcher had some knowledge of interviewing skills and techniques and had extensive experience in applying these skills as a clinical facilitator, occupational nurse and counsellor for HIV/AIDS patients.

In order to prevent bias, the researcher made use of a research assistant lecturer to hand out the questionnaires during the actual data collection phase. This lecturer also collected the questionnaires after completion. Analysis of these questionnaires was verified with statistical findings by an expert. Polit & Beck (2006:42) define bias as the systematic distortion of responses by the researcher, the respondents and/or the instrument. The researcher was not involved in this developmental programme and thus could be totally objective.

3.7.3 Validity

According to De Vos *et al.* (2005:160), validity of an instrument signifies that it accurately measures the concept in question, while reliability reflects the consistency of the instrument in measuring the concept it is supposed to measure. Validity refers to the extent to which the research instrument provides data that relate to commonly accepted meanings of a particular concept (Babbie, 2007:153).

Validity was ensured through face validity by means of subjective judgments by experts in research methodology and nursing education about the degree to which the instrument appeared to measure the relevant variables (Babbie, 2007:154). Content validity is a controlled assessment of the content of an instrument to ensure that it effectively represents or includes the entire content area or specified field. It indicates if the variables are representative of the total phenomenon that is being discussed. Content validity in this study was assured by means of opinions of experts to validate the instrument (De Vos *et al.*, 2005:162).

In this study reliability and validity were ensured by formulating questions as simply as possible to reduce ambiguities. Items in the questionnaire and the questions included in the interview schedule were based on a literature review as well as on objectives set for this study. Clear instructions were given to the respondents verbally by the research assistant lecturer who handed out the questionnaires. Furthermore, a statistician analysed the questionnaire to check whether all the variables could be analysed statistically.

3.8 DATA COLLECTION

Permission to conduct the research was obtained from the hospital authority of the previously mentioned private hospital in the Southern Cape. (Letters requesting permission and their replies are attached as Addendums F and G). Consent was obtained from the pre-registration nurses, as well as from the professional nurses who were interviewed. The researcher made appointments with the selected participants and also ensured that ethical issues and concerns were respected throughout the research (see paragraph 1.2.8). The data collection took place over a period of two months from 4 January 2010 to 5 March 2010.

To prevent bias the researcher improved credibility by providing a research assistant lecturer who handed the questionnaires to the pre-registration nurses and waited for them while they completed the document. She was available to interpret the questions in Afrikaans to the respondents if they experienced any problems with the questions.

Semi-structured interviews were conducted with selected participants, utilising an interview schedule in order to explore professional nurses' perceptions of the skills required and acquired by nurses, as well as any improvement on coping strategies in applying the previously mentioned life skills as adopted by the PPD programme. Interviews were recorded on a tape recorder and transcribed verbatim. Each participant was asked beforehand if she felt comfortable being recorded during the interview and was asked to give permission for the recording to be done, no one objected against the recording of the data. The interviews did not last longer than 30 minutes each and the objectives of the research were kept in mind throughout the interviews.

3.9 DATA ANALYSIS

3.9.1 Quantitative data

The MS Excel programme was used to capture the quantitative data. Given that a descriptive design was chosen for this study, descriptive statistics were used in analysing the data with the aid of a statistician by using STATISTICA version 9 software. Summary statistics were used to describe the variables. Distributions of variables were presented by means of histograms and frequency tables. Relationships between two continuous variables were analysed with regression analysis and the strength of the relationship was measured by means of the Spearman rank order correlation inferential test.

3.9.2 Qualitative data

In order to analyse the qualitative data the researcher made use of analytical abstraction by using a combination of models, namely Tesch's approach as described in De Vos *et al.* (2001:343) and Carney's "Ladder of Analytical Abstraction" (Miles & Huberman, 1994:92) with the purpose of identifying, categorising and grouping together the essential data into one descriptive framework.

3.9.2.1 Tesch's approach

Tesch (in De Vos, 2001:343) purposed eight steps to consider in the analysis of qualitative data, namely:

Step 1: The researcher should read the entire transcript carefully to obtain a sense of the whole and to jot down some ideas.

Step 2: The researcher determines the underlying meaning in the information and makes summaries in the margin.

Step 3: A list is made of all the themes or topics and similar themes, or topics are clustered together.

Step 4: The researcher applies the list of themes or topics to the data. The themes or topics are abbreviated as codes, which are written next to the appropriate segments to the transcripts. The researcher tries out this preliminary organising scheme to see whether new categories and codes emerge.

Step 5: The researcher finds the most descriptive wording for the themes or topics and categorises them. Lines are drawn between categories to indicate the relationships.

Step 6: The researcher makes a final decision on the abbreviation for each category and alphabetises the codes.
Step 7: The data material belonging to each category is assembled and a preliminary analysis is performed.
Step 8: The researcher recodes existing data if necessary.

3.9.2.2 Miles and Huberman's approach

Miles and Huberman (1994:92) suggested the following tactics for generating meaning from transcribed and interviewed data:

- counting frequencies of occurrence of themes;
- noting patterns of themes which may stem from repeated themes;
- seeing plausibility – trying to make good sense of data, using informed intuition to reach conclusions;
- clustering-setting items into categories;
- identifying and noting relations between themes;
- building a logical chain of evidence-noting causality and making inferences; and
- making conceptual coherence-moving from constructs to theories to explain phenomena.

The data captured on the audiotape during interviews were transcribed verbatim. Data analysis occurred concurrently with data collection, which meant data were gathered, managed and interpreted simultaneously. According to Burns and Grove (2007:41), data analysis is directed to decrease, arrange and provide significance to the data.

3.10 SUMMARY

De Vos *et al.* (2005:132) defined the research design as "a plan or blueprint" for how to conduct a research study. Thus a research design ensures that there is a structure for the manner in which data is collected and analysed. In this chapter the methodology that was implemented to explore the effectiveness of an introduced developmental programme for pre-registration nurses from a multicultural setting was discussed in detail. The research approach and design of the present study were discussed, as well as the target population and sampling thereof, and the data collection and analysis techniques.

In Chapter 4 the results of the study are presented, discussed and contextualised.

CHAPTER 4

DATA ANALYSIS

4.1 INTRODUCTION

According to Polit & Beck (2006:397), the purpose of data analysis is to organise, provide structure and to draw meaning from the data, regardless of the type of data used. Mouton (2001:108) explained that the intention of analysis is to understand the different constitutive fundamentals of one's data through an inspection of the associations between concepts, constructs or variables and to recognise, isolate or find any patterns, trends or themes in the data. In this chapter the data will be discussed and analysed in a logical sequence under appropriate headings according to the different data instruments that were used.

4.2 THE METHOD OF DATA ANALYSIS

This study was mainly quantitative by nature but included a smaller qualitative component. As discussed in paragraph 3.5, questionnaires were administered and semi-structured interviews were conducted in order to obtain insight into the feasibility and effectiveness of the PPD programme. Quantitative and qualitative data were analysed by means of different methods as discussed in paragraphs 3.9; 3.9.1; 3.9.2. and 3.9.3.

4.2.1 Quantitative data analysis

The quantitative data gathered from the questionnaires were entered on MS Excel and analysed with the aid of a statistician from the Statistical Consultation Department of Stellenbosch University by means of the STATISTICA 9.0 software program. Descriptive statistics such as frequencies and percentages were presented by way of tables and histograms. The percentages in the text were rounded off to the closest integer to simplify the discussion.

Relationships between continuous and ordinal output variables with ordinal input variables were analysed using Spearman rank order correlations. A p-value of $p<0.05$ represents statistical significance. Depending on the description of the statement and the participants' perceptions, both the 'agree' and the 'disagree' could indicate a positive or negative impact on the PPD

programme for pre-registration nurses. Responses of 50% and more implied that the statement had an impact on the PPD programme. Those statements where there was no comment in the response to 'if yes' or 'if no' were not considered as having any impact on this study.

4.2.1.1 Questionnaires to pre-registration nurses

The researcher used a self-reporting questionnaire with close-ended and open-ended questions as the method of data collection to find out whether the PPD programme contributed to the development and life enrichment of pre-registration nurses in a multicultural setting with regard to their listening skills, moral reasoning, critical and creative thinking, making informed decisions, showing compassion and empathy; and handling communication difficulties in their personal and professional lives.

Questionnaires as well as consent forms were handed out to 108 (n=108) pre-registration nurses by the lecturer who was not involved in their training. The questionnaires were given to the respondents before they started their lectures on the days that they attended the previously mentioned private nursing school. A total of 108 questionnaires were returned, while some only returned the signed consent forms with half-completed questionnaires. Therefore only 100 questionnaires (92.5%) could be used. The respondents had to tick off the most appropriate option to each question. Most of the questions had the following keys to guide the respondents: 5=strongly agree; 4=agree; 3=unsure; 2=disagree; and 1=strongly disagree.

SECTON A: DEMOGRAPHIC DATA

Question 1: What is your gender? (n=100)

The majority of pre-registration nurses who completed the questionnaires (n=93 or 93.0%) were female. All the pre-registration male nurses (n=7 or 7.0%) from the particular private nursing school took part in this study.

Question 2: What is your home language? (n=100)

As indicated in Table 4.1, the majority of the respondents (n=76 or 76.0%) were Afrikaans-speaking, whereas the rest of the respondents were either English-, Xhosa-, Sotho- or Zulu-speaking.

Table 4.1

Language of pre-registration nurses

Category	Frequency (*f*)	Percentage (%)
English	9	9.0
Afrikaans	76	76.0
Xhosa	7	7.0
Other	8	8.0
Total	n=100	100

Question 3: What is your level of training?

As indicated in Figure 4.1, as many as 44.0% (n=44) of the pre-registration nurses who took part in this study were second-year students, whereas only 3.0% (n=3) of the fourth-year students took part. The main focus of the study was to explore the perceptions of pre-registration nurses as they had already done a full course of the PPD programme. For this reason participation of the second-year students as the majority group was of high importance.

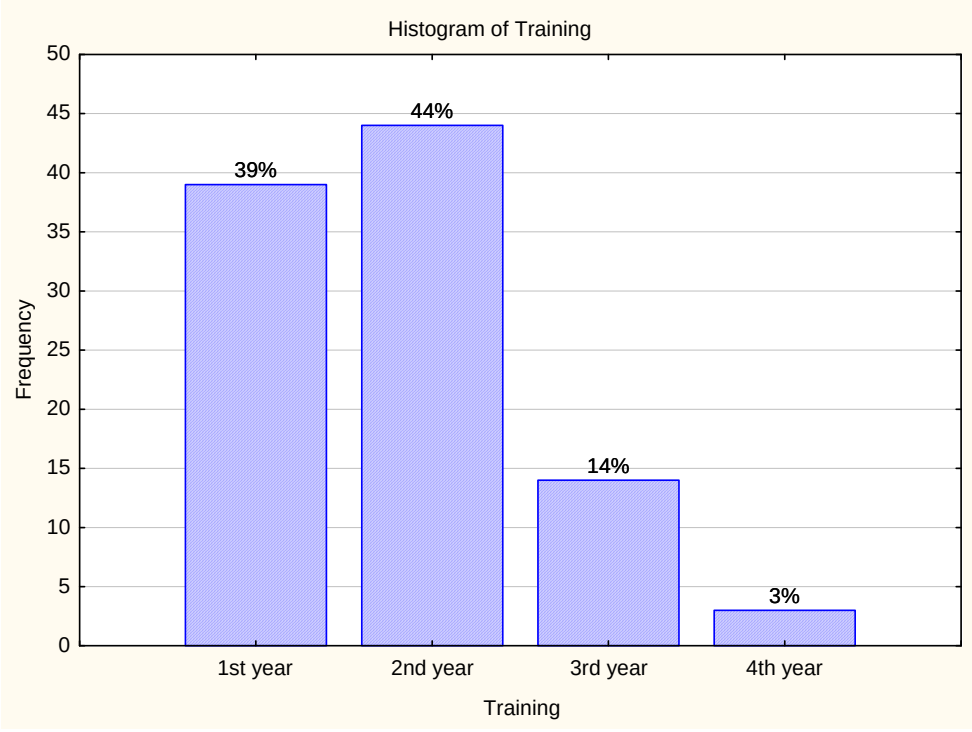

Figure 4.1

Level of training of the pre-registration nurses

Question 4: What is your age?

Although the majority of the pre-registration nurses (n=23 or 23.0%) were in the age group of 18 to 20 (see Figure 4.2), it was important to have the feedback from the age groups 20 to 22 (n=19 or 19.0%) and 22 to 24 (n=19 or 19.0%).

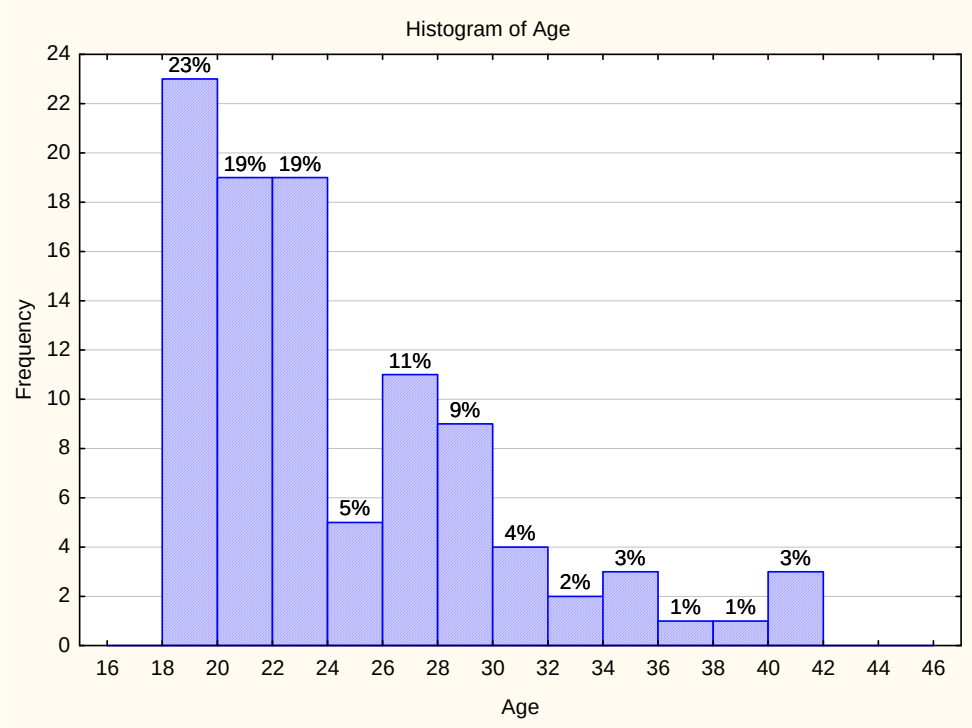

Figure 4.2

The age of pre-registration nurses

SECTION B: PERCEPTIONS OF PRE-REGISTRATION NURSES

Question 5.1: Does the above-mentioned programme contribute to your life enrichment with regard to conflict?

Figure 4.3 indicates that the majority of pre-registration nurse (n=42 or 42.0%) agreed and a further 19% (n=19) *strongly* agreed that the PPD programme contributed to their life skills with regard to handling conflict.

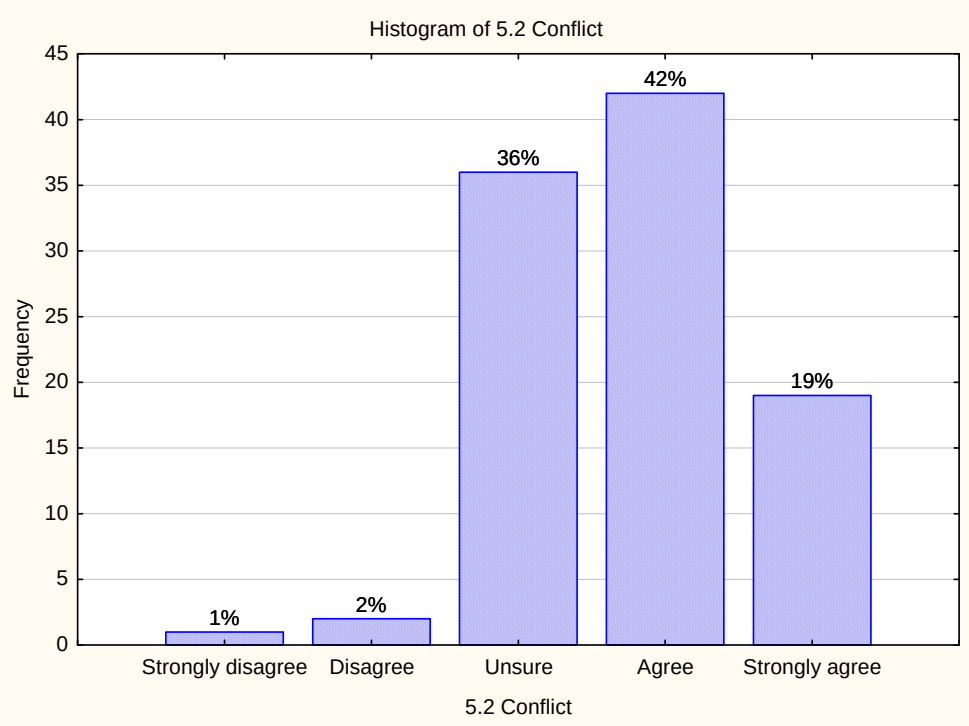

Figure 4.3

The PPD programme's contribution to life enrichment regarding conflict

Question 5.2: Does the above-mentioned programme contribute to your life enrichment with regard to listening skills?

Figure 4.4 indicates that the majority of pre-registration nurses (n=52 or 52.0%) agreed and 27% (n=27) strongly agreed that the PPD programme contributed to their life enrichment with regard to listening skills.

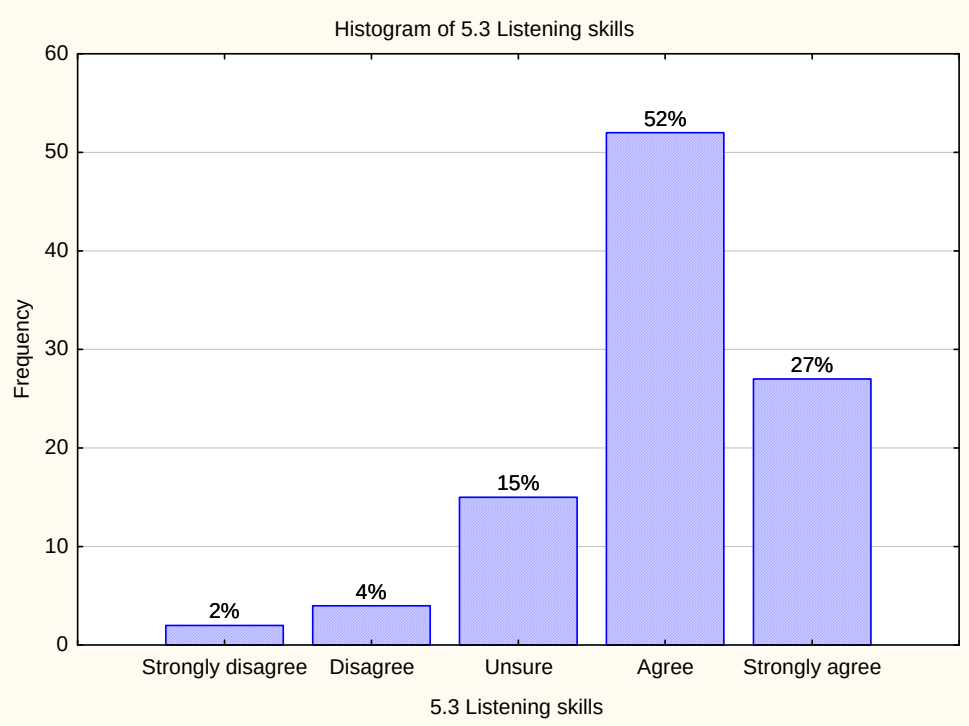

Figure 4.4

The PPD programme's contribution to life enrichment with regard to listening skills

Question 5.3: Does the PPD programme contribute to your life enrichment regarding empathy?

As indicated in Figure 4.5, the majority of pre-registration nurses (n=48 or 48.0%) agreed that the PPD programme contributed to their life enrichment with regard to empathy. A further 39.0% (n=39) *strongly* agreed to this statement.

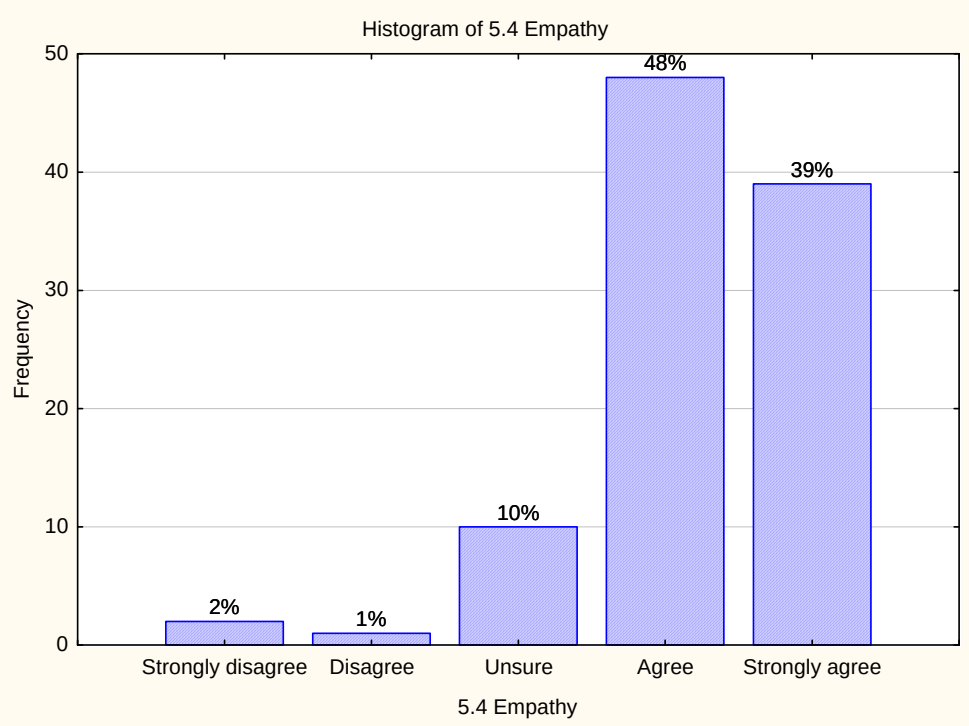

Figure 4.5

The PPD programme's contribution to life enrichment regarding empathy

Question 5.4: Does the PPD programme contribute to your life enrichment with regard to effective communication?

As indicated in Figure 4.6, the majority of pre-registration nurses either agreed (n=38 or 38.0%) or *strongly* agreed (n=38 or 38.0%) to the statement that the programme contributed to effective communication. However, 19.0% (n=19) of the pre-registration nurses were unsure whether the programme contributed to their communication skills at all.

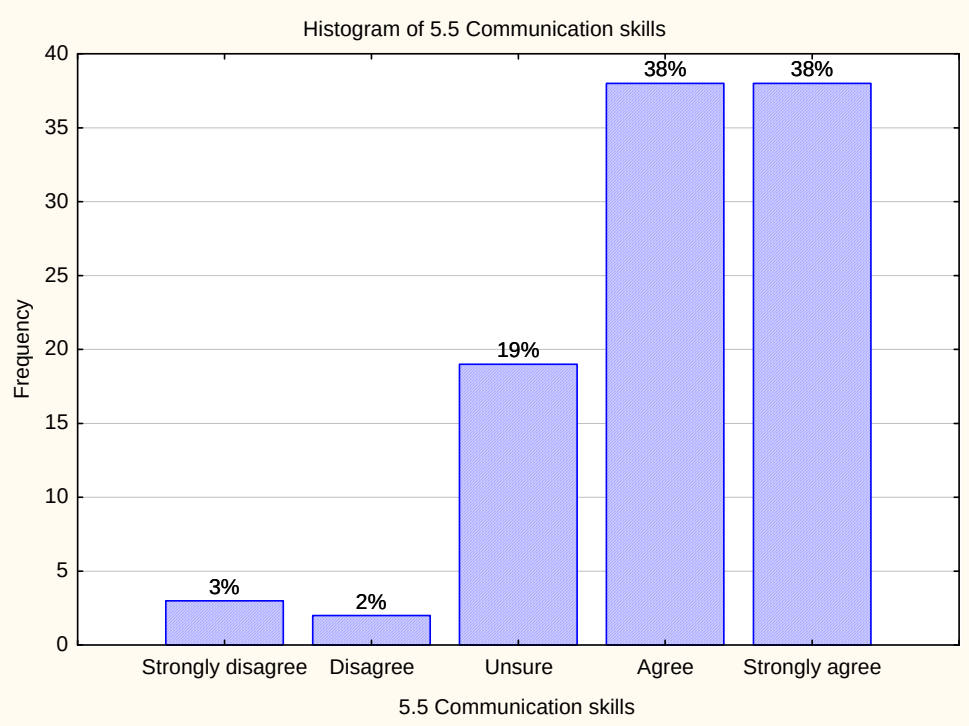

Figure 4.6

The PPD programme's contribution to life enrichment with regard to effective communication

Question 6: Does this PPD programme help you to adapt to the nursing environment?

The overall response (n=91 or 91.0%) was that the PPD programme helped them to adapt to the nursing environment. The feedback was therefore more positive in contrast with what the researcher's opinion was before taking on this study.

Question 7: Does this PPD programme provide purposeful guidance in your personal life?

The majority of pre-registration nurses (n=91 or 91.0%) held the opinion that the PPD programme provided purposeful guidance in their personal life.

Question 8: Does this PPD programme support you, based on your unique needs?

It seemed that more pre-registration nurses (n=72 or 72.0%) held the opinion that the PPD programme supported them, based on their individual needs regarding life skills. Furthermore, it

gave them an opportunity to explore their own values and attitudes and make responsible decisions.

Question 9: Did this PPD programme create learning opportunities for you so that you feel it was possible to grow through the phases from being passive to become involved and eventually be independent?

Although 12.0% (n=12) of the pre-registration nurses held the opinion that the PPD programme did not create learning opportunities, the majority (n=88 or 88.0%) reported that the programme created learning opportunities for them to grow from being passive to become involved, and eventually to function independently, not only as a nurse but also as a human being.

The question (10) that explored the perceptions about the skills required to render quality care to patients is analysed and interpreted in the section on qualitative data (see paragraph 4.2.2)

SECTION C: LEVEL OF KNOWLEDGE

Question 11: Has this PPD programme equipped you with *additional knowledge?*

As indicated in Table 4.2, the majority of pre-registration nurses (n=86 or 86%) agreed that the PPD programme equipped them with additional knowledge. The various responses of the pre-registration nurses who agreed that the PPD programme equipped them with additional knowledge (question 11.1), as well as the responses of the nurses who did not agree to this statement (question 11.2), are summarised under qualitative data obtained from the open-ended questions in the questionnaire (see paragraph 4.2.2.1).

Table 4.2

The contribution of the PPD programme to additional knowledge

Category	Frequency (*f*)	Percentage (%)
Yes	86	86.0
No	14	14.0
Total	**n=100**	**100**

Question 12: Has this PPD programme equipped you with *additional skills?* (n=100)

The above-mentioned additional skills were discussed in detail in paragraph 2.2. and summarised in Table 2.2 where the standards of this PPD programme were outlined. As indicated in Table 4.3, the majority of pre-registration nurses (n=79 or 79%) agreed that the programme equipped them with additional skills. The responses of the pre-registration nurses who agreed that the programme equipped them with additional skills (question 12.1), as well as the responses of the nurses who did not agree with this statement (question 12.2), are summarised under qualitative data obtained from the open-ended questions in the questionnaire (see paragraph 4.2.2.1).

Table 4.3

The contribution of the PPD programme to additional skills

Category	Frequency (*f*)	Percentage (%)
Yes	79	79.0
No	21	21.0
Total	**n=100**	**100**

Question 13: Have you developed alternative attitudes *within yourself* (intrapersonal) towards your patients?

The concept of intrapersonal attitudes is discussed in paragraph 2.2. According to Table 4.4, the majority of pre-registration nurses (n=83 or 83.0%) agreed that they had developed alternative attitudes within themselves (intrapersonal) towards their patients. The nature of intrapersonal attitudes (question 13.1), or the lack thereof (question 13.2) is summarised under the qualitative data analyses (see paragraph 4.2.2.1).

Table 4.4

The development of intrapersonal attitudes

Category	Frequency (*f*)	Percentage (%)
Yes	83	83.0
No	17	17.0
Total	**n=100**	**100**

Question 14: Have you developed alternative attitudes towards your *patients and colleagues* (interpersonal relationships)?

Interpersonal attitudes and what they entail is described in detail in paragraphs 2.4 and 2.5. According to Table 4.5 the majority of pre-registration nurses (n=81 or 80.8%) agreed that the programme contributed to the development of their interpersonal attitudes towards their patients and colleagues. All the responses to the question whether the programme had contributed (question 14.1), or not (question 14.2), are summarised under the qualitative data analyses (see paragraph 4.2.2.1).

Table 4.5

The development of interpersonal attitudes

Category	Frequency (*f*)	Percentage (%)
Yes	81	80.8
No	19	19.2
Total	**n=100**	**100**

Question 15.1: After completion of this PPD programme, do you think you are better equipped to understand work ethics (compassion, commitment and caring)?

In response to the above statement, the majority of pre-registration nurses (n=45 or 45.0%) agreed, and n=44 (44.0%) *strongly* agreed that they were better equipped to understand work ethics regarding compassion, commitment and caring, as defined in paragraph 2.2, after completion of the programme (see Figure 4.7).

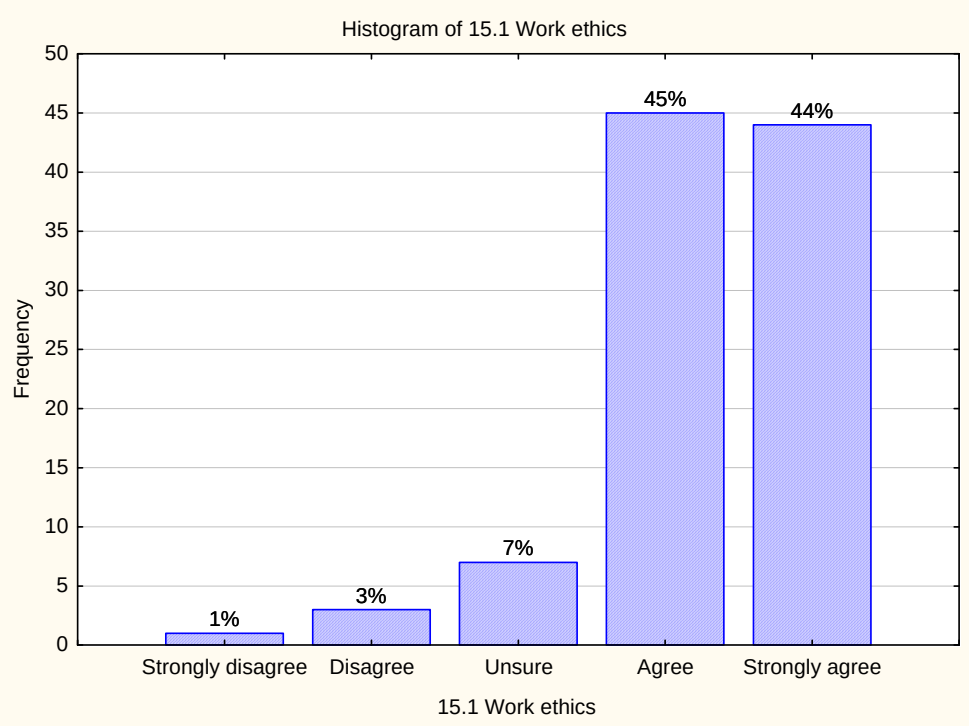

Figure 4.7

Better equipped to understand work ethics

Question 15.2: After completion of this PPD programme, do you think you are better equipped to understand effective client service?

On the above statement the majority of pre-registration nurses (n=47 or 47.0%) agreed, as indicated in Figure 4.8, whereas n=43 (43.0%) *strongly* agreed that they were better equipped to understand effective client service, as defined in paragraph 2.5.

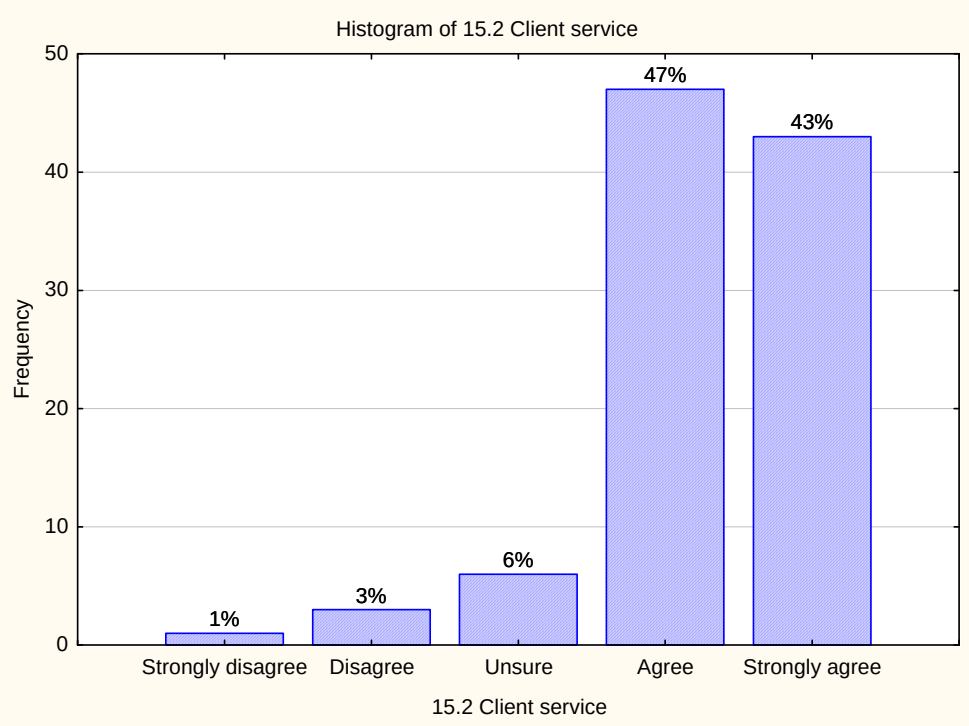

Figure 4.8

Better equipped to understand client service

Question 15.3: After completion of this PPD programme, do you think you are better equipped to understand effective verbal communication skills?

On the above statement the majority of pre-registration nurses (n=49 or 49.0%) agreed, as indicated in Figure 4.9, and 29.0% (n=29) *strongly* agreed that after completion of the PPD programme they were better equipped to communicate verbally (see paragraph 2.5). However, 15.0% (n=15) of the pre-registration nurses' responses were that they were unsure whether they had attained effective verbal communication skills. This led to the researcher's understanding of the principal's opinion that pre-registration nurses lack certain ethics, communication skills and attitudes (see paragraph 2.7).

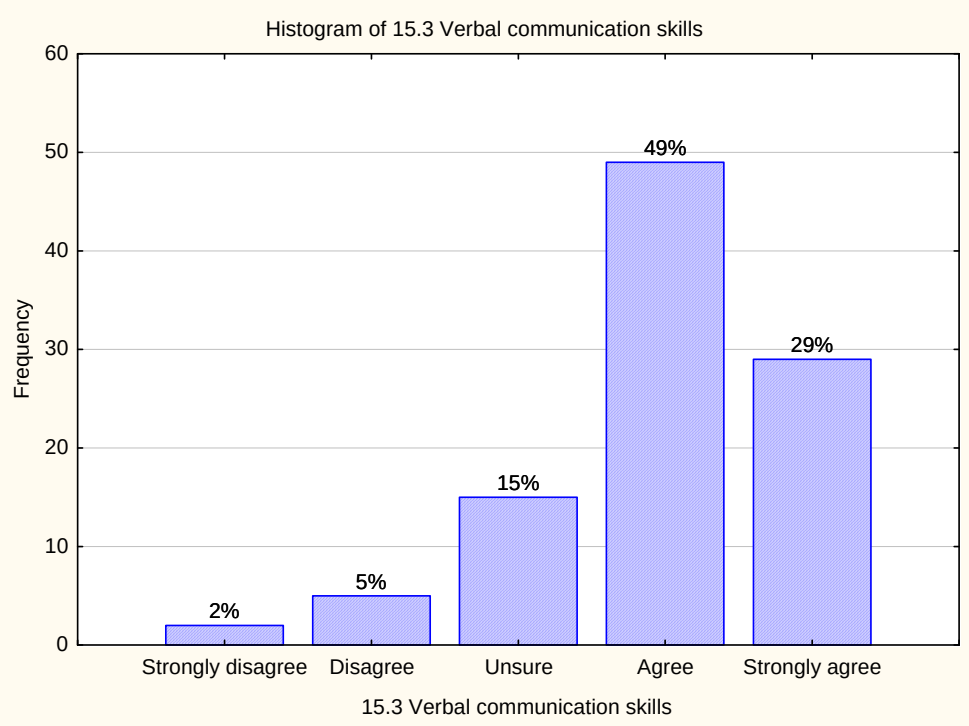

Figure 4.9

Better equipped to understand verbal communication skills

Question 15.4: After completion of this PPD programme, do you think you are better equipped to understand effective non-verbal communication skills?

Although the majority of pre-registration nurses (n=44 or 44.0%) agreed, and n=19 (19.0%) *strongly* agreed that after completion of the PPD programme they were better equipped to understand the concept of effective non-verbal communication skills, as many as 29% (n=29) were unsure whether they had attained effective non-verbal communication skills (see Figure 4.10). The reason for this might be that the pre-registration nurses did not fully understand what was meant by 'non-verbal communication skills' as described in paragraph 2.5.2. The term 'body language' should have been used instead. However, this was not identified as a problem during the pilot study when the questionnaire was tested.

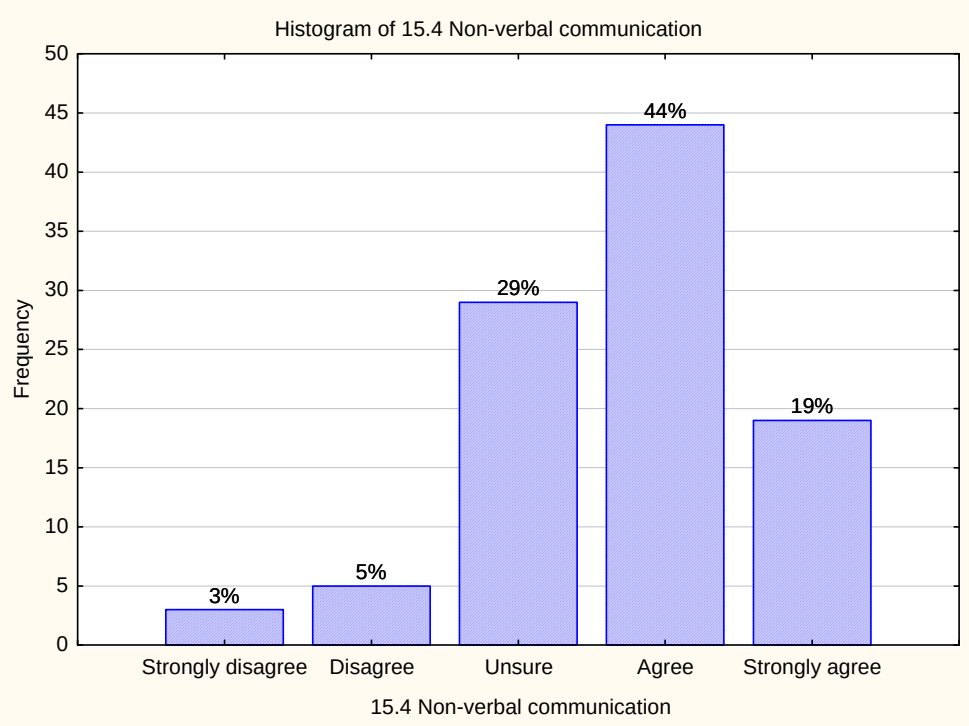

Figure 4.10

Better equipped to understand non-verbal communication

Question 15.5: After completion of this PPD programme, do you think you are better equipped to understand time management?

The majority of pre-registration nurses (n=45 or 45.0%) agreed, and 18.0% (n=18) *strongly* agreed that after completion of the mentioned programme they were better equipped to understand and utilise time management. On the other hand, as many as 25% (n=25) were unsure whether they had attained any time management skills (see Figure 4.11). Although 9.0% (n=9) disagreed that the PPD programme had better equipped them to understand time management, the reason for this might be that the pre-registration nurses did not understand what was meant by the concept time management. These pre-registration nurses had not been exposed to the concept of time management as the majority of these students were either first-year (n=39 or 39.0%) or second-year students (n=44 or 44.0%).

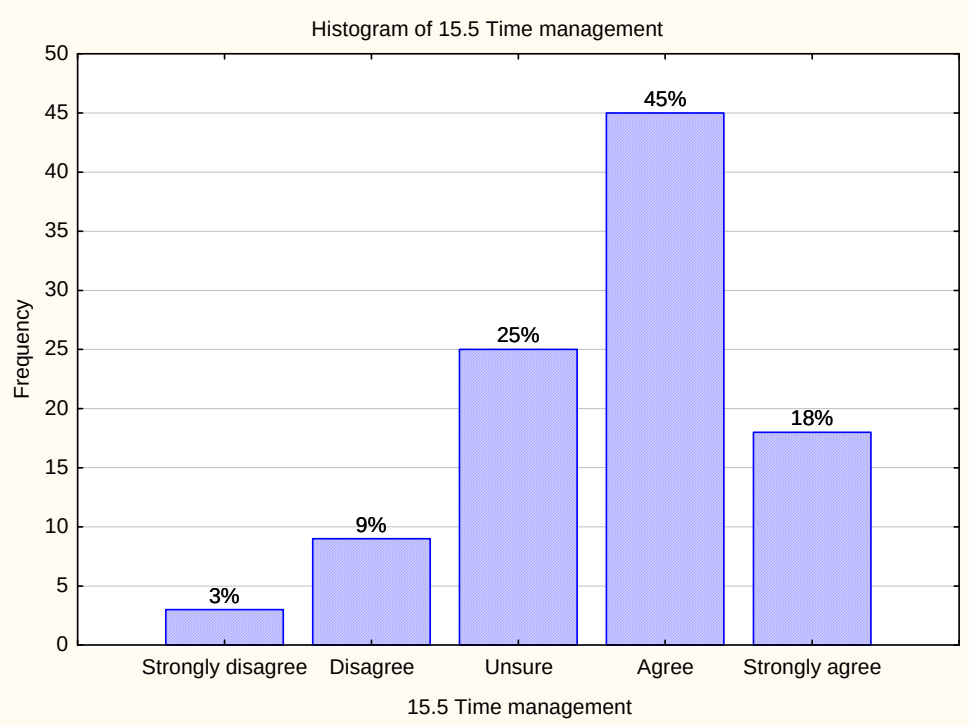

Figure 4.11

Better equipped to understand time management

Question 15.6: After completion of this PPD programme, do you think you are better equipped to understand problem-solving skills?

The majority of pre-registration nurses (n=40 or 40.0%) agreed, and 25.0% (n=25) *strongly* agreed that after completion of the mentioned programme they were better equipped to understand problem-solving skills. As many as 27% (n=27) were unsure whether they had attained these skills (see Figure 4.12). The reason for this might be that the majority of these pre-registration nurses were first-year (n=39 or 39.0%) and second-year students (n=44 or 44.0%) and had not necessarily had exposure to problem-solving situations. For this reason none of the pre-registration nurses indicated *strongly disagree* in response to this statement. A Spearman rank order correlation indicated no significant correlation between problem solving and training ($p=0.606 > 0.05$).

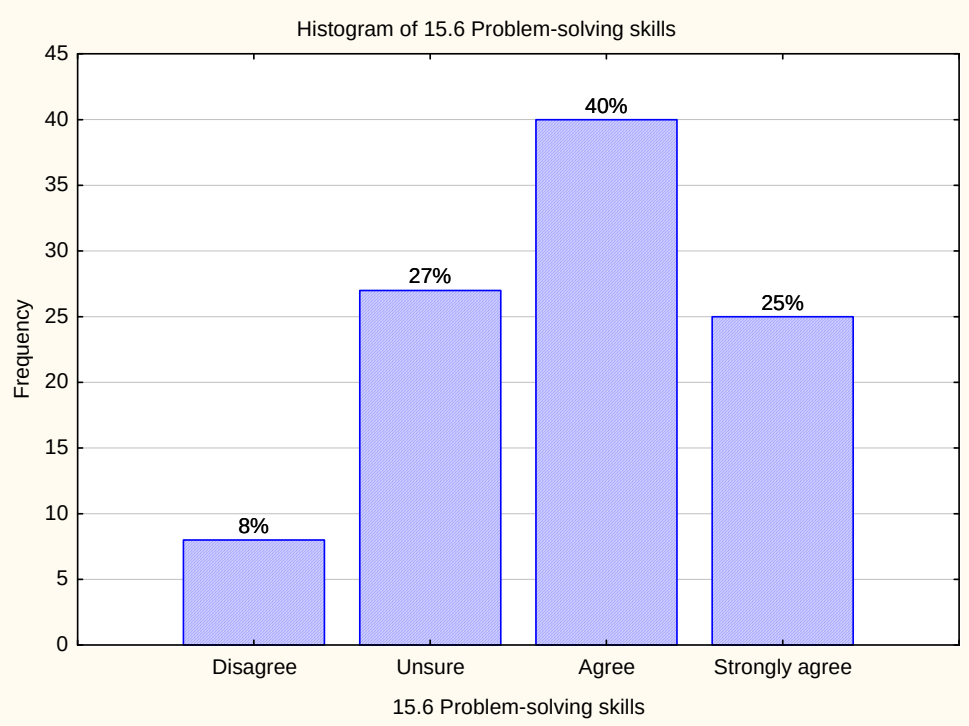

Figure 4.12

Better equipped to understand problem-solving skills

Question 15.7: After completion of this PPD programme, do you think you are better equipped to understand self-organisation?

The majority of pre-registration nurses (n=44 or 44.0%) agreed, and 24.0% (n=24) *strongly* agreed that after completion of the PPD programme they were better equipped to understand the concept of self-organisation as defined in paragraph 2.3. In contrast, 22% (n=22) were unsure whether they understood the concept (see Figure 4.13). The reason for this might be that the majority of the pre-registration nurses were first-year (n=39 or 39.0%) and second-year students (n=44 or 44.0%) who had not necessarily had exposure to the concept of self-organisation.

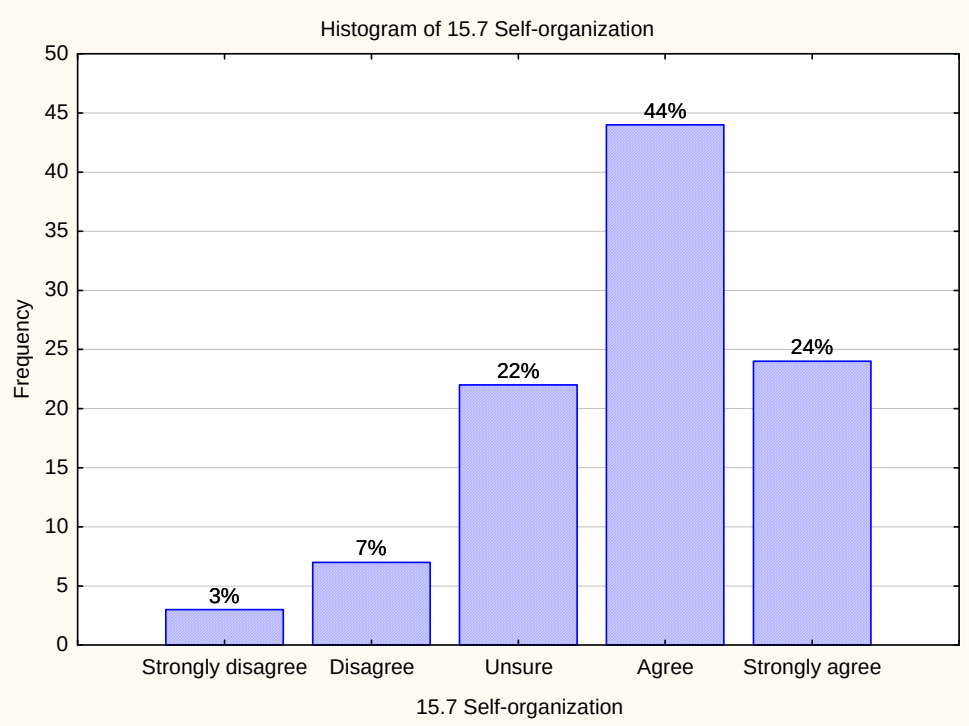

Figure 4.13

Better equipped to understand self-organisation

Question 15.8: After completion of this PPD programme, do you think you are better equipped to understand cultural diversity in South Africa?

Although the majority of the pre-registration nurses (n=42 or 42%) agreed, and 19% (n=20) *strongly* agreed that after completion of the mentioned programme they were better equipped to understand cultural diversity in South Africa, a total of 21% (n=21) either disagreed or *strongly* disagreed that the PPD programme had better equipped them to understand cultural diversity (see Figure 4.14). Furthermore, 17% (n=17) of the pre-registration nurses were *unsure* whether they were better equipped to understand cultural diversity. The problem might be that the majority of pre-registration nurses were either first-year (n=39 or 39.0%) or second-year students (n=44 or 44.0%) who had not necessarily had adequate exposure to cultural diversity as described in paragraph 2.4 (due to a statistical error, the percentages added up to only 99%).

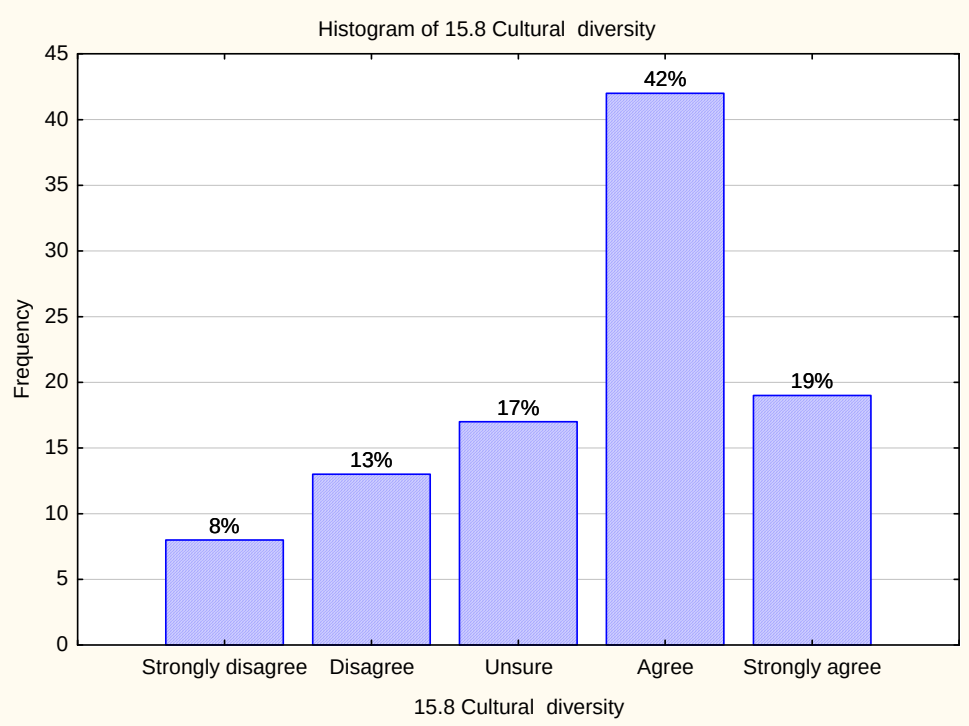

Figure 4.14

Better equipped to understand cultural diversity

Question 15.9: After completion of this PPD programme, do you think you are better equipped to understand teamwork?

As indicated in Figure 4.15, as many as 71.0% of the pre-registration nurses (n=71) either agreed or *strongly* agreed that the PPD programme had equipped them for teamwork, whereas 29.0% (n=29) of the nurses were either unsure, or disagreed or *strongly* disagreed with the above statement.

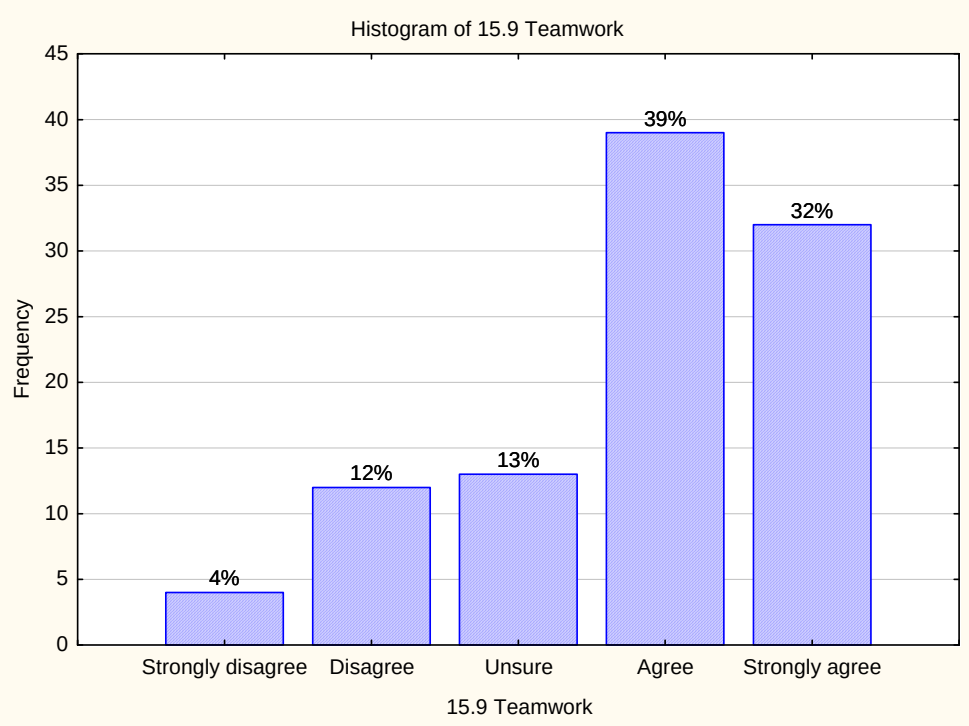

Figure 4.15

Better equipped to understand teamwork

Question 15.10: After completion of this PPD programme, do you think you are better equipped to understand decision making in order to resolve problems?

The majority of pre-registration nurses (67.0%) either agreed or *strongly* agreed that after completion of the PPD programme, they were better equipped to understand decision making in order to resolve problems. As many as 23% (n=23) were unsure whether they had been better equipped for effective decision making (see Figure 4.16). The reason for this might be that the majority of these pre-registration nurses who responded were first- and second-year students (83.0%) without any previous exposure to decision making in order to resolve problems. A Spearman rank order correlation indicated a significant correlation between decision making and training ($p=0.014 < 0.05$).

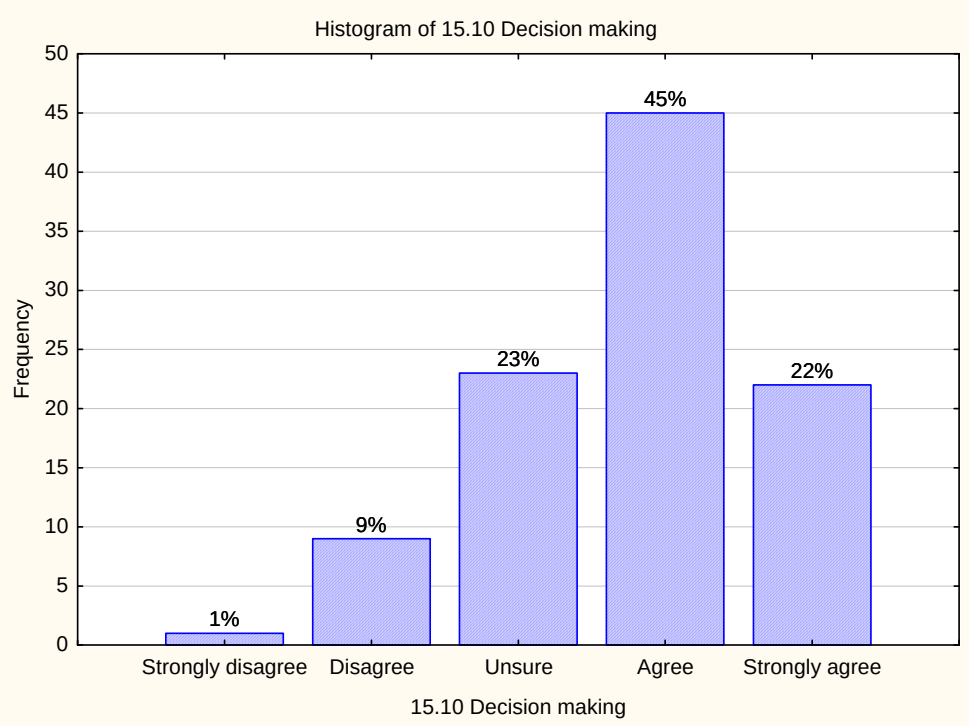

Figure 4.16

Better equipped to understand decision making to resolve problems

Question 15.11: After completion of this PPD programme, do you think you are better equipped to understand goal setting?

As indicated in Figure 4.17, the majority of pre-registration nurses (n=79 or 79.0%) either agreed or *strongly* agreed that they were better equipped in goal setting as defined in paragraph 2.6 after completion of the PPD programme.

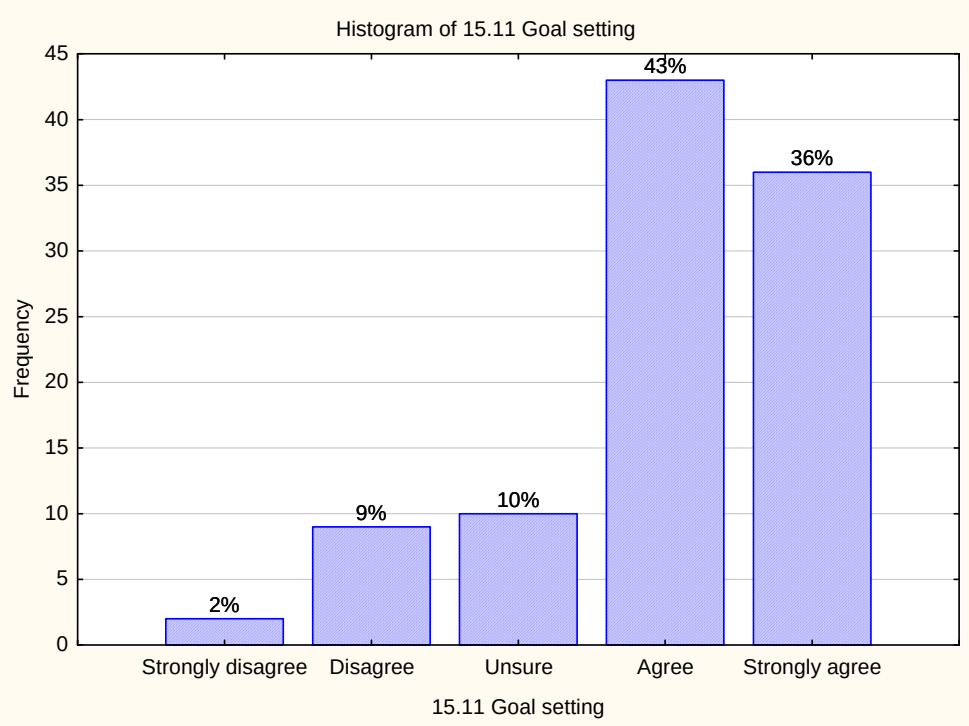

Figure 4.17

Better equipped to understand goal setting

Question 15.12: After completion of this PPD programme, do you think you are better equipped to understand moral reasoning?

Moral reasoning is considered to be the ability to decide between right and wrong, as described in paragraph 2.3. Although 17.0% (n=17) of the pre-registration nurses were either unsure, or disagreed or *strongly* disagreed that the programme had equipped them to understand moral reasoning as indicated in Figure 4.18, the majority of the pre-registration nurses (n=83 or 83%) reported that they were better equipped to understand moral reasoning.

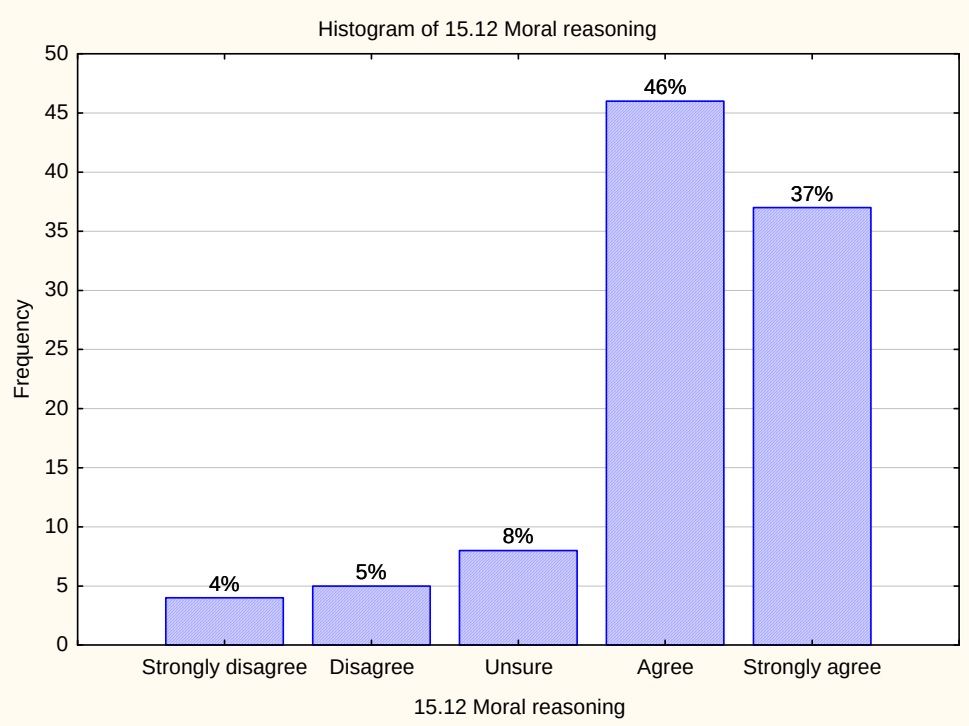

Figure 4.18

Better equipped to understand moral reasoning

Question 16: Are you motivated to solve problems that need critical thinking abilities?

As indicated in Table 4.6, the majority of respondents (n=82 or 82.0%) were motivated to solve problems that need critical thinking abilities. As shown in Figure 4.8, this correlated with the findings that the majority (n=75 or 75.0%) of pre-registration nurses either agreed or *strongly* agreed that they were better equipped to understand problem-solving skills after completion of the PPD programme.

Table 4.6

The contribution of the PPD programme to critical thinking skills

Category	Frequency (*f*)	Percentage (%)
Yes	82	82.0%
No	18	18.0%
Total	**n=100**	**100**

Question 17: Are the HIV /AIDS prevention strategies sufficiently dealt with in this PPD programme?

Although 60.0% (n=60) of the respondents had a more positive opinion, 40.0% (n=40) of the respondents, as indicated in Table 4.7, responded that HIV/AIDS prevention strategies were not sufficiently dealt with in the PPD programme. The reason why so many responded negatively might be that the programme did not deal sufficiently with HIV/AIDS prevention strategies to meet their professional needs.

Table 4.7

HIV/AIDS strategies sufficiently dealt with in the PPD programme

Category	Frequency (*f*)	Percentage (%)
Yes	60	60.0%
No	40	40.0%
Total	**n=100**	**100**

Question 18: Are you of the opinion that French language classes are appropriate in this PPD programme?

The majority of the respondents (74.7% or n=75) were of the opinion that French classes were not appropriate in the PPD programme, as indicated in Table 4.8.

Table 4.8

French language classes incorporated into the PPD programme

Category	Frequency (*f*)	Percentage (%)
Yes	25	25.3
No	75	74.7
Total	**n=100**	**100**

Question 19: Do you feel there is a need for incorporating *basic research skills* into this PPD programme?

As indicated in Table 4.9, the majority of respondents (n=71 or 70.7%) felt there was a need for incorporating basic research skills into the PPD programme. The respondents' feedback on incorporating (question 19.1), or not incorporating basic research skills (question 19.2) are summarised in the section on the qualitative data analysis (see paragraph 4.2.2.1).

Table 4.9

Incorporating basic research skills into the PPD programme

Category	Frequency (*f*)	Percentage (%)
Yes	71	70.7
No	29	29.3
Total	**n=100**	**100**

Question 20: Do you feel there is a need for incorporating *basic computer literacy* skills into the PPD programme?

Table 4.10 indicates that the majority of respondents (n=80 or 80.0%) felt there was a need for incorporating basic computer literacy skills into the PPD programme. The feedback of the respondents on incorporating (question 20.1), or not incorporating basic computer skills (question 20.2) are summarised in the section on the qualitative data analysis (see paragraph 4.2.2.1).

Table 4.10

Incorporating basic computer skills into the PPD programme

Category	Frequency (*f*)	Percentage (%)
Yes	80	80.0
No	20	20.0
Total	**n=100**	**100**

Question 21: In your opinion, is the *Fred Factor* one of the following (a, b, c or d)?

The *Fred Factor* is discussed in paragraph 2.2. Only 96.0% (n=96) of the 100 respondents completed this question. The question asked whether the *Fred Factor* entailed one of the following: 'does not adapt to the situation'; 'does not look for ways to improve'; 'examples do not inspire'; 'does not recognise contribution'; and 'acknowledges self-worth'. As many as 95.8% (n=96) of the respondents who completed this question identified 'acknowledges self-worth' as the most descriptive statement of the *Fred Factor*.

Question 22: Can you as a pre-registered nurse identify with the *Fred Factor?*

The majority of the pre-registration nurses (n=89 or 89.0%) responded that they could identify with the *Fred Factor*. However, 11.0% (n=11) could not identify with the *Fred Factor*. The feedback of the responses showing how the nurses identified with the *Fred Factor* is summarised in the section on the qualitative data analysis (see paragraph 4.2.2.1).

Question 23: Are you of the opinion that the PPD programme has *boosted your self-confidence?*

As indicated in Table 4.11, the majority of respondents (n=84 or 84.0%) felt that their self-confidence had been boosted by the above-mentioned programme.

Table 4.11

Self-confidence boosted by the PPD programme

Category	Frequency (*f*)	Percentage (%)
Yes	84	84.0
No	16	16.0
Total	**n=100**	**100**

Question 24: Are you of the opinion that after completion of the PPD programme you can *cope better with personal setbacks?*

As indicated in Table 4.12, the majority of respondents (n=88 or 87.9%) were of the opinion that they could cope better with personal setbacks after completion of the programme.

Table 4.12

Coping with personal setbacks after completion of the PPD programme

Category	Frequency (*f*)	Percentage (%)
Yes	88	87.9
No	12	12.1
Total	**n=100**	**100**

Question 25: Are you of the opinion that after completion of the PPD programme, you can *overcome fear of failure?*

The majority of respondents (n=71 or 70.7%) were of the opinion that they could overcome fear of failure after completion of the programme (see Table 4.13).

Table 4.13

Overcoming fear of failure after completion of the PPD programme

Category	Frequency (*f*)	Percentage (%)
Yes	71	70.7
No	29	29.3
Total	**n=100**	**100**

Question 26: Are you of the opinion that your cultural background has an influence on your decisions?

It seemed that almost an equal number were of the opinion that cultural background either had an influence (n= 58 or 57.6%), or not (n=42 or 42.4%) on their decision making (see Table 4.14).

Table 4.14

The influence of cultural background on decision making

Category	Frequency (*f*)	Percentage (%)
Yes	58	57.6
No	42	42.4
Total	**n=100**	**100**

Question 27.1: After completion of this PPD programme, are you of the opinion that you got support from the professional nurses to cope with bad attitudes of nurses?

The majority of respondents (n=28 or 28.0%) were unsure whether they could rely on support from professional nurses to cope with the bad attitudes of nurses in general. The rest of the respondents' opinions regarding support from professional nurses (see Figure 4.19) varied from 'strongly disagree' (n=19 or 19.0%), 'disagree' (n=19 or 19.0%) 'agree' (n=16 or 16.0%) to 'strongly agree' (n=18 or 18.0%).

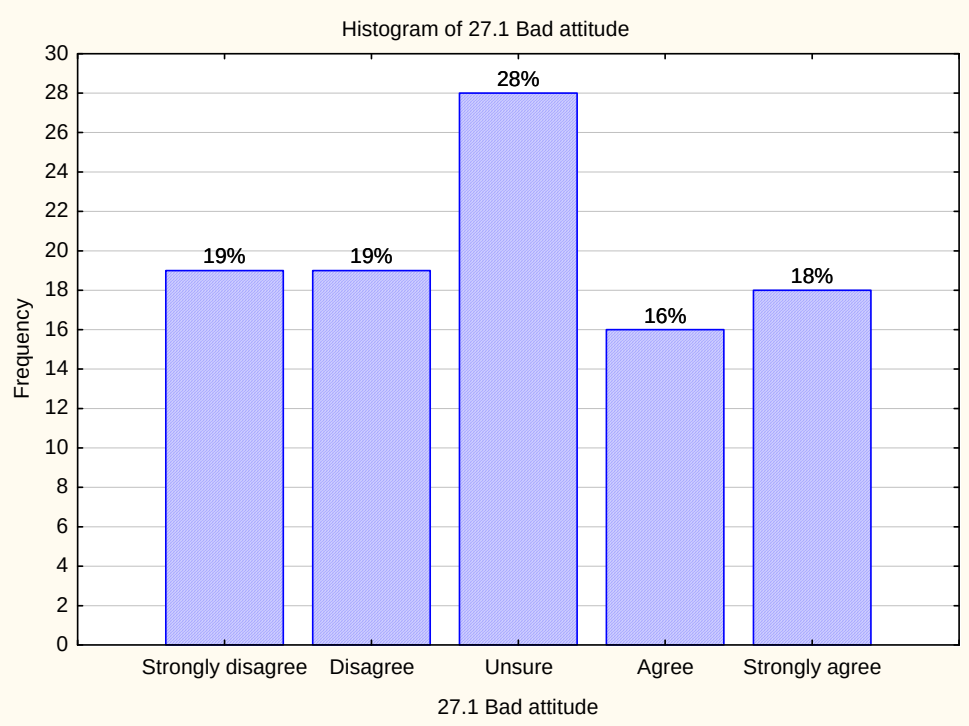

Figure 4.19

Support of professional nurses to cope with bad attitudes of nurses

Question 27.2: After completion of this PPD programme, are you of the opinion that you got support from the professional nurses to cope with dissatisfied patients?

Almost half of the respondents (n=46 or 46.0%) were either unsure (n=31 or 31.0%); or they disagreed (n=11 or 11.0%), or strongly disagreed (n=4 or 4.0%) that they could rely on support from professional nurses to cope with dissatisfied patients. It was expected that the professional nurses would give more support to the pre-registration nurses on how to cope with dissatisfied patients even though they had completed the PPD programme (see Figure 4.20).

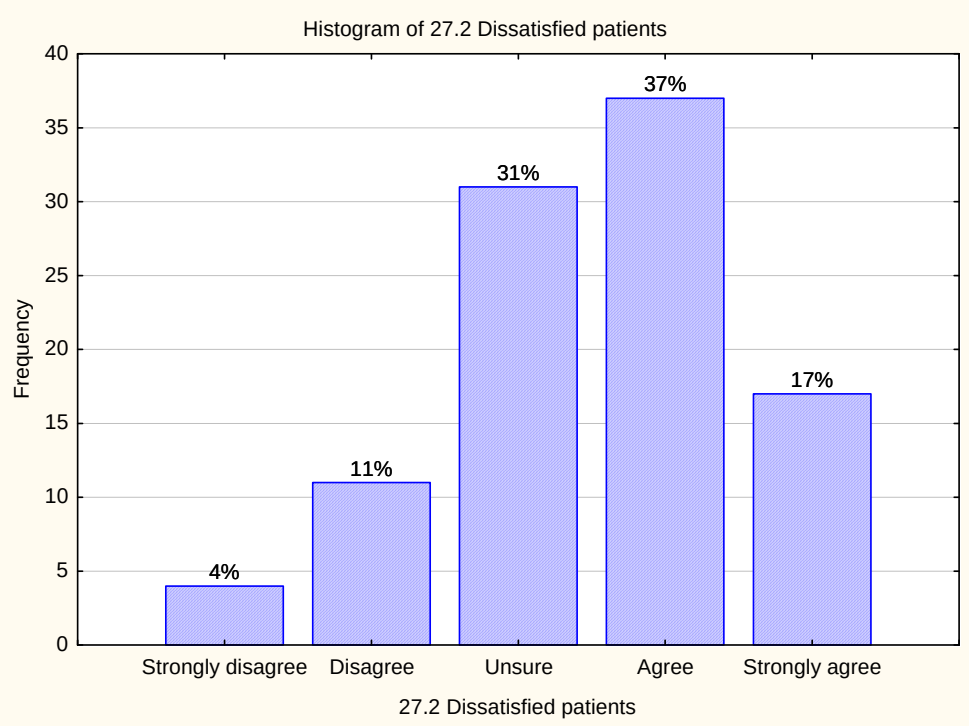

Figure 4.20

Support of professional nurses to cope with dissatisfied patients

Question 27.3: After completion of this PPD programme, are you of the opinion that you got support from the professional nurses to cope with responsibilities?

In comparison to professional nurses' support for pre-registration nurses to cope with dissatisfied patients (see Figure 4.20), 66.0% (n=66) of the respondents indicated that they could rely on support from the professional nurses regarding responsibilities by stating either 'agree' (n=41 or 41%), or 'strongly agree' (n=25 or 25%), as indicated in Figure 4.21.

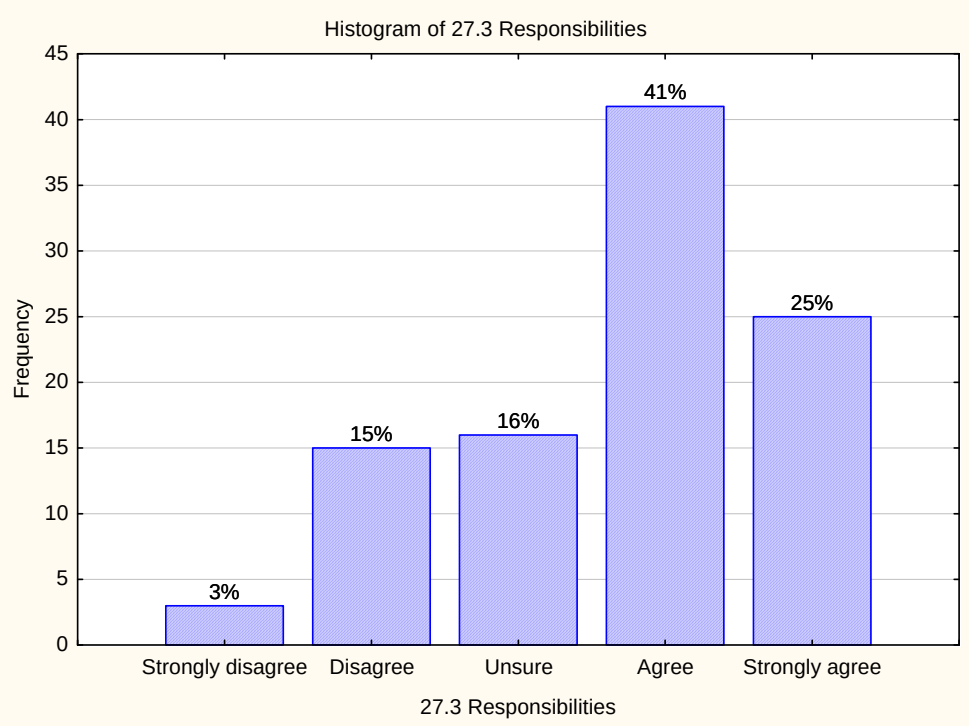

Figure 4.21

Support of professional nurses to cope with responsibilities

Question 27.4 After completion of this PPD programme, are you of the opinion that you got support from the professional nurses to cope with language barriers?

More than half of the respondents (54.0%) were either unsure (n=29 or 29.0%), disagreed (n=14 or 14.0%), or strongly disagreed (n=11or 11.0%) that they could rely on support from professional nurses to cope with language barriers. It was also expected that the professional nurses would give more support to the pre-registration nurses to cope with language barriers although they had completed the PPD programme (see Figure 4.22).

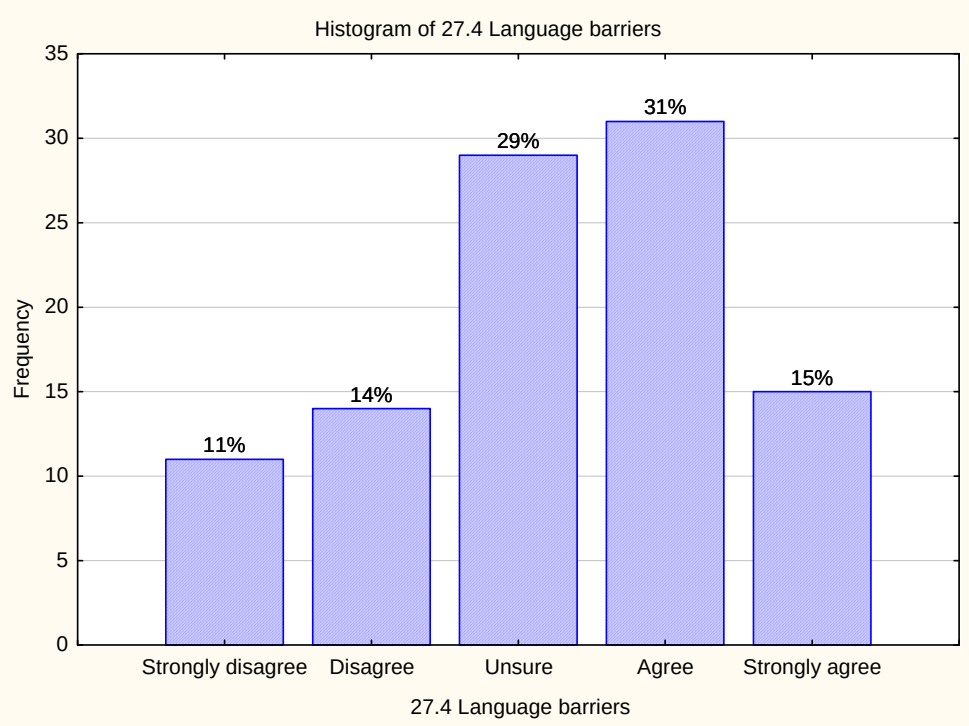

Figure 4.22

Support of professional nurses to cope with language barriers

Question 28: Are you of the opinion that you got support from *management* in this PPD programme?

Only 31.3% (n=31) of the pre-registration nurses responded that they got some support from management, whereas 68.7% (n=69) responded that they got no support at all from management while doing the PPD programme.

Question 29: Are you of the opinion that you got support from the *tutors* in this PPD programme?

Seventy-four per cent (n=74) of the respondents mentioned that they got support from their tutors during the implementation of the PPD programme, whereas 26.0% (n=26) responded that they got little or no support from the tutors while undergoing the PPD programme.

Question 30: Do you think that you would have wanted to resign from nursing were it not for this personal-professional developmental programme?

This question was completed by only 99 of the respondents, and 27.3% (n=27) mentioned that they would have wanted to resign from nursing were it not for the PPD programme. However, 72.7% (n=73) of the respondents said that they had never wanted to resign from nursing. It seems as if the PPD programme was of benefit to nursing, but that it did not really contribute to the coping skills of pre-registration nurses.

4.2.2 Qualitative data analysis

The qualitative data gathered from the open-ended questions in the data-gathering instrument, as well as the data from the semi-structured interviews, were analysed according to Tesch's approach as described in detail in paragraph 3.9.2.1. Transcripts of the interviews were read through to obtain an idea of the whole. Qualitative thematic analysis was applied to identify themes and sub-themes by means of open coding. According to De Vos *et al.* (2005:341), open coding is the part of analysis that deals specifically with the researcher's naming and categorising of phenomena after reading through the data a few times. Themes that emerged were clustered and coded. These themes were then rearranged according to their usefulness and centrality to clarify the question being explored and they subsequently delivered a refined list of themes. The various themes that emerged from the qualitative analysis were underline and the frequency added in brackets. A co-coder, experienced in the field of qualitative research, assisted with the analysis of the transcripts of the interviews, after which a consensus discussion was held to discuss the themes and conclude the final categories.

4.2.2.1 Qualitative data obtained from the open-ended questions in the questionnaires

The numbering of the questions in this discussion coincides with the numbering as in the questionnaire.

Question 10: What are your perceptions regarding the skills required to render quality care to patients? (n=100)

Only 43 (n=43) respondents answered this question. However, the input from the respondents provided a clear picture of their perceptions. Thirteen respondents (n=13) thought that 'to take

care of a patient' is a skill needed to render quality care. One responded by saying, "I know how to show sympathy towards patients in grief and how to handle difficult patients and conflict situations." Nine respondents (n=9) felt that empathy was a skill that contributed to their lives and seven of the respondents (n=7) felt that they received good communication skills while doing this programme. Furthermore, six of the respondents (n=6) replied that listening skills was their greatest skill. On the other hand, one respondent was quite negative towards the colleagues by saying, "If everyone in the hospital did this training of skills then all would go better in the hospital … what we are taught in class is in big contrast to the environment and interpersonal skills in the hospital."

Question 11: Has this programme equipped you with *additional knowledge*? (n=100)

Despite the fact that 48 respondents (n=48) did not answer this question, the majority (n=51) of those who did answer the question, replied 'yes' (question 11.1) and the responses towards the PPD programme were very positive. The input from these 51 respondents is summarised as follows: "I know how to deal with different patients according to culture and religion"; "The programme changed my attitude and contributed to my professionalism"; "It helped me to relate more to others and gain understanding"; "It helped me to grow as a person as it changed me into a whole different person"; "It contributed to my knowledge of HIV/AIDS and communication skills"; and "The programme taught me how to handle pressure from work and how to handle negativism." The respondent who answered 'no' (n=1) to this question (question 11.2) was a female first-year pre-registration nurse, 21 years of age. Her response in Afrikaans was: "Ek het al baie sulke kursusse gedoen, die materiaal was nie vir my nuut nie" [I have done many of these courses; the content was not new to me]

Question 12: Has this programme equipped you with *additional skills*? (n=100)

A total of 55 pre-registration nurses (n=55) did not respond to the above question, whereas 42 respondents (n=42) answered 'yes' (question 12.1). Their remarks were summarised as follows: "I learned what emotional intelligence is and how to handle conflict"; "It helped me to communicate with different people and to show empathy"; "It helped me to understand patients' behaviour and manage problems"; "It gave me communication skills and the ability to forgive and move on"; and "It helped me to believe in myself and to know my worth."

Three respondents (n=3) answered 'no' to this question (question 12.2), and their remarks in Afrikaans were: "Ons tree op as gevolg van ons 'coping skills' wat ons oor baie jare aangeleer het; dit is moeilik om dit te verander" [We act with coping skills which come from years of experience; it is difficult to change that]; and "Baie inligting ten opsigte van werksverhouding word verskaf, maar die personeel in praktyk is nie op dieselfde vlak nie" [A lot of information is given regarding work relationships, but in practice staff members are not at the same level].

Question 13: Have you developed alternative attitudes *within yourself* (intrapersonal) towards your patients? (n=100)

This question was answered by 44 respondents (n=44) and 41 of them (n=41) answered 'yes' (question 13.1). Their responses, which were mainly in Afrikaans, are as follows: "Ek is meer positief en probeer pasiënte beter verstaan" [I am more positive and try to understand patients better]; "I have learnt how to build strong, lasting relationships and also how to remain assertive and honest"; "Ek bou beter verhoudings en is glad nie meer selfsugtig nie" [I am building better relationships and are no longer selfish]; "My 'attitude' het ongelooflik verander" [My attitude has changed incredibly]; and "I know whenever a person's attitude is bad, I know how to handle it in a better way; also if I'm angry I know how to keep myself calm."

The respondents who answered 'no' (n=3) to this question (question 13.2) said the following: "My attitude towards patients and team members is always right with no doubts"; "Niks het verander ná die program nie, ek hanteer altyd my pasiënte met respek" [Nothing changed after the programme, I always handle my patients with respect]; and "The patient is always right, so it's best to find common ground."

Question 14: Have you developed alternative attitudes towards your *patients and colleagues* (interpersonal relationships)? (n=100)

Only 34 respondents answered this question. Of these, 32 (n=32) respondents answered 'yes' (question 14.1). Some of their responses were the following: "I'm being more positive and friendly"; "I realise that everyone has his own values and perceptions in life so I must respect that"; "Ek kan myself in 'n ander se situasie plaas" [I can put myself in someone else's position]; "Ek het geleer om elke persoon as 'n individu te behandel" [I have learned to treat every person

as an individual); “Ek moes daal tot die pasiënt se vlak om hom te kon verstaan” [I had to go to the patient’s level in order to understand him]; and “I listen more to my patients and colleagues.”

Two respondents answered ‘no’ (n=2) (question 14.2) and said: “I do not know” or “I treat my patients and colleagues the same.” The researcher was of the opinion that these two respondents did not understand the question, although this was not seen as problem during the pre-test s when the questionnaire was tested.

Question 19: Do you feel there is a need for incorporating *basic research skills* in this PPD programme? (n=100)

This question was answered by only 28 respondents (n=28). Through their responses, it was clear that the 18 respondents (n=18) who answered ‘yes’ (question 19.1) really wanted to do research, as indicated by the following: “I can find more information”; “As daar ‘n siekte is wat ek nie verstaan nie sal ek dit kan opsoek” [If there is an illness that I do not know I can look it up]; and “Dit sal ons meer leer en verder bemagtig om pasiënte van hulp te wees” [It will teach us more and further empower us to be of assistance to patients].

On the other hand, the respondents who answered ‘no’ (n=10) to this question (question 19.2) were very negative, as indicated by the following: “Maybe later in my career”; “I’m not sure as to what it will help”; “I find it unnecessary to go into depth because I feel it is not important for nursing”; and “We do not have time to do research, we were asked to do projects and we put a lot of energy and time into it, but it was never mentioned or marked.”

Question 20: Do you feel there is a need for incorporating *basic computer literacy* in the PPD programme? (n=100)

Only 37 of the pre-registration nurses (n=37) responded to the above question. Of these 37 nurses, 25 (n=25) answered ‘yes’ (question 20.1). Some of their responses were as follows: “There should be a computer centre for students to do their medical assignments”; “All of us did not have computer classes and this is the future”; “It will enrich and broaden us personally”; and “Nuwe tegnologie werk deesdae alles met rekenaars en ons moet weet hoe om daarmee te werk” [New technology uses computers and we need to understand how to work with it].

The respondents who answered 'no' (n=12) to this question (question 12.2) commented as follows: "Rekenaarvaardigheid het niks met verpleging of pasiëntsorg te doen nie" [Computer literacy has nothing to do with nursing or patient care]; "Ek dink nie mens het dit nodig om te verpleeg nie" [I do not think we need it in nursing]; "Almal van ons het rekenaars in die skool bemeester" [All of us were computer-trained at school); "You do not work with computers, you work with sick people"; and lastly, "No need for computers because people intend to use computers unwisely."

Question 22: Can you as a pre-registered nurse identify with the *Fred Factor*?

There were 40 respondents (n=40) who said they could identify with the *Fred Factor* (question 22.1). Their responses were mainly along these lines: " I am a natural *Fred*"; "I always do more than necessary for a patient"; "As jy nie 'n *Fred* is nie, kan jy nie verpleeg nie" [If you are not a *Fred* you cannot nurse]; "Dit het my geleer om die ekstra myl met die pasiënt te loop" [It taught me to walk the extra mile with the patient]; and "Ek het aangeleer om altyd iets meer te doen as wat van my verwag word" [I have learned always to do something more than what is expected of me].

The four respondents (n=4) who answered 'no' to this question (question 22.2) stated the following: "Ek probeer nog hard, want situasies in die werk laat mens nie altyd toe om 'n *Fred* te wees nie" [I try very hard, but situations at work do not allow us to be a *Fred*]; "Sometimes I do not identify myself to *Fred*, but I try"; "Ek probeer om 'n *Fred* te wees" [I try to be a *Fred*]; and "Ek dink ek is 'n semi-*Fred*" [I think I am a semi-*Fred*].

4.2.2.2 Qualitative data obtained from the semi-structured interviews (n=14)

The objective for selecting semi-structured interviews with professional nurses was to increase insight into their perceptions and views of the pre-registration nurses who followed the PPD programme (paragraph 3.5.2). The researcher conducted semi-structured interviews with 14 professional nurses (n=14) and concluded that data saturation had been reached. The interviews consisted of eight questions that had not been asked in a particular order during the interviews. However, the discussion of the data generated by the questions was done in the order in which

they were numbered. The various themes that emerged from the qualitative analysis were underline and the frequency added in brackets.

Question 1: What is your opinion of the PPD programme for pre-registration nurses to develop their ability to think critically in their daily activities and when they work with patients? (n=14)

Six of the respondents (n=6) held the opinion that the PPD programme contributed to the critical thinking of the pre-registration nurses in the sense that patients were nursed holistically. The respondents drew a parallel between the level of training of the pre-registration nurses and their ability of critical thinking, mentioning that final-year nurses had developed a sense of critical thinking during their training.

Seven respondents (n=7) held the opinion that the programme had not contributed to critical thinking of the pre-registration nurses due to the fact that they were not exposed to demanding situations during their first and second year of training. Four of the respondents (n=4) mentioned that the programme had not taught any critical thinking, by saying: "Hulle word gesê dis hoe 'n mens moet dink" [They are told this is how one should think].

Question 2: Why do the pre-registration nurses have problems with respect, trust and integrity? (n=14)

All the respondents (n=14) responded to this question. They were of the opinion that the lack of respect, trust and integrity is grounded in the youth, and it was not taught to them during their childhood, or at school. The general opinion was that the younger generation believe that the law "is on their side, and they cannot be disciplined". Only one respondent mentioned that the reason for the lack of respect, integrity and trust is based in the culture and education of the particular person, by saying, "How people bring up their children differs a lot from previous years. The elements they are exposed to in the school; and the peer pressure certainly has an influence on the students. We cannot blame the students; we first have to know where they come from." The respondent also mentioned, "They only trust their friends if they have a problem, be it personal or professional. Integrity also differs from one person to another, it all depends how you were brought up and no programme can teach you that."

The majority of the respondents (n=8) were of the opinion that there was indeed a lack of trust, respect and integrity in the pre-registration nurses. This is illustrated by the following: "By die huis is daar nie respek vir mekaar nie, ook nie in die skool nie en daarom het hulle dit ook nie by die werk nie" [There is no respect for each other at home, or at school, and therefore not at work].

Five other respondents (n=5) mentioned that the pre-registration nurses were still very young after matriculation and therefore seemed not to have respect, trust and integrity. One of the professional nurses was more outspoken in saying that arrogance might be the reason for the lack of respect, trust and integrity.

Question 3: How would you describe the pre-registration nurses' actions when they are confronted with conflict situations, whether these situations involve their colleagues, patients or visitors? (n=14)

The majority of respondents were of the opinion that pre-registration nurses could not or did not want to handle conflict situations. Regarding the management of conflict where a patient or visitor was involved, at least two respondents (n=2) mentioned that these nurses would rather ask the sister in charge to handle the situation. On the other hand, when they themselves were involved in a conflict situation, they would be aggressive and could not handle conflict very well at all. One of the respondents said, "As jy hulle konfronteer, is hulle aanvallend". [If you confront them, they become aggressive].

One of the respondents replied as follows: "Die studente kan nie konflik hanteer nie; hulle sal nie eers probeer om dit op te los nie, ek dink hulle is bang vir konflik" [The students cannot manage conflict; they will not even try to solve the conflict, I think they are afraid of conflict]. At least eight of the respondents (n=8) held the opinion that the pre-registration nurses manage conflict according to the involved person's personality, age, and cultural background and/or that they manage adapted mechanisms such as either ignoring the situation, or being aggressive in response. However, this opinion of the professional nurses did not correlate with the findings that the majority of pre-registration nurse (n=42 or 42.0%) agreed and a further 19% (n=19) strongly

agreed that the PPD programme contributed to their life skills regarding handling conflict (see Figure 4.3).

Question 4: What is your feeling concerning the need of emotional intelligence in pre-registration nurses with regard to nurse-patient communication? (n=14)

The researcher found that the respondents lacked understanding regarding what is meant by the concept 'emotional intelligence'. Only four respondents (n=4) were certain what was meant by this phrase. They responded in the following way: "Jy moet jouself ken voordat jy ander kan help" [You have to know yourself before you can support others]; "Hoe elk 'n situasie gaan hanteer of interpreteer wanneer hulle met dieselfde situasie gekonfronteer word, verskil" [How each will manage or interpret a situation when confronted with the same situation, will differ]; "Jy kry studente wat goed is hiermee … en dan as leiers uitstaan" [You have students who are skilled and perform as leaders];. and "Algaande jy professioneel groei en gevorm raak, hoe beter kan jy die pasient hanteer en ondersteun". [As you grow professionally, the better you will manage and support the patient].

Question 5: What is your opinion of the pre-registration nurses' decisions when confronted with moral reasoning? (n=14)

It was the overall opinion that pre-registration nurses did not feel comfortable with decision making when moral reasoning was involved, specially the fourth year students. One respondent stated, "Enige morele ding is vir hulle reg totdat dit kom by die keuse maak, dan weier hulle" [They will abide by any moral decision making, but refuse when they have to make the decision themselves]. It seemed that the professional nurses from particular cultures supported pre-registration nurses' decisions when they were from the same ethnic group. One respondent from a particular ethnic culture mentioned, "Hulle sal nie morele besluite neem nie, want hulle glo nie daaraan nie" [They would not make moral decisions as they believe otherwise].

According to the respondents' feedback (n=8), it seemed that the majority of pre-registration nurses did not make decisions regarding moral issues and would rather ask and/or accept that either the professional nurse or the doctor would make decisions when confronted with moral

issues. This may be due to the fact that pre-registration nurses are not registered and therefore do not take responsibility for patient care at this stage.

However, this opinion of the professional nurses did not correlate with the findings, as illustrated in Figure 4.18 where the majority of pre-registration nurses (n=83 or 83.0%) reported that they were better equipped to understand moral reasoning after completion of this personal-professional developmental programme.

Question 6: To what degree do nurses' different backgrounds in education have an influence on their decisions? (n=14)

The majority of respondents (n=10) were of the opinion that nurses' different educational backgrounds did indeed have an influence on their decisions. Some of the responses were the following: "Die program verander jou denkwyse". [The programme changes your way of thinking]; "Blootstelling, ontwikkeling en invloede speel 'n groot rol in enige mens se lewe en beïnvloed die besluite wat jy neem" [Exposure, development and influences have a major role in one's life and influence the choices you make].

Only two of the respondents (n=2) held a different opinion: "Elkeen het die wysheid gekry om self te besluit". [Each has the wisdom to make his own choices]; and "We have a standard in nursing that we have to handle and the students have to abide to." The opinion of the professional nurses correlated with the findings as illustrated in Table 4.14 where almost an equal number of the pre-registration nurses were of the opinion that their cultural background either had an influence (n= 58 or 57.6%), or not (n=42 or 42.4%) on their decision making. It might also be an unpreventable personal and professional growth, not only the result of their educational backgrounds.

Question 7: Why are pre-registration nurses in general not able to think critically? (n=14)

The respondents differed with regard to why pre-registration nurses in general were not able to think critically by stating: "Jy moet veral vir die derde en vierde jaars nog sê wat om te doen". [You have to tell the third and fourth years what they need to do]. This was supported by the other respondents who mentioned that the pre-registration nurses were spoon fed. According to

the responses of the professional nurses, it seemed that the pre-registration nurses were either afraid they might either do something wrong or they did not want to take the responsibility, or they became anxious, or they did not know how to convey their critical thoughts. Furthermore, the pre-registration nurses were overwhelmed by the amount of information and responsibilities, and although they were not yet registered these nurses were often forced to work outside their scope of practice as a student. The respondents also mentioned that the pre-registration nurses were not taught to think critically and they were forced into rigid ways of doing things.

Question 8: In your opinion, how can multi-cultural nurses be helped to adapt to the nursing culture of caring, empathy and commitment? (n=14)

One of the respondents mentioned that nurses from multicultural backgrounds could be assisted in adapting to the nursing culture of caring, empathy and commitment as these characteristics are embedded in a particular personality. One of the respondents mentioned that the *Fred Factor* could indeed be taught to nurses (see paragraph 2.2). These nurses did not necessarily have adaptation problems, as all of them were committed to caring and empathy. However, one responded by saying: "In elke kultuur word sorgsaamheid, empatie en 'commitment' verskillend gedefinieer" [In each culture caring, empathy and commitment are defined differently]. For this reason each culture has first to define the meaning of empathy, caring and commitment before nurses can be taught about other cultures.

One of the respondents held the opinion that the pre-registration nurses did not necessarily know how to show that they care and felt they needed to be taught how to do so. This respondent stated, "The black nurses have a much more caring character … but they do not show it with expression." The respondent also said, "Black nurses are more empathetic than white nurses, as the black cultures look after one another when they become sick or terminal and do not dump their family in a hospital."

4.2.2.3 Conclusion of emerged themes from pre-registration nurses

Question 10

To take care of a patient; show sympathy; empathy; good communication skills and listening skills.

Question11

Different patients; attitude; professionalism; understanding; knowledge; communication skills and handle pressure.

Question 12

Emotional intelligence; communicate; understand; communication skills and believe in myself.

Question 13

Positive; lasting relationships; attitude and nothing changed.

Question 14

More positive; other values; perceptions; someone else's position; treat every person as an individual; patient's level and listen.

Question 19

More information; empower; negative; unnecessary and do not have time.

Question 20

The future; enrich and broaden; new technology; nothing to do with nursing; computer trained at school and use computers unwisely.

Question 22

Natural Fred; walk the extra mile; do something more that what is expected and work do not allow us.

4.2.2.4 Conclusion of emerged themes from the professional nurses

Question 1

Contributed; develop a sense of critical thinking and not taught any critical thinking.

Question 2

Grounded in the youth; culture and education; integrity and respect for each other at home or at school.

Question 3

Did not want to handle conflict situations; aggressive; cannot manage conflict and manage adapted mechanisms.

Question 4

Support each other; interpret situation; perform as leaders and grow professionally.

Question 5

Refuse; to make the decision; believe otherwise and did not make decisions regarding moral issues.

Question 6

Changes way of thinking; and standard in nursing.

Question 7

Spoonfed; not want to take the responsibility; overwhelmed and were not taught to think critically.

Question 8

Assisted and taught.

4.3 SUMMARY

The objectives of this study were described in paragraph 1.1.4. According to the responses of the pre-registration nurses who completed the questionnaires, it seemed that the PPD programme had contributed to their life enrichment and level of knowledge. However, this did not seem to be the perceptions of the professional nurses who supervised the pre-registration nurses. Their opinion was that this programme did not contribute to the knowledge, skills and attitudes of the pre-registration nurses.

In Chapter 5 conclusions are drawn and recommendations made with regard to the modification of the PPD programme in order to provide structure, process and outcome in the programme.

CHAPTER 5

SYNTHESIS AND CONCLUSION

5.1 INTRODUCTION

The aim of this study was to determine whether a developmental programme, the personal-professional developmental (PPD) programme, that had been introduced at a private nursing school in the Southern Cape, contributed to the development and life enrichment of pre-registration nurses in a multicultural setting. This was done to establish the feasibility and effectiveness of this developmental programme based on specific set objectives (see paragraphs 1.1.3 and 1.1.4). The aspects of development and enrichment entailed the nurses' listening skills, moral reasoning, critical and creative thinking, making informed decisions, showing compassion and empathy, and whether they could handle communication difficulties in their personal as well as their professional lives.

5.2 CONCLUSIONS

The conclusions, which are discussed below, are based on the objectives set for this study see paragraph 1.1.4 regarding the objectives.

5.2.1 Perceptions of pre-registration nurses

The majority of respondents (83.0% and 80.0%) agreed that they had developed inter- and intrapersonal skills through the PPD programme (see Tables 4.4 and 4.5 and paragraph 4.2.2.1). This finding correlates with the statement of Botha *et al.* (2007:69) that people are able to handle situations constructively and can manage their emotions appropriately as mentioned in paragraph 2.5. Pre-registration nurses indicated that they better understood the concepts of compassion, commitment and caring (work ethics) after completion of the programme (see Figure 4.7). According to the hospital manager these were the skills the private healthcare industry aimed at when the programme was introduced (see paragraph 2.6). The majority of the respondents (87.0%) agreed that the programme had enriched them with aspects of empathy such as consideration, tact and caring (see paragraph 2.2) in the working environment as well as in their personal lives (see Table 4.12).

The pre-registration nurses who participated in the study were also of the opinion that they understood cultural diversity better (61.0%) after following the PPD programme. According to Oosthuizen (2002) (see paragraph 2.2), cultural diversity is considered to be an important aspect of nursing. Furthermore, the majority of pre-registration nurses (83.0%) were sure they had a better idea of the concept of moral reasoning after completion of the PPD programme. Keeping Searle's statement that "anything a nurse does will have an effect on people" (see paragraph 2.3) they were able to distinguish between right and wrong.

The researcher came to the conclusion that the perceptions of pre-registration nurses were generally positive towards the PPD programme. The majority (91.0%) of nurses said the programme had helped them to adapt to the nursing environment and provided purposeful guidance in their personal lives (see paragraph 4.2.1).

However, the PPD programme could not prove that any outcomes had been met, as these skills could not be measured against the outcomes described by Botha *et al.* (2007:20) as mentioned in paragraph 2.6. The minority (27.3%) mentioned that they only stayed in the nursing profession because this PPD programme had encouraged them, although their perceptions were that they would have continued nursing despite the developmental programme. In conclusion, the pre-registration nurses were sure they were committed to caring and would act as a *Fred* when taking care of their patients (see paragraph 2.2).

5.2.2 Knowledge obtained by the pre-registration nurses

The majority of the pre-registration nurses who participated in the study held the opinion that there was indeed a need to incorporate computer literacy (80.0%) and basic research skills (70.7%) into the PPD programme. However, 74.7% of the nurses were against the incorporated French language classes. Forty per cent of the nurses thought the HIV/AIDS prevention strategies were not sufficiently dealt with in the PPD programme (see paragraph 4.2.1).

The PPD programme contributed to the nurses' communication skills as indicated in paragraph 4.2.1. Richmond *et al.* (2005:16) emphasise the importance of communication skills in nursing (see paragraph 2.5). The majority of the pre-registration nurses agreed that they were better

equipped with verbal as well as non-verbal communication skills after completion of the developmental programme (see Figures 4.9 and 4.10).

The majority (42.0%) of the nurses agreed with Johnson's (2006:382) statement that it is possible to work together efficiently as a team even if there are cultural differences (see paragraph 2.5 and Figure 4.14). Parsley and Corrigan (1994:192) state that the 'rudeness' of nurses might be a possible reason for the lack of team building (see paragraph 2.5.2), which could be why 28.0% of the pre-registration nurses mentioned that they were unsure if they could rely on professional nurses' support (see Figure 4.19) when dealing with the bad attitudes of nurses.

The relevant nurses were positive regarding the PPD programme which equipped them with additional knowledge and skills. They mentioned that their attitudes had changed, that they tended not to be selfish any longer, and that they had gained self-confidence (see paragraph 4.2.2.1).

Unfortunately the researcher did not statistically measure the critical thinking skills acquired by the above-mentioned nurses, as this would have been evidence of the pre-registration nurses' ability to solve problems as indicated in paragraph 2.3.

5.2.3 Perceptions of the professional nurses

The majority of the professional nurses' (57.0%) opinion regarding personal traits of respect, trust and integrity was that they were lacking and they blamed it on the 'generation'. The professional nurses further stated that these characteristics form part of the caring character of a nurse (see paragraph 2.2), which cannot be taught by any programme.

According to the findings, 15.0% of the pre-registration nurses were from cultures other than the white culture (see paragraph 4.2.1). The majority of professionals (71.0%) were of the opinion that nurses from different cultural backgrounds, were influenced by their decision making according to their various cultures. This perception correlated with the opinions of pre-

registration nurses as they were unsure whether culture had an effect on their decisions or not (see Table 4.14).

As indicated in Figure 4.3, there was a significant degree of uncertainty (36.0%) among the pre-registration nurses regarding how to handle conflict. This finding correlated with the perceptions of the professional nurses as they agreed that the pre-registration nurses could not handle conflict, but would rather let the professional nurses resolve a problem (see question 3 in paragraph 4.2.2.2). The majority of professional nurses (57.0%) were in agreement with Quinn (1995:419), as discussed in paragraph 2.5.1, as they stated that the pre-registration nurses' backgrounds might have an influence on their way of handling conflict situations. This finding correlates with the relevant nurses' response as indicated in Table 4.14, as they were not sure if their own culture influenced their decisions and actions in caring for patients from different cultures (also see paragraph 2.2).

Although the respondents were professional nurses and they were expected to know what emotional intelligence entailed, only 28.0% of them knew what was meant by this concept. It was necessary to explain the concept of emotional intelligence (as discussed in paragraph 2.4 under multi-culturalism) to some of them. The perception of the professional nurses was that pre-registration nurses would develop emotionally in time through their profession.

Although 83.0% of the pre-registration nurses felt they were equipped with moral reasoning skills (see Figure 4.18), the opinions of professional nurses differed from them. The overall opinion was that students would tolerate any ethical judgement, but would refuse to take ethical decisions when they had to make the decision themselves.

No statistical association was found between problem solving and the training of the pre-registration nurses (see paragraph 4.2.1). This correlated with the opinion of the professional nurses. Professional nurses blamed the lack of problem-solving skills on the fact that pre-registration nurses were being spoon fed (see paragraph 4.2.2.2). Furthermore, professional nurses blamed the 'scope of practice' as a consequence why pre-registration nurses were not able to think critically and solve problems (see paragraph 4.2.2.2). The professionals were of the

opinion that students would not take responsibility when they were doing something they were not supposed to do.

Although the researcher was initially of the opinion that the programme had no influence on the relevant nurses, the overall conclusion was that the PPD programme indeed contributed to the personal and professional life enrichment of the pre-registration nurses based on the above findings.

5.3 RECOMMENDATIONS

Recommendations regarding various aspects of the study are presented in this section.

5.3.1 Recommendations based on the feedback regarding pre-registration nurses' perceptions

It is recommended that communication between pre-registration nurses and management at ward level (see paragraphs 2.5 and 2.6) be improved. Professional nurses and management will benefit from an in-service programme which should include communication skills as described by Verschoor *et al.* (1997:123) and discussed in paragraph 2.5 of this thesis. Nursing managers are professional nurses and should act as role models for pre-registration nurses. Since they are the primary educators in terms of assisting the pre-registration nurses, they need to assess what the actual professional needs of the nurses are (see paragraph 2.4).

5.3.2 Recommendations regarding knowledge obtained

Decision-making and problem-solving skills as discussed in paragraphs 2.2, 2.3 and 2.5 are vital skills in nursing care and it is evident from the empirical findings that pre-registration nurse were satisfied that the PPD programme provided them with adequate tools to achieve these skills. However, a structured programme with measurable, accessible outcomes which will lead to specific outcomes as discussed in paragraph 2.6 needs to be implemented.

A need has been identified for computer literacy and basic research skills; therefore it is recommended that classes be presented to address these skills (see paragraph 4.2.1). The researcher recommends that the tutors provide training on HIV, as the prevention strategies were

not sufficiently dealt with to meet the professional needs of the of the pre-registration nurses (see paragraph 4.2.1 and Table 4.7).

5.3.3 Recommendations based on the feedback of the professional nurses

The professional nurses held the opinion that the level of training was an important factor in the development of critical thinking skills in particular. The PPD programme could not have contributed to this skill as the pre-registration nurses were mostly first year (39.0%); and second-year (44.0%) students. The overall percentages of third year students were 23.0% and the fourth year students 14.0%.

The inability of pre-registration nurses to handle conflict situations is a topic to which the life skill coaches need to give more attention (see paragraph 4.2.2.2). Since the majority of professional nurses (57.0%) mentioned that coping mechanisms influence conflict handling, this aspect needs to be addressed.

The impact of a positive role model on the development of pre-registration nurses should be emphasised (see paragraph 2.4). Life skill coaches should first identify the meaning of caring, empathy and commitment from all other cultures before lecturing on this issue in order to align these concepts with the caring character of a nurse (see paragraph 2.2).

5.4 RECOMMENDATIONS FOR FURTHER STUDIES

The set objectives lay down boundaries for this study, and in conducting the study the researcher identified a need to explore the structure, process and outcomes of the particular developmental (PPD) programme in order to help the life skill coaches to compile and present a proper training programme. The researcher recommends that an investigation be done into the accusation relating to spoon feeding (see paragraph 4.2.2.2), as this way of training deprives students of the opportunity to develop problem-solving skills in nursing care.

The researcher recommends the following for further formal study:

5.4.1 Standard-setting framework

There is a need to base the particular PPD programme on a theoretical framework. The researcher recommends Donabedian's framework (Parsley & Corrigan 1994:3) on structural, process and outcomes standards as it applies to staff development. The *structural standards* of Donabedian's theoretical framework refer to staff involved and facilities needed for effective staff development, the *process standards* refer to co-operation between all staff members involved in the implementation of the programme, and *outcomes standards* are related to the outcomes of each facet of the staff developmental programme. This concept is discussed in paragraph 2.6.1 and displayed in Table 2.2.

5.4.2 Curriculum development

A proper curriculum should be developed for the PPD programme. The curriculum design should include the following: an analysis of the learner's needs to eventually become a caring *Fred;* learning content with specific outcomes; and lastly properly designed assessment and evaluation strategies. Assessment criteria should be set for each aspect of the programme (Botha *et al.* 2007:24), as discussed in paragraph 2.6.1 with continuous monitoring and evaluation of the outcomes of the programme on service level.

5.5 LIMITATIONS OF THE STUDY

The study concentrated on pre-registration nurses from multicultural backgrounds at a particular private nursing school in the Southern Cape who had completed a developmental programme. The study did not explore the views of pre-registration nurses or professional nurses at other nursing schools or tertiary education institutions that might offer similar programmes.

An incident at the nursing school in question forced the researcher to delete the variable 'race of the respondents' from the questionnaires due to sensitivity. The questionnaires then did not give any indication of the respondents' culture background, except the home language, which indicated whether the respondent could be either black, coloured, Indian or white.

It also seemed that the pre-registration nurses who did not complete the questionnaire were under the wrong impression that the results might lead to the retrenchment of the life skill coaches.

Furthermore, the coaches felt the researcher was 'evaluating' their work and that the programme could be discontinued and the life skill coaches could lose their jobs. For this reason 6% of the respondents did not complete their questionnaire and only handed in the signed consent form. The researcher was of the opinion that some respondents were not keen to answer questions, reveal information regarding their personal life, or give their views on the open-ended questions. Valuable information could have been collected from those who did not respond, and could possibly have contributed to changing the structure and/or need of the programme.

5.6 SUMMARY

In this thesis the problem statement and aim of the study were identified in Chapter 1 (see paragraphs 1.1.2 and 1.1.3) and supported by an extensive literature review on the topic in Chapter 2. An appropriate methodology was selected for the study and it was discussed in Chapter 3. An analysis of the personal-professional program was done (see Chapter 4) and the synthesis of the findings was provided in this chapter (Chapter 5).

Despite the researcher's initial impression, the overall conclusion from this study was that the personal-professional developmental (PPD) programme that was introduced at a particular private nursing school in the Southern Cape, did indeed enhance the development of the personal and professional life skills of pre-registration nurses in a multicultural setting. The main recommendation was that the programme should continue, but that it should be better structured and that the French language classes should no longer be part of the curriculum.

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Addendum A

Participation information leaflet and consent for pre-registration nurses

An exploration of the effectiveness of an introduced PPD programme for pre-registration nurses from a multi-cultural setting

I, Sarah Cronjé, am doing research on the above topic. The reason for this study is to determine whether the personal-professional developmental programme that you are currently undergoing is enriching you with critical thinking abilities, effective communication skills and if it provides you with the opportunity to enrich yourself positively. Because the above-mentioned programme is presented bilingually and everyone is fully equipped with English as a second language, the questions will only be asked in English.

I invite you to participate in this research study. There are no risks involved into this research; it will take about 20 minutes to complete the questionnaire. Participation is voluntary without any reimbursement. Refusal to participate will involve no penalty or loss of your bursary to which you are normally entitled. Furthermore, you may discontinue participation at any time without penalty.

Confidentiality is guaranteed; no personal information will be disclosed. The questionnaires will not be identified with your name or surname and this information will stay in the hospital manager's office for a period prescribed by law. If the results are published this will not lead to any individual recognition.

I declare that I have read the information and agree to the above. I will not demand any reimbursement or any rights/privileges after completion of the questionnaire.

Signature of the participant…… Date …….

Signature of the researcher……..Date …….

Addendum B

Research questionnaire for pre-registration nurses

SECTION A: DEMOGRAPHIC DATA

1. What is your gender?

Male	M
Female	F

2. What is your home language?

English	E
Afrikaans	A
Xhosa	X
Other	O

3. What is your level of training? (Choose one)

Enrolled nursing course 1st year	1	
Enrolled nursing course 2nd year	2	
Bridging course 1st year	3	
Bridging course 2nd year	4	

4. What is your age?

years old

SECTION B: PERCEPTIONS OF PRE-REGISTRATION NURSES

Question 5

Does the above-mentioned programme contribute to your life enrichment regarding:

(Use one on the following numbers below to indicate your feeling towards this question and mark your answer with a √. The evaluation rating system describes the following:
5=strongly agree 4=agree 3=unsure 2=disagree 1=strongly disagree

	Item	5	4	3	2	1
5.1	Conflict					
5.2	Listening skills					
5.3	Empathy					
5.4	Effective communication					

Question 6

Does this personal-professional developmental programme help you to adapt to the nursing environment?	Yes	No

Question 7

Does this personal-professional developmental programme provide purposeful guidance in your personal life?	Yes	No

Question 8

Does this personal-professional developmental programme support you, based on your unique needs?	Yes	No

Question 9

Does this personal-professional developmental programme create learning opportunities to you so that you feel it was possible to grow through the phases from passive to involvement to independence?	Yes	No

Question 10

What are your perceptions of the skills required to render quality care to patients?

……

……..

SECTION C: LEVEL OF KNOWLEDGE

Question 11

Has this programme equipped you with *additional knowledge*?	Yes	No

Question 11.1

If yes, specify**…….....**

Question 11.2

If no, specify……..

Question 12

Has this programme equipped you with *additional skills*?	Yes	No

Question 12.1

If yes, specify…….

Question 12.2

If no, specify……..

Question 13

Have you developed alternative attitudes *within yourself* (intrapersonal) towards your patients?	Yes	No

Question 13.1

If yes, specify**…….**

Question 13.2

If no, specify **…….**

Question 14

Have you developed alternative attitudes towards your *patients and colleagues* (interpersonal relationships)?	Yes	No

Question 14.1

If yes, specify……

Question 14.2

If no, specify……

Question 15

After completion of this personal-professional developmental programme do you think you are better equipped to understand:

(Use one on the following numbers below to indicate your feeling towards this question and mark your answer with a √. The evaluation rating system describes the following:
5=strongly agree 4=agree 3=unsure 2=disagree 1=strongly disagree

	Item	5	4	3	2	1
15.1	Work ethics: compassion, commitment and caring					
15.2	Effective client service					
15.3	Effective verbal communication skills					
15.4	Effective non-verbal communication skills					
15.5	Time management					
15.6	Problem solving skills					
15.7	Self-organisation					
15.8	Cultural diversity in South Africa					
15.9	Team work					
15.10	Decision making in order to resolve problems					
15.11	Goal setting					
15.12	Moral reasoning (the ability to decide between right and wrong)					

Question 16

Are you motivated to solve problems which need critical thinking abilities?	Yes	No

Question 17

Are the HIV/AIDS prevention strategies sufficiently dealt with in this personal-professional developmental programme?	Yes	No

Question 18

Are you of the opinion that French language classes are appropriate in this personal-professional developmental programme?	Yes	No

Question 19

Do you feel there is a need for incorporating *basic research skills* in this personal-professional developmental programme?	Yes	No

Question 19.1

If yes, specify…….

Question 19.2

If no, specify……..

Question 20

Do you feel there is a need for incorporating *basic computer literacy* in the personal-professional developmental programme?	Yes	No

Question 20.1

If yes, specify…….

Question 20.2

If no, specify……..

Question 21

In your opinion, is the *Fred Factor* one of the following (Choose only ONE answer):

a do not adapt to the situation

b do not look for ways to improve

c examples do not inspire

d do not recognise contribution

e acknowledge self-worth

Question 22

Can you as a pre-registered nurse identify with the *Fred Factor*?	Yes	No

Question 22.1

If yes, specify…….

Question 22.2

If no, specify……..

Question 23

Are you of the opinion that the personal-professional developmental programme has *boosted your self-confidence*?	Yes	No

Question 24

Are you of the opinion that after completion of the personal-professional developmental programme you can better *cope with personal setbacks*?	Yes	No

Question 25

Are you of the opinion that after completion of the personal-professional developmental programme you can *overcome fear of failure*?	Yes	No

Question 26

Are you of the opinion that your cultural background has an influence on your decisions?	Yes	No

Question 27

After completion of this personal-professional developmental programme are you of the opinion that you got support from the professional nurses to cope with the following:

(Use one on the following numbers below to indicate your feeling towards this question and mark your
answer with a √. The evaluation rating system describes the following:
5=strongly agree 4=agree 3=unsure 2=disagree 1=strongly disagree

	Item	5	4	3	2	1
27.1	Bad attitude of nurses					
27.2	Dissatisfied patients					
27.3	Responsibilities					
27.4	Language barriers					

Question 28

Are you of the opinion that you got support from *management* in this personal-professional developmental programme?	Yes	No

Question 29

Are you of the opinion that you got support from the *tutors* in this personal-professional developmental programme?	Yes	No

Question 30

Do you think that you would have wanted to resign from nursing were it not for this personal-professional developmental programme?	Yes	No

Thank you for completing this questionnaire.

Addendum C

Participation information leaflet and consent for professional nurses

An exploration of the effectiveness of an introduced PPD programme for pre-registration nurses from a multi-cultural setting

I, Sarah Cronjé, am doing research on the above statement. The reason for this study is to explore professional nurses' perceptions of the skills required and acquired by nurses, as well as any improvement on coping strategies in applying the named life skills as adapted by the personal-professional developing programme. The above-mentioned programme is presented bilingually but this interview will be held informally and in both languages as for your benefit.

I invite you to participate in this research study. There are no risks involved into this research; it will take about 30 minutes to complete the interview. Interviews will be recorded on a tape recorder and transcribed. I If you do not feel comfortable being recorded during the interview, I will make notes and transcribe it later. Participation is voluntary without any reimbursement. You may discontinue participation at any time without penalty.

Confidentiality is guaranteed; no personal information will be disclosed. The interview will not be identified with your name or surname and these recordings will stay in the hospital manager's office for a period prescribed by law. If the results are published this will not lead to any individual recognition.

I declared that I have read the information and agree to the above. I will not demand any reimbursement or any rights/privileges after completion of the questionnaire.

Signature of the participant…… Date …….…….

Signature of the researcher……..……..Date …….……

Addendum D

Semi-structured interview schedule for professional nurses

Objective:

To explore the perceptions of the professional nurses supervising the previously mentioned pre-registration nurses regarding additional knowledge, skills and attitudes gained through the personal-professional development programme.

Question 1

What is your opinion of the personal-professional developmental programme for pre-registration nurses to develop their ability to think critically in their daily activities and when they work with patients?

Question 2

Why do the pre-registration nurses have problems with respect, trust and integrity?

Question 3

How will you describe the above-mentioned nurse's actions when they are confronted with conflict situations whether it is their colleagues, patients or visitors?

Question 4

What is your feeling regarding the need of emotional intelligence in pre-registration nurses towards nurse-patient communication?

Question 5

What is your opinion of the above-mentioned pre-registration nurses' decisions when confronted with moral reasoning?

Question 6

To what degree do nurses' different backgrounds in education have an influence on the above-mentioned nurses' decisions?

Question 7

Why are pre-registration nurses in general not able to think critically?

Question 8

In your opinion, how can nurses in a multicultural setting be helped to adapt to the nursing culture of caring, empathy and commitment?

Addendum E

Ethical approval

UNIVERSITEIT·STELLENBOSCH·UNIVERSITY
jou kennisvennoot • your knowledge partner

13 August 2010 **MAILED**

Ms S Cronje
Department of Nursing
2nd Floor, Teaching building
Stellenbosch University
Tygerberg campus
7505

Dear Ms Cronje

"An exploration of ethical relativism through a personal-professional developmental program for multicultural pre-registration nurses."

ETHICS REFERENCE NO: N09/11/339

RE : APPROVAL

A panel of the Health Research Ethics Committee reviewed this project on 24 January 2010; the above project was approved on condition that further information is submitted.

This information was supplied and the project was finally approved on 25 January for a period of one year from this date. This project is therefore now registered and you can proceed with the work.

Please quote the above-mentioned project number in ALL future correspondence.

Please note that a progress report (obtainable on the website of our Division: www.sun.ac.za/rds 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 and subjected to an external audit.
Translations of the consent document in the languages 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).

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 Hélène 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.

Fakulteit Gesondheidswetenskappe · Faculty of Health Sciences

Verbind tot Optimale Gesondheid · Committed to Optimal Health
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Approval Date: 25 January 2010

Expiry Date: 5 January 2011

Yours faithfully

MS CARLI SAGER
RESEARCH DEVELOPMENT AND SUPPORT
Tel: +27 21 938 9140 / E-mail: carlis@sun.ac.za
Fax: +27 21 931 3352

Addendum F

Letter requesting consent for research

10 A Kieriehout Drive
Hartenbos
Mossel Bay 6500

Bay View Private Hospital
P O Box 287
Mossel Bay 6500

For attention: The Hospital Manager

06 October 2009

Dear Mrs L Swart

Research: An exploration of the effectiveness of an introduced PPD programme for pre-registration nurses from a multi-cultural setting

I am a Master's student under the supervision of Dr. I. Smit and Dr. E. Stellenberg at the Division of Nursing, Faculty of Health Science at Stellenbosch University. I plan to conduct a study to explore the perceptions of pre-registration nurses in a multicultural setting who are involved in the personal-professional developmental programme to determine whether the programme contributes to their life enrichment.

I am requesting your permission for the participation of the pre-registration students as well as the professional nurses of the various units in this research study. The study will involve completing a questionnaire with 30 questions and it will take approximately 20 minutes to complete. I have included the proposal for the study and the questionnaire for your attention.

Participation in the research study is voluntary and complete anonymity and confidentiality is guaranteed. The results of the study may be published but the name of the educational institution and the identity of the participants will not be disclosed in any publication, report, or presentation resulting from this research.

If you need more information or have any questions concerning the study please contact me at 0823778588 or email at srhcronje6@gmail.com.

Kind regards,

Sarah Cronjé (RN,BCur).

Addendum G

Letter of permission granted

I, Lida Swart, Hospital Manager of Bay View Private Hospital, hereby grant permission to Sarah Cronjé, with permission of the owner of this hospital. This study will provide insight into the current status of the personal-professional developmental programme and we would like to know what the shortcomings, advantages and / or disadvantages of this programme might be.

Signature: Hospital Manager.

Date of permission:
21 October 2009.