

**FACTORS INFLUENCING MOTIVATION OF NURSING STUDENTS IN THE
TEACHING AND LEARNING ENVIRONMENT**

by

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DECLARATION

I declare that **FACTORS INFLUENCING MOTIVATION OF NURSING STUDENTS IN THE TEACHING AND LEARNING ENVIRONMENT** is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

I further declare that I submitted the dissertation to originality-checking software and that it falls within the accepted requirements for originality.

I further declare that I have not previously submitted this work, or part of it, for examination at Unisa for another qualification or at any other education institution.



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ABSTRACT

Many factors are present in the teaching and learning environment that could influence students' motivation positively or negatively. This study explores and describes the factors influencing motivation of nursing students in order to identify student support strategies to enhance motivation in the teaching and learning environment.

A qualitative, exploratory, descriptive design was used. The accessible population was all final-year students registered for the certificate leading to enrolment as a nurse (R.2175) and studying at two campuses of a selected private Nursing Education Institution (NEI) in Gauteng province. The sample selection was non-probability, convenient sampling. Data was collected by means of semi-structured focus group interviews.

The three main themes that emerged from the collected data were factors related to interpersonal relationships, factors related to the teaching and learning milieu and factors related to self-worth.

Recommendations for student support in nursing education, student support in practice and for future research were made.

Key concepts

Nursing students; motivation; teaching and learning environment; demotivation; student support.

ABSTRAK

Verskeie faktore bestaan in die leeromgewing wat motivering van studente positief sowel as negatief beïnvloed. Hierdie studie ondersoek en beskryf die faktore wat die motivering van verpleegstudente beïnvloed om sodoende studentondersteuningstrategieë te identifiseer wat motivering in die leeromgewing sal bevorder.

Die navorser het kwalitatiewe navorsing gebruik. Die toeganklike populasie was al die finale jaar studente geregistreer vir die kursus wat lei tot inskrywing as verpleegkundige (R.2175) en aan twee kampusse van 'n geselekteerde privaatverpleegskool in die Gauteng provinsie studeer. Die nie-waarskynlikheids-, gerieflikheidsteekproeftegniek is gebruik. Semi-gestruktureerde fokusgroeponderhoude is gebruik om data in te samel.

Die drie hoofemas wat navore gekom het uit die ingesamelde data was faktore geassosieer met interpersoonlike verhoudings, faktore geassosieer met die leeromgewing en faktore geassosieer met selfwaarde.

Aanbevelings vir studentondersteuning in verpleegonderrig, studentondersteuning in praktyk en vir verdere navorsing is gemaak.

KGUTSUFATSO

Ho na le dintlha tse ngata tse teng tikolohong ya dithuto tse ka bang le kgahlamelo e itseng ho baithuti ka tsela e ntle kapa e bosula. Diphuputso tsena di hlakisa dintlha tse ka bang le kabelo morolong wa baithui ba booki e le hore ho tle ho hlauwe meralo ya tshehetso e tlang ho matlafatsa tikoloho ya dithuto.

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LIST OF ABBREVIATIONS

B Cur	Bachelor of Nursing Science
CVAs	Cerebrovascular Accidents
Denosa	Democratic Nursing Organization of South Africa
EN	Enrolled Nurse
FPA	Facilitated Practical Activity
ICU	Intensive Care Unit
NEI	Nursing Education Institution
NES	Nursing Education Stakeholders
NQF	National Qualifications Framework
Ovid	Publius Ovidius Naso
PhD	Postgraduate doctoral degree
RN	Registered Nurse
SANC	South African Nursing Council
UK	United Kingdom
UNISA	University of South Africa

CHAPTER 1

INTRODUCTION AND OVERVIEW OF THE STUDY

1.1 INTRODUCTION

To be motivated is to be moved to act (Ryan & Deci 2000:54). Motivation is energy and comprises starting, sustaining and directing behaviour (Nilson & Stomberg 2008:1). Bosman (2012:25) states that the two components of motivation are movement and purpose. Therefore, motivation is determined by our movements and actions and what determines the actions. A person who does not feel inspired to act is thus considered as demotivated, whereas someone who is eager toward a goal is considered motivated (Ryan & Deci 2000:54).

For students to complete their nursing studies with success they need motivation, as it is a key factor in academic performance and achievement. Motivation can be divided into extrinsic and intrinsic factors that interact with each other (Bengtsson & Ohlsson 2010:151). Extrinsic factors that affect motivation are those aspects that are from 'outside' of the student, for example, earning a degree or money, recognition, and approval of others such as parents, or avoidance of negative reinforcement. Internally motivated students, on the other hand, study for pleasure, and have self-determination about their learning conduct. Students who are well motivated prefer responsibilities that improve their learning, and work hard at them. Feelings of accomplishment and satisfaction are examples of intrinsic rewards. For educators, intrinsic motivation has proved to be an important phenomenon, as intrinsically motivated students will engage in high-quality learning and creativity (Ryan & Deci 2000:55). Researchers worldwide and locally express the importance of motivation in inspiring students to complete their studies successfully (Ryan & Deci 2000, Pence 2010, Nilson & Stomberg 2008). The current study explores what factors influence the motivation of students negatively and positively.

1.2 BACKGROUND TO THE RESEARCH PROBLEM

A research problem is a matter of concern where a gap has been identified in the knowledge base needed for practice, in this case nursing practice. The concern is addressed by conducting research, hoping for the outcome of providing, in this case, evidence-based healthcare (Grove, Burns & Gray 2013:73). Stomberg and Nilson (2010:42) state that the successful outcome of nursing education is related to students' motivation. One of the most important outcomes for learning should be to increase students' motivation (Baric, Vlastic & Erpic 2014:117). Rose (2011:181) states that different factors influence academic success for students, and motivation is one predominant individual difference that should not be overlooked. Sikhwari (2014:19) agrees that one of the critical factors affecting learning is motivation. Van der Berg and Coetzee (2014:469) have concluded that demotivation is detrimental to academic achievement, and that student success at university level has extensive implications for career choice and life after university.

Academic achievement is important in national education, as it can be seen as a predictor of the success of education in the country (Coetzee 2011:13). Academic non-achievement and dropout contribute to the nursing shortages in South Africa. Health E news stated that the health department estimated the nursing shortage in South Africa at 44 700 in 2010 (Rispel & Bruce 2015), and these shortages are still rising. DENOSA agrees that South Africa, like most developing countries, is finding itself with the predicament of a dwindling number of nurses (DENOSA 2012). The statistics from the South African Nursing Council (SANC) on 31 December 2015 showed enrolled nurse ratio per patient to up to 1:2600 in the Northern Cape (SANC 2015).

Literature discussed the fact that motivation is affected by the needs, culture and experiences of the individual (De Oliveira Bernardino, De Lavor Coriolano-Marinus, Da Silva Santos, Pereira Linhares, De Souza Calvalcanti & Soares de Lima 2018:2). Increased motivation will produce increased learning (De Oliveira Bernardino et al 2018:8) and is one of the most important influences determining the direction and intensity of effective learning (Yilmaz, Sabancioğulları & Kumsar 2016:050).

When motivation is enhanced through teaching, the student's satisfaction and interest for learning is awakened (De Oliveira Bernardino et al 2018:2), that in turn is important

with regard to successful completion of studies and becoming effective professional nurses acting as proficient role models (Yilmaz et al 2016:050).

Roles, responsibilities, values and the professional development occur during education. For this reason demotivation during education affect the professional self-development of the student negatively (Yilmaz et al 2016:050).

A high quality environment is needed for nursing students to apply their knowledge and skills, thus academic motivation of nursing students increases when the quality of the environment improves (Aktas & Karabulut 2016). Various studies indicated that the lack of motivation in nursing students is the greatest barrier in the clinical environment and clinical training (Yilmaz et al 2016:050) and that their motivation is determined by the problems and resources they encounter (Yardimci, Bektas, Özkütük, Muslu, Gerçeker & Başbakkal (2017).

In a study done by Walker, Rossi, Anastasi, Gray-Ganter and Tennent (2016) higher satisfaction levels were achieved when nursing students felt included and supported during their studies. Therefore, the researcher wanted to identify support strategies to enhance motivation of students in the teaching and learning environment.

Many factors are present in the teaching and learning environment that could influence students' motivation positively or negatively. As a nurse educator, the researcher has observed motivated and demotivated students on a daily basis in the theoretical and practical field. Nurse educators may not always be aware of the factors influencing the motivation of their students. Support given to the students by educators could be enhanced with insight into the factors motivating and demotivating students in the teaching and learning environment. Therefore, the question that arose, to help us understand the role of motivation in the teaching and learning environment, was:

What are the factors associated with motivation and what support strategies can be used to enhance the motivation of students?

1.3 STATEMENT OF THE RESEARCH PROBLEM

Pence (2010:63) reported that students with higher self-efficacy and motivation are more likely to overcome challenging tasks and persist as difficulties arise. It is further stated that students who have higher academic motivation would “learn more, achieve at higher levels, show greater interest in learning and display better self-regulatory efforts directed toward learning” (Pence 2010:61). Mulholland, Nasrin, Soroor and Soodabeh (2012:1) state that the most important barrier to nursing education is the students’ lack of interest and motivation. Intrinsically motivated students view learning as opportunities to satisfy their own curiosity and quest for knowledge (Rose 2011:182). If students understand how to cope with the increasing complexities of nursing, retention of a competent nursing workforce is more likely (Newton, Kelly, Kremser, Jolly & Billett 2009:393). Therefore, this study has explored the factors positively and negatively influencing students’ motivation and identified possible support strategies.

1.4 RESEARCH PURPOSE

The purpose of the study was to explore and describe the factors influencing motivation of students in order to identify student support strategies to enhance motivation in the teaching and learning environment.

1.4.1 Research objectives

The objectives that guided the study were to:

- Explore the factors that serve as motivators for students in the teaching and learning environment.
- Explore the factors that negatively affect motivation of students in the teaching and learning environment.
- Identify support strategies that could enhance motivation of students in the teaching and learning environment.

1.5 SIGNIFICANCE OF THE STUDY

Motivated students completing their qualifications are of the utmost importance for the country, as a low morale in students could result in a lack of motivation and eventual high drop-out rates (Koushali, Hajjimini & Ebadi 2012:10). West (2013:5) reported that despite efforts to select candidates carefully for basic programmes, large numbers of students abandoned the course before time. Stomberg and Nilson (2010:42) state that the successful outcome of education is related to students' motivation. Pence (2010:60) agrees that students who are motivated can achieve educational goals with energy and persistence and become learners for life. Coetzee (2011:17) mentions that intrinsic and extrinsic motivation are prerequisites for academic achievement. This author also reported that some studies found strong correlations between intrinsic motivation and academic achievement, whilst others indicated a weak correlation or no correlation at all (Coetzee 2011:15). Consequently, it is important to investigate how students assess their motivation during their studies, and to discover what factors are related to their motivation, as well as what would increase their motivation. In a study done by Stomberg and Nilson (2010:44), positive motivating factors were the desire to become a registered nurse and the fact that students found the organisation of the programme stimulating. Their degree of motivation increased significantly with age, indicating that previous experience through study or work might have influenced their motivation. Other reasons for motivation reported by Stomberg and Nilson (2010:46) have been professional reward, the opportunity to serve people, as well as helping others, doing something useful and providing human contact. The authors also indicate that student support could help to increase motivation. Bosman (2012:1) agrees, stating that educators need to start searching for ways to attract student attention and their engagement in learning activities.

Therefore, it is imperative for educators to be aware of the factors influencing motivation in students. By addressing these factors in nursing school, the researcher believes that academic achievements could be improved and attrition rates be lowered.

1.6 DEFINITION OF KEY CONCEPTS

1.6.1 Motivation

Motivation can be defined as a reason or reasons for acting or behaving in a particular way or a desire or willingness to do something; enthusiasm (*Oxford dictionary* 2016). Academic motivation refers to the degree to which a student is both cognitively and behaviourally engaged in his or her assigned academic tasks (Griffing 2006:11). For the purpose of this study, motivation refers to the extent to which students have a willingness to do something, their enthusiasm and cognitive and behavioural engagement in their assigned academic and clinical tasks.

1.6.2 Demotivation

Demotivation refers to a lack of motivation (Van der Berg & Coetzee 2014:469). According to Ryan and Deci (2000:54), a person can be labelled as demotivated if he feels no drive or inspiration to act. For the purpose of this study, demotivation will refer to students with no drive or inspiration to act.

1.6.3 Teaching and learning environment

An environment is defined as a setting or condition where a particular activity is carried out (*Oxford dictionary* 2016). A learning environment comprises different locations, contexts and cultures where students learn. It encompasses the ethos and character of students, and the way in which individuals interact with each other (*The Glossary of Education Reform* 2019). Teaching, according to the *Oxford dictionary* (2016), is the ideas or principles taught by someone in an authoritarian position. Learning is the attainment of knowledge or skills through study, experience or teaching (*Oxford dictionary* 2016). The teaching and learning environment for this study will be a predetermined environment where learning takes place within the learning centres/campuses of a private healthcare institution or different clinical settings (hospitals) within the private healthcare institution.

1.6.4 Students

A student is a person studying towards a particular profession (*Oxford dictionary* 2016). In this study, students will be learners registered with the SANC for the certificate leading to enrolment as a nurse R.2175 final year (SANC 1993). For the purposes of this study, the term student will be used when referring to a nursing student.

1.6.5 Clinical setting

For the purposes of this study, a clinical setting will refer to all private hospitals in Gauteng where students who are registered under to R.2175 with the SANC do their clinical training.

1.7 OVERVIEW OF THE RESEARCH METHODOLOGY

Research methodology, according to Grove et al (2013:23), includes the methods used by scientists to search for knowledge. They argue that there is not only one way to conduct research. Data are divided into two categories: qualitative and quantitative (Fain 2013:162).

1.7.1 Research design

A qualitative, exploratory, descriptive design was used in the study. Qualitative research, according to Grove et al (2013:23), describes life experiences and their meaning in a systematic, interactive, subjective and holistic way. Exploratory research does not only observe and describe, but investigates the full nature of the phenomenon and the other factors with which it is related (Polit & Beck 2012:18). A descriptive design identifies and describes the phenomenon and variables within the phenomenon (Grove et al 2013:692). This study attempted to portray the positive and negative factors influencing motivation in students, and to identify support systems for these students.

The researcher adopted a constructivist paradigm. Constructivists believe that reality is not a fixed entity but that reality exists within a context, and many constructions are possible. In constructivism the results of the enquiry are the product of the interaction

between the researcher and the participants (Polit & Beck 2012:12). Inductive reasoning was used to emphasise specific concepts.

1.7.2 Population

A population consists of all elements (individuals, objects or substances) that meet certain criteria for inclusion in a study; theoretically specified aggregations of the elements in a study (Babbie 2017:199). The target population comprised all students registered for the certificate leading to enrolment as a nurse (R.2175) in their final year in the Gauteng province, South Africa. The accessible population was all final-year students registered for the certificate leading to enrolment as a nurse (R.2175) and studying at two campuses of the selected private Nursing Education Institution (NEI) in Gauteng province.

Polit and Beck (2012:339) describe sampling as the process of selecting a portion of the population to represent the entire population, so that inferences about the population can be made. The sample selection was non-probability, convenient sampling and was obtained from those participants who met the eligibility criteria.

1.8 RESEARCH SETTING

The research setting was two campuses of a selected private NEI in Gauteng province: 335 students formed part of the research setting. All students from the Gauteng south-west and Gauteng north-east regions attended class at the campuses in Gauteng and worked their clinical hours in their allocated clinical settings in the Gauteng region.

1.9 DATA COLLECTION

Qualitative research allows the researcher to present comprehensive summaries of a phenomenon or of events in everyday language. Data was collected by means of semi-structured focus group interviews with the participants. Focus group interviews are described as an interview with a group or individuals coming together to answer questions on a given topic (Polit & Beck 2012:728). The interviews are meant to be nonthreatening; participants can express and explain their outlook in ways that cannot be achieved during one-on-one discussions (Fain 2013:182). The focus group

interviews were guided by three questions prepared beforehand. Probing questions were asked to elicit further discussions. A convenient time for the focus group interviews was selected. A pilot focus group interview was conducted before the actual study. A co-facilitator was present during the focus group interviews to make field notes. Discussions continued until data saturation had been reached. The time allocated per focus group interview did not exceed 90 minutes, to prevent participant fatigue.

1.9.1 Data collection instrument

The researcher guided the discussion according to three written questions, prepared beforehand. The three central questions, according to the interview guide (Annexure 10), were:

- Could you please describe the factors that motivate you in the teaching and learning environment?
- What factors in the teaching and learning environment contribute to your being demotivated?
- What type of support would you as the student need in order to enhance your motivation to learn?

Probing questions were asked to elicit rich data, in order for the discussion to correlate with the objectives of the study.

1.9.2 Data analysis

The Tesch method of data analysis (Tesch 1990:93) was used to analyse the data. The audio-recorded discussions of the focus group interviews were transcribed verbatim by the researcher and a transcriber. All the recorded interviews were read and reread by the researcher, then coded and analysed. The researcher reflected on data obtained during focus group interviews and moved back and forth between data collection and - analysis simultaneously.

1.10 TRUSTWORTHINESS

Trustworthiness is parallel to the standards of reliability and validity in quantitative research (Polit & Beck 2012:583). It is the amount of confidence that qualitative researchers have in their data, using the criteria of credibility, transferability, dependability, confirmability, and authenticity (Polit & Beck 2012:745). It persuades the readers that the findings that are reported are worth paying attention to (Tappen 2016:153). Trustworthiness will be discussed in Chapter 2.

1.11 ETHICAL CONSIDERATIONS

Expertise and diligence are not the only requirements in nursing research; honesty and integrity are important as well (Grove et al 2012:159). During this study, ethical principles were adhered to by the protection of the rights of the institution, the rights of the participants and ensuring scientific integrity of the researcher. Ethics clearance from the Research Ethics Committee of the Department of Health Studies, UNISA (Annexure 1) and from the Research Ethics Committee of the private healthcare institution in South Africa (Annexure 2 and 3) had been obtained. Adequate information was shared with the institution in the form of a copy of the research proposal and an annual progress report (Annexure 14).

An information leaflet (Annexure 6) was given to each student, explaining in full the study, his or her rights and responsibilities. Informed consent (Annexure 7) to participate in the study was signed by the participants before commencement of data collection. The privacy and confidentiality of the participants were protected and they did not experience any harm by participating in the study. Confidentiality binding forms (Annexure 8) were completed by all the participants.

Scientific integrity of the researcher was ensured by adhering to honesty, fairness and accuracy in the performing and reporting of the research study (Stanley & Korenman 2006:np). The ethical principles will be discussed in detail in Chapter 2.

1.12 SCOPE AND LIMITATIONS

This study on factors influencing the motivation of students was done in only one private hospital group in Gauteng, South Africa. Another possible limitation foreseen was that the participants would not feel free to express their honest viewpoints given that the researcher is an employee of the same healthcare institution. However, this was overcome in that the researcher ensured them of confidentiality and privacy.

1.13 STRUCTURE OF THE DISSERTATION

Chapter 1 has provided the reader with an introduction to and overview of the study.

Chapter 2 outlines the research design and methodology.

Chapter 3 presents the data analysis.

Chapter 4 gives a discussion of the findings and the literature that supports the findings.

Chapter 5 concludes the study, discusses its limitations, and makes recommendations for nursing education, nursing practice and further research, and a continuing development plan is devised.

1.14 SUMMARY

Chapter 1 introduced the study, discussed the problem to be researched, the purpose and the significance of the study. The qualitative approach and the objectives to reach were explained. The chapter explained important concepts and discussed the outline of the dissertation. Chapter 2 presents the research design and methodology.

CHAPTER 2

RESEARCH METHODOLOGY

2.1 INTRODUCTION

Describing the research methodology narrates how an investigation was carried out, and what the researcher did to answer the research questions or to solve the research problem (Brink, Van der Walt & Van Rensburg 2018:187). Research methodology involves the methods used to organise the study and the systematic way in which the data was gathered and analysed (Polit & Beck 2012:741). It is “the science of finding out” (Babbie 2017:4).

2.2 PURPOSE OF THE STUDY

The purpose of this study was to explore and describe the factors influencing motivation of students. The objectives were to explore the factors that serve as motivators and demotivators for students in the teaching and learning environment, in order to identify support strategies that could enhance motivation of students in the teaching and learning environment.

2.3 RESEARCH DESIGN

A research design is the blueprint for the study and the guide for the planning and implementation of the study in order to achieve accurate results (Grove et al 2013:195). It is the overall plan to answer the research question (Polit & Beck 2012:58). According to Rudman (2007:23), this total plan in scientific research includes all the steps from the start to the end. During this study, a qualitative, exploratory, descriptive design was used, in order to portray the factors influencing motivation in students positively and negatively, and to identify support strategies for these students.

2.3.1 Qualitative research

According to Roller and Lavrakas (2015:1), qualitative research assumes that the answer to any research question lies within a variety of questions and issues pertaining to deeply embedded aspects of humanity. The same authors report that qualitative researchers acknowledge the human condition and want to learn more about a research question than what can be learned from numerical quantitative studies (Roller & Lavrakas 2015:4). Qualitative research allows the researcher to present comprehensive summaries of a phenomenon or of events in everyday language (Polit & Beck 2012:505). It helps the researcher to describe a phenomenon, explore the meaning and promote understanding of human experiences (Brink et al 2018:103). It is interactive, rigorous, holistic and subjective and describes life experiences and gives them meaning (Grove et al 2013:3). Qualitative research is distinguished by a rich description of a complex environment and personal action taken (Stake 2010:31). The researcher has the chance of becoming part of the world of the student by conducting qualitative research (Viljoen 2013:47). In this case, the researcher not only wanted to observe and describe the phenomenon of interest but also wanted to investigate the full nature of the phenomenon and other factors that might be related. A qualitative design was chosen, as it allowed the participants to express their views, thoughts and experiences in their own voice on the factors affecting their motivation in the teaching and learning environment. The focus group interviews allowed the researcher to clarify, probe and observe the non-verbal behaviour of the participants during data collection. By engaging in qualitative research, the researcher was able to observe subtle communications and other events that could not be measured otherwise (Tappen 2014:307). By gaining authentic insight into the participants' experiences and giving meaning to them (Grove et al 2013:23), the researcher understood the way of thinking and the motivating and demotivating factors influencing them. Knowledge was uncovered during the conversation between researcher and participants (Polit & Beck 2012:507).

A qualitative design tries to understand human experiences through the exploration and description of the participant perspectives to find the real meaning in the natural setting (De Swart 2012:27). In order to accomplish an in-depth understanding of the experiences of the participants, the researcher strove to build a trusting relationship with the participants with minimal distractions, maintenance of confidentiality, a distraction-

free venue for the focus group interviews and truthful communication at all times (Perry 2014:15).

2.3.2 Exploratory design

Exploratory research explores all aspects of a phenomenon (Polit & Beck 2012:727), and is done in order for the researcher to gain a better understanding and to fulfil the researcher's curiosity (Babbie 2017:92). In order to identify support strategies to enhance motivation, the researcher explored the actual factors motivating or demotivating students in the teaching and learning environment.

2.3.3 Descriptive design

Descriptive studies describe a phenomenon. In descriptive studies, the researcher searches for correct information about the characteristics of a single sample, or about the frequency of a phenomenon's occurrence (Brink et al 2018:96). The researcher enabled the participants to describe their positive and negative experiences in the teaching and learning environment during the focus group interviews.

2.4 PHILOSOPHICAL PARADIGM

2.4.1 The constructivist paradigm

Roller and Lavrakas (2015:2) describe a paradigm as an underlying belief or orientation that the researcher brings to the particular study, the views or 'truth' of the reality. Maykut and Morehouse (2005:5) agree that a paradigm consists of the overarching and interconnecting assumptions about the nature of reality. A constructivist paradigm was adopted by the researcher. It assumes that knowledge is maximised when the distance between the inquirer and those under study is minimised (Polit & Beck 2012:12). The researcher endeavoured to minimise this distance by conducting focus group interviews in order to gain complete knowledge and a holistic understanding of the experiences of the participants.

2.5 RESEARCH METHODS

Research methods are the ways in which a researcher structures a study, gathers and analyses the data in a systematic way (Polit & Beck 2012:741).

2.5.1 Research setting

Research can be undertaken in different places or sites – called settings (Polit & Beck 2012:49). The research setting was a natural setting in two selected campuses of a NEI in Gauteng province. There were 335 students forming part of the research setting. According to Grove et al (2013:37), a natural setting is a real-life setting where a study is conducted. The selected NEIs were chosen due to their high student numbers and the rich data that could be obtained in the different regions. The private hospital group is divided into five regions. All students from the Gauteng south-west and Gauteng north-east regions, who attended classes at the campuses in Gauteng and worked their clinical hours in their allocated clinical settings in the Gauteng region, were eligible to participate in the study.

2.5.2 Population

A population is all the cases in which a researcher is interested (Polit & Beck 2012:273). It is all the objects with shared, defining characteristics (Polit & Beck 2012:59). Krishnaswami and Ranganatham (2010:118) agree that the population of a study is the group targeted: the aggregate of all units to be studied. The target population for this study comprised all students registered for the certificate leading to enrolment as a nurse (R.2175) in their final year in the Gauteng province, South Africa. The accessible population was all final-year students registered for the certificate leading to enrolment as a nurse (R.2175) and studying through the selected campuses of the private NEI in the Gauteng province. A total of 335 students were part of the accessible population. The students who were eligible to be included in the study were invited to participate in the study based on a convenient sampling process. Eligibility criteria included all students registered for the certificate leading to enrolment as a nurse (R.2175) for the first time. Male and female students were eligible to participate in the study.

2.5.3 Sampling

A sample is the drawing of a part from a greater population (Krishnaswami & Ranganatham 2010:118). Saldana, Leavy and Beretvas (2011:33) state that sampling is the strategic, denoted and/or random selection of participants to collect a representative view of the phenomenon. According to Grove et al (2013:37), the selection of subjects, events, behaviours or elements for partaking in a study is called sampling.

The sample selection in this study was non-probability, convenient sampling and was obtained from the participants who met the eligibility criteria. During non-probability sampling, non-random methods are used to choose sampling elements from the population and when the whole population cannot be accessed (Brink et al 2018:124). The researcher selected subjects who knew the most about the phenomenon (Brink et al 2018:124), namely final-year students registered for the certificate leading to enrolment as a nurse (R.2175). Convenient sampling is when a researcher selects the most convenient available people as participants (Polit & Beck 2012:276). The convenient sample was drawn by explaining the study to the students during a suitable time during campus block, and inviting the students to participate in the study. Those students who were interested in participating were given the dates and venues for the focus group interviews. According to Bhandarkar, Wilkinson and Laldas (2010:57), it is seldom necessary and feasible to study all the items comprising the population in order to provide accurate and reliable results.

In qualitative research, there are no rules for sample size. According to Polit and Beck (2012:521), the sample size will be determined by the quality of information obtained. The focus is on the quality of the data obtained during the focus group interviews rather than on the sample size. Therefore, data saturation was determined by the depth of information needed to get insight into the phenomenon researched. In this study the sample size was determined by the depth of the data obtained from the participants during the focus group interviews and until data saturation was reached. Data collection occurred from September 2016 to January 2017. The times for focus group discussions were limited to students attending campus, thus twenty-nine participants, both male and female, participated during four focus group interviews.

2.6 DATA COLLECTION

Polit and Beck (2012:725) describe data collection as the gathering of data or information in order to address the research problem at hand. The researcher usually uses a pre-established plan to gather the data, according to Brink et al (2018:46). The researcher conducted four semi-structured focus group interviews to collect the data from the 29 sampled participants.

2.6.1 Focus group interviews

Focus group interviews were designed to find the participant's perceptions in a non-threatening way (Grove et al 2013:274). Interviews are an effective way to seek and record, in their own words, the individual's or the group's perspectives, feelings, opinions, values, attitudes and beliefs about their personal experiences, and the facts about their worlds (Saldana et al 2011:32). Kothari (2004:98) reports that focused interviews focus attention on the experience of the participants. Focus groups of five to ten students were assembled for a discussion on the factors serving as motivators and the factors negatively impacting on motivation in the teaching and learning environment. The interviewer guided the discussions according to three written questions, prepared beforehand. Probing questions were further asked to elicit rich data and for the discussions to relate to the study objectives. By exploring these factors, the researcher identified support systems enhancing the motivation in the teaching and learning environment.

A convenient time for the focus group interviews that did not interfere with tuition time and did not cause any inconvenience to the students was discussed with the educators and the educational institutions. A co-facilitator was present during the focus group interviews, making field notes of important data. Discussions continued until data saturation had been reached.

2.6.2 Preparing for the focus group interviews

The researcher ensured competence in the conducting of focus group interviews by consulting various research sources. Discussions between the researcher and supervisor on effective focus group interviews further ensured that the researcher is

well-prepared to conduct the interviews. The researcher discussed the research study with the final-year students registered for the certificate leading to enrolment as a nurse (R.2175) and invited them to participate in the study during a convenient time for the educator. According to Grove et al (2013:274), the venue should be carefully selected and must be private, safe and comfortable. The researcher achieved this by ensuring a quiet room with comfortable chairs and a “no entry” notice on the closed door. The chairs were arranged in a U shape, in order for the participants to face each other. According to Saldana et al (2011:32), several tools should be used during the data collection, such as pens, laptop computers, digital voice recorder and notepads. A good quality voice recorder with extra batteries was available, and placed to ensure that all participants could be heard. The researcher was the primary data collection instrument and prepared three questions beforehand to discuss during the interviews. The information leaflet (Annexure 6) and consent forms (Annexure 7) were photocopied in order to be sufficient for the day. A co-facilitator was asked to participate in the focus group interviews to take notes of especially facial expressions or non-verbal communication not captured by the recorder (Grove et al 213:276).

2.6.3 Facilitation of the focus group interviews

In order to reach the desired outcome of the focus group interviews, a completely non-judgemental atmosphere had to be created, in which the participants could feel free to express themselves without the fear of disapproval, reprimanding or advice from the interviewer (Bhandarkar et al 2010:202). A pilot focus group interview was conducted with a group of students in order to ascertain if the venue was suitable for the interviews, questions were understood correctly, equipment placement was correct and whether the researcher was competent in conducting a focus group interview. As agreed with the participants beforehand, the data from the pilot focus group interview would be included as part of the study, if no changes to the questions were needed to be made. Eventually the data obtained during the pilot focus group interview was included as part of the findings of the study.

The interviews were held in an empty clinical classroom at the respective campuses. On the day of the focus group interviews, snacks were offered to the participants to ensure a relaxed atmosphere. The participants, researcher and co-facilitator were seated facing one another in a U shape. All were welcomed and introduced. Roles were explained

and rules for the group discussed: for example, cell phones had to be switched off, respect shown for each other and strict confidentiality maintained. Participant rights were also explained: the right to withdraw at any time without consequences. The purpose of the interviews and the fact that the discussions were recorded was reinforced. The role of the co-facilitator was explained. The information leaflet (Annexure 6) was given to the participants and a short introduction about the study was done before the actual interviews started. Consent forms (Annexure 7) were given to the participants to sign. Time for questions was given to clarify any uncertainties. The discussions were guided by the interview guide and probing questions were asked to clarify any uncertainties.

The first focus group interview consisted of ten participants. During the second focus group interview, six participants participated and the third focus group interview consisted of five participants. The same venue was used for the first three focus group interviews. The fourth focus group interview consisted of eight participants and was facilitated in the boardroom of the other campus.

The duration of the focus group interviews was between 60 and 90 minutes. The researcher cautiously allowed the discussions to continue up to 90 minutes due to participants indicating that they still had experiences to discuss and the energetic dialogues observed.

2.6.4 Data saturation

Data saturation describes the collection of data in qualitative studies until a sense of closure has been achieved and additional data will produce unneeded information (Polit & Beck 2012:742). When themes and categories repeat themselves, data saturation has been achieved (Polit & Beck 2012:62). The researcher continued with data collection until data saturation was achieved.

2.7 DATA ANALYSIS

According to Polit and Beck (2012:556), data analysis is to organise and provide structure to data. It should be done in such a manner that the data will yield answers to the research question (Bhandarkar et al 2010:299). The analysis of data occurs

simultaneously with data collection, and is an active and interactive process. Polit and Beck (2012:562) report that qualitative data analysis involves compiling significant conceptual patterns from segments. The rigour with which the systematic steps are employed will give the researcher confidence in the findings (Klenke 2016:71).

The researcher used the Tesch method for data analysis, which states that the analysis of data starts as soon as the first data is collected (Tesch 1990:92). Thus, the researcher immersed herself in the data from the first focus group interview. The data collected from the four focus group interviews was transcribed verbatim. The researcher read the data many times, in conjunction with the field notes made by the co-facilitator. To ensure objectivity, the researcher used bracketing and keeping a diary. According to Grove et al (2013:60), bracketing is the deliberate setting aside of one's own beliefs and preconceptions. The researcher strove to enter the world of the participants, and observe the phenomenon through the eyes of the participants.

Data analysis started by reading the entire data set after each focus group interview, immersing herself in the data and dwelling on the data in order to reach a nearness to the data and a sense of the whole (Tesch 1990:93). While she read the transcribed data, she added all concepts to an Excel spreadsheet. Similar concepts/topics were analysed and arranged in groups by using colour codes to create themes. The different concepts within the themes were tied together into descriptive statements, and categories and subcategories were formulated. During this step it was established how well the concepts described the data. Positive factors were marked with green in column two and negative factors were marked with red in column two on the spreadsheet (Annexure 12). Three themes were identified during data analysis; namely, factors related to interpersonal relationships, factors related to the teaching and learning milieu and factors related to self-worth.

Polit and Beck (2012:559) suggest that at least a part of the data should be coded by two or more people to evaluate and enhance reliability. The researcher made use of a co-coder, and a consensus discussion was held between the researcher, co-coder and supervisor before the researcher did the final data analysis.

2.8 TRUSTWORTHINESS

In qualitative research, the researcher needs to present a convincing story to the audience and an 'I got it right' methodology to gain credibility. In order to achieve this, the researcher needed to spend the right amount of time in the field, interview the correct number of participants, and use the correct analytical method and thinking processes (Saldana et al 2011:135). Credibility and trustworthiness is all about the researcher's honesty and integrity (Saldana et al 2011:136). Four criteria were developed by Lincoln and Guba (1985) to achieve trustworthiness of qualitative studies: credibility, dependability, confirmability and transferability (Polit & Beck 2012:584). *Credibility* is the confidence of the researcher in the truth of the data and the interpretation of it (Polit & Beck 2012:584). It is the moral character of the researcher and the study, which influences the believability of the research findings (Tracy 2013:248). Credibility was achieved by interacting with the participants and giving an accurate recording of all facts and nonverbal cues, such as hand/face movements. The co-facilitator made comprehensive field notes. Data was collected until data saturation had been achieved. Transcription rigour was pursued.

Dependability refers to the stability of the data over time and conditions (Polit & Beck 2012:585). The manner in which the researcher collected, recorded, transcribed and translated the data was as accurate as possible to enhance dependability. A transcriber and co-coder were utilised to aid in rendering dependability to the study. A comparison between the researcher's own results and the literature was done to prove the study dependable.

Confirmability or objectivity is the possibility of agreement between two or more independent people about the data's accuracy, relevance or meaning (Polit & Beck 2012:585), and was achieved by the researcher being as objective as possible. Careful documentation of recorded data was done. A reflective journal was held by the researcher in which views, perceptions and attitudes of the researcher were acknowledged in order to enhance the researcher's self-understanding (Grove et al 2013:58) and to prevent bias. Bracketing was also used to achieve confirmability.

Polit and Beck (2012:585) state that in order for findings to be transferred to other settings or groups, the criterion of *transferability* has to be adhered to. The researcher

used probing questions, whilst the co-facilitator was making field notes. The supervisor, who was also the co-facilitator, was consulted throughout the research process. The literature control contributed to the transferability of the findings to similar settings.

A fifth criterion was added to the constructivist paradigm according to Polit and Beck (2012:584), namely authenticity; this refers to the way in which researchers fairly and faithfully show a range of realities. Authenticity was achieved in that the emotions of the students were portrayed by direct quotation and field notes.

2.9 ETHICAL CONSIDERATIONS

Ethical issues are concerns, problems and conflicts that have to be taken into account when conducting research (Bosman 2012:107). The principles of respect for individuals, beneficence and justice have to be considered (Polit & Beck 2013:693).

2.9.1 Rights of the institution

After ethics approval had been given by the Research Ethics committee of the Department of Health Studies, UNISA (Annexure 1) permission was sought from the Research Ethics Committee of the private healthcare institution in South Africa (Annexures 2 and 3). The participating institutions received a copy of the research proposal and ethics clearance certificate, and a research report will be sent to the institutions on completion of the study. The researcher arranged suitable times and a venue with the responsible persons at the respective campuses to introduce the study and discuss venues and times for the focus group interviews. No educational time was used for the study.

2.9.2 Scientific integrity of the researcher

Scientific integrity refers to the commitment to intellectual honesty and personal responsibility for one's actions and practices during research conduct. These practices include honesty, fairness and accuracy in the performing and reporting of a research study (Stanley & Korenman 2006).

The researcher read widely on the subject chosen for the study. She adhered to scientific integrity by not manipulating or falsifying data in any way. The researcher avoided plagiarism in the compilation of the report as all books, journals and articles referred to were cited as references. The final dissertation was submitted to Turnitin, a software programme designed to detect plagiarism, for assessment. The report of the assessment is contained in Annexure 16.

2.9.3 Protecting the rights of the participants

2.9.3.1 Informed consent

An information leaflet was given to each student, explaining in full the study, their rights and responsibilities. Participants had access to the researcher through a telephone number provided on the information leaflet. Informed consent to participate in the study was signed by the participants before commencement of data collection. The informed consent form explained the study, the participant's right to withdraw at any given time without penalty, the researchers' responsibility, and the risks and benefits that would most likely occur. By doing this, the researcher respected the participants' right to full disclosure.

2.9.3.2 Confidentiality

The right to privacy and confidentiality was adhered to in that the consent forms were collected in a box at the entrance of the interviewing room; in that way the participants could not be linked to a name during the interview. Anonymity, according to Polit and Beck (2012:162), occurs when even the researcher cannot connect a participant with his or her responses. Grove et al (2013:177) state that the importance of informing participants that the data collected during the study will be confidential cannot be emphasised enough, as participants can be harmed psychologically and socially when confidentiality is breached (Grove et al 2013:172). Confidentiality binding forms (Annexure 8) were completed by all the participants. All audio-tapes, transcriptions and consent forms are kept under lock and key and will remain in safe-keeping for a minimum period of five years, after which they will be destroyed.

2.9.3.3 Protecting from harm

No risks to the participants were envisaged. By explaining to the participants that they would not be discriminated against when answering or not answering the questions, social harm and discomfort were avoided. Students who declined to participate in the study were not discriminated against in any way.

No remuneration was given to the participants, as it could easily lead to a feeling of coercion. According to Polit and Beck (2012:154), coercion involves a risk of penalty from failing to participate in a study, or excessive incentives for agreeing to participate.

By tactfully phrasing the questions, the researcher strove to avoid inflicting psychological harm. A student counsellor was available for participants needing counselling due to participation in the study or otherwise. No discomfort was experienced by any participant.

2.10 SUMMARY

In Chapter 2, the research design and methodology were described. The population, sampling, data collection and data analysis were discussed. Trustworthiness and ethical considerations that were adhered to during the study have been discussed.

Chapter 3 presents the data analysis and verbatim quotations of the participants.

CHAPTER 3

PRESENTATION OF THE DATA

3.1 INTRODUCTION

The previous chapter described the methodology. In this chapter, the findings are presented. In order to explore and describe the factors influencing motivation of nursing students, and to identify student support strategies to enhance motivation in the teaching and learning environment, the researcher conducted semi-structured focus group interviews in two campuses of a private NEI in one of the nine provinces in South Africa. A total of 29 participants took part in four focus group interviews. Three focus group interviews were conducted in the same campus and the fourth focus group interview was done in another campus of the same NEI.

The demographic data of the participants, themes, categories and sub-categories that emerged are discussed. Direct quotes were used to enhance insight into the participant experiences. Where quotes were provided, the number of the focus group was provided, with the page number where the quote appears: for example focus group 1, page 5 will be presented as (1:5).

3.2 FINDINGS OF THE STUDY

3.2.1 Biographical data

Data collection was done in two campuses of a private NEI in one of the nine provinces in South Africa. All the students were registered for the certificate leading to enrolment as a nurse (R.2175) in their final year. Twenty-nine participants (N=29) were included in the four focus groups. All participants were self-funding students, meaning none of them earned a salary and they were not employed by the clinical setting. Only one male volunteered to participate in a focus group interview. The table below indicates the composition of each focus group.

Table 3.1 Biographical information summary

Items	Focus group 1 10 participants	Focus group 2 6 participants	Focus group 3 5 participants	Focus group 4 8 participants
Age in years	18–22=8 23–30=2 31–35=0	18–22=3 23–30=2 31–35=1	18–22=4 23–30=1 31–35=0	18–22=1 23–30=6 31–35=1
Gender	Female=10 Male=0	Female=6 Male=0	Female=5 Male=0	Female=7 Male=1

3.2.2 Themes, categories and subcategories

The themes, categories and subcategories that emerged are summarised in Table 3.2.

Both positive and negative factors appeared in all the themes but were not discussed separately. In order to understand motivation one needs to understand it in its entirety. Therefore, objectives one and two were addressed in an integrated discussion.

Table 3.2 Themes, categories and subcategories

Theme	Category	Subcategory
1 Factors related to interpersonal relationships	1.1 Relationships with the broader community	1.1.1 Wanting to improve the society 1.1.2 Perspective of community towards nurses
	1.2 Relationships between students	1.2.1 Physical support amongst students 1.2.2 Emotional support amongst students
	1.3 Family expectations	
	1.4 Relationships in the clinical environment	1.4.1 Interaction with clinical staff 1.4.2 Admiration towards senior clinical staff 1.4.3 Interaction with patients
	1.5 Relationships with NEIs and educators	1.5.1 Transparency of the NEI 1.5.2 Facilitating adult education 1.5.3 Student support
2 Factors related to the teaching and learning milieu	2.1 Teaching and assessment processes	2.1.1 Teaching strategies 2.1.2 Assessment strategies 2.1.3 Theory and practice integration 2.1.4 Learning objectives and outcomes
	2.2 Facilitators of learning	2.2.1 Classroom educators 2.2.2 Clinical educators and clinical staff in the clinical setting
	2.3 Learning environment	2.3.1 Classroom environment 2.3.2 Clinical environment
	2.4 Statutory factors	2.4.1 Regulating body 2.4.2 NEI policies 2.4.3 Student status
3 Factors related to self-worth	3.1 Being acknowledged	3.1.1 Gestures of appreciation by NEI and clinical setting 3.1.2 Gestures of appreciation by patients 3.1.3 Making a difference in the lives of patients
	3.2 Fear of failing	
	3.3 Social life and standard of living	
	3.4 Academic progression	3.4.1 Obtaining qualifications 3.4.2 Being knowledgeable
	3.5 Achievement	

3.3 THEME 1: FACTORS RELATED TO INTERPERSONAL RELATIONSHIPS

According to the *Oxford dictionary* (2018), interpersonal relationships refer to communication or interactions between people. Alexander (2017:240) indicates that communication and collaboration, thus interpersonal relationships, between health professionals essentially influence job satisfaction and motivation. Participants also

indicated interpersonal relationships as a major factor influencing their motivation. Categories that emerged under this theme are the relationships with the broader community and between students, family expectations, relationships in the clinical environment and relationships with NEI and educators.

3.3.1 Relationships with the broader community

Participants viewed the community as a strong factor influencing motivation. They verbalised that they endeavoured to improve the society they were living in and that they were influenced by the opinion of the community towards the nursing profession.

3.3.1.1 Wanting to improve the society

It became evident in the discussions with the participants that they were motivated by the fact that they wanted to improve the society they were living in. The community they lived in suffered the consequences of poverty and unemployment due to the lack of qualified community members. Teenagers in the community fell pregnant and were unable to complete the tertiary education they desired. Statistics South Africa (2017) also indicate that the fertility rate for teenagers aged 15–19 was 7.1% in 2017. The participants felt that the community anticipated that teenagers would be mediocre, become pregnant and have no qualification. It motivated them to prove the society wrong, by obtaining a qualification and contributing to the economy:

I see how people are suffering. They drop out, become pregnant and have five kids with no qualification, so instead I want to see myself better and improving the society where I am coming from. Make yourself become a better person for your community so you don't fall under the statistics (1:3).

3.3.1.2 Perspective of community towards nurses

Wearing a uniform and a professional image contribute to a positive perception of the nursing profession in the community. The participants verbalised that the respect and the influence that the nursing profession earned in the community made them feel important and motivated. According to Ten Hoewe and Roodbol (2014:303), your self-concept will be boosted when you assume society thinks well of you, and vice versa.

Young children adore nurses, with their neat uniforms and display of caring. The manner in which the children gathered around nurses warmed the hearts of the participants:

When you walking with your uniform, you have that power (4:51). It's a respectable profession (4:54). The kids, the way they just come to me, want to touch everything ... you know you doing something right (4:53).

To be associated with a well-known healthcare group left the participants motivated. The skills and knowledge learned and the way the healthcare group undertook assignments made them proud to be associated with the specific company:

The name is so strong, the brand and (4:52) ... is doing stuff that other hospitals are not (4:51).

Ten Hoewe and Roodbol (2014:296) indicate, however, that although nurses develop into knowledgeable professionals, they are not given due recognition for the skills they have by the majority of the public. The participants indicated with sadness that their qualifications and years of studying were not receiving the status in the community that they deserved:

They are underestimating our knowledge (1:9).

3.3.2 Relationships between students

Participants explained that they felt motivated by peers who achieved success although they experienced obstacles. Marital responsibilities and being older when studying were among the obstacles mentioned by them. They realised that everybody experiences challenges in the teaching and learning environment, but that it was possible to overcome all challenges. Admiration towards senior students motivated the participants to study hard and follow their role models' example.

They also verbalised that teamwork amongst students enhanced motivation. The support of other students, either physical or emotional, contributed to their motivation:

They were married with children, and still made it (1:5). Most of them qualified when they were old (1:5).

3.3.2.1 Physical support amongst students

Teamwork has the ability to influence motivation (Montgomery, Spanu, Baban & Panagopoulou 2015:76). Encouragement, together with physical and emotional support from other students at the NEI and clinical environment, motivated the participants. They also voiced feelings of isolation when allocated alone in a ward, without the support of other students:

Teamwork is the best (4:48). We are just there for each other (4:48).

I was the only student. Sjoe, and it wasn't okay ... (4:12) So I felt like, if I had another fellow student there, I would have more support (4:12).

3.3.2.2 Emotional support amongst students

Participants admired senior students for their successes. They listened to the journey of the senior students, their failures and successes, and by realising that they had also endured trials of a sort during their studies, participants were emotionally supported to complete their qualification. Nursing students longed throughout their studies to earn distinguishing marks, thus they experienced emotional support when they observed senior students and qualified registered nurses wearing distinguishing marks. It reminded the participants of the goal they were working towards:

Looking at those four stripes, it does motivate us. They are telling us that we were also pen ones at some point (2:1).

3.3.3 Family expectations

The participants discussed the fact that their family members had limited opportunities to study; therefore, they felt motivated to be educated. The participants also discussed that they wanted to rise above their circumstances and make their relatives proud.

Some of the participants also explained that being educated had always been expected of them.

Participants were motivated by the fact that they wanted to improve the outcome for their families. By being a qualified nurse, the participants realised that they could assist their families with health information and nursing care at home. Their knowledge could prevent serious illnesses in their family and treatment of disease could be more effectively treated with insight:

By me becoming a professional nurse and doing better for ... my family and helping where I can and also as a nurse I can be able to give health education to them (1:2).

To work hard and to be educated was expected of the participants from some families. The participants felt that when family members were educated they were more inclined to expect them also to be educated. One participant explained that her mother was dedicated and therefore, she felt obliged to work hard as well.

The majority of participants agreed that they wanted to make their parents proud. Another participant verbalised that her mother had not been educated and did not achieve anything significant and that she wanted to make her mother proud:

I want to make my parents proud (1:1).

So it's also something that's always been expected of us, like I think for my parents they expect you to like do well and achieve (1:1).

My mom is a very hard worker ... she studies a lot...she always tells me that hard work has never killed anybody (1:3). I want to make her happy ..., so she can be proud of me (1:3).

Another participant verbalised that his dad did not want him to be a nurse at first, but after two years he was approving of him studying nursing. His dad realised that he was doing something for himself and earned a living. The understanding that he was making his dad proud motivated the participant. Ten Hoewe and Roodbol (2014:304) agree that

nursing is often discredited by society, viewed as a low social status and a feminine profession:

He acknowledges the fact that I'm actually doing something for myself (4:54).

The comments revealed that their family background and the fact that their relatives had grown up with the bare minimum was motivating them in the teaching and learning environment. A participant agreed that she felt motivated by the fact that her father was successful in life with the minimal means assigned to him. Stories from parents who had to wash the underwear of teachers in order to obtain a qualification, and parents who grew up without resources and still achieved success motivated the participants. One of the participants realised that her siblings, who had overcome obstacles, were motivating her to think about her future and what she wanted to achieve:

When I feel like a failure I just look at his life and where he comes from and where he is today and I see no reason to fail at all or to put myself down, that's my motivation (1:2). He worked his way up in the world. So if he with such minimal resources could do that! With what he has given me I feel that I could conquer the world (1:1).

So, uhm, like hearing the story from my sister and everything she went through I realised you know I actually don't have all that hard (1:4).

3.3.4 Relationships in the clinical environment

Students need the correct professional attitudes and behaviour from professional nurses for imitation in the clinical area (Cunze 2016:41). The participants discussed interactions with clinical staff and patients as factors affecting motivation.

3.3.4.1 Interaction with clinical staff

Professional interaction with colleagues is highly valued by nurses. They learn from work experiences and professional interaction with colleagues (Ten Hoewe & Roodbol 2014:303). Contrasting emotions were verbalised by the participants about interaction with clinical staff. The nurturing and caring attitude of clinical staff towards patients left

the participants motivated. They felt encouraged when clinical staff ensured quality nursing care and they admired the clinical staff for the pride they displayed with regard to nursing patients and the nursing profession:

You're there all the time nurturing the patient, making sure the patient is fine ...
(1:7)

The pride they showed on that day that make a profession so good a profession that help so many people (1:7).

Participants commented that they felt motivated when nursing staff pressurised them to work hard and to have the necessary knowledge in order to nurse the patient effectively:

When they pressurise you to work hard like and uhm they like force you to like to learn (2:1).

Group coherence and teamwork were mentioned as important attributes to motivation. Participants wanted nursing to be exciting and fun. They felt motivated when the clinical staff offered support to them and mentioned excitedly that certain staff members acted as role models to them and helped them when in need:

To be part of the group that motivates you ... know what to do (2:1).

We all want fun; we all want to be exciting (1:31).

I could say the registered nurses in the wards there are some that you know you can look up to them. They help you in many ways if you need some help (2:1).

The participants nevertheless also verbalised feelings of exploitation in the clinical area that left them feeling demotivated. Most of the participants experienced situations where they were left to do most of the work, while other staff members did not contribute to the workload. They felt that their need for learning was not met during such situations, as they had to be the workforce:

There was four nurses sitting there ... having a chat and you are there running around (1:12). Students are there to learn; we're not here to work for them ... I am a client (1:28).

Participants also experienced the clinical environment as unsupportive from time to time. One participant mentioned that when requesting family responsibility leave she was denied the leave and individual circumstances were not taken into account. They also felt that they were not receiving a caring attitude when they were sent home after coming on duty because there were too many staff on duty. Expenses and time wasted by the participants were not taken into account, and it left the participants demotivated:

They don't care. You arrive there, they tell you that they've got enough staff, then they send you back home (2:3).

Clinical staff humiliating the participants due to their student status discouraged the participants. Their upset was visible when they mentioned that clinical staff did not even know their names and called them by motioning of hands. They felt disregarded when staff in the clinical setting conveyed the message to them that they would not complete their qualification due to the moving of nursing into higher education:

You get some of the staff at the hospital, you know, they're just rude to you, because you're a second-year student. They just think you don't know anything (2:3).

You're not gonna finish your training, you're not gonna be a sister (2:3).

A need expressed by participants in the study done by Cunze (2016:43) was to be gently and patiently engaged in clinical practice by professional nurses.

3.3.4.2 Admiration towards senior clinical staff

Participants wanted to engage in lifelong learning and career progression. The fact that senior clinical staff in the clinical setting engaged in further education motivated the participants; they expressed their motivation as:

Registered nurses that are studying towards their B Cur, they also motivate us (2:1). They're doing their masters and they know what they doing with their lives in nursing (1:2).

I feel very motivated by nurses that have done well in their career (1:2). The people that aim for the sky is the limit for them in nursing, they motivate me (1:2).

The participants mentioned that they had had the misconception that nursing was a profession for older persons. The young, newly qualified registered nurses were motivating to them as they realised that even a young person can be a registered nurse or unit manager:

I actually thought that nursing is actually for older people, you know, and when I came in I saw that there are newly qualified RNs which are very young and I had to tell myself each and every day just to set goals each and every day (1:3). Looking at their positions, thinking that maybe one day I could be there ... and be a registered nurse with something on top of that (2:1).

The participants verbalised that senior staff were motivating them to be a better nurse through knowledge and professionalism. Nursing staff having sufficient knowledge and being able to transfer knowledge to students acted as role models to the participants. They wanted to be like them and would work hard in order to reach the same standard. The professional image of nursing and wearing of distinguishing devices motivated the participants.

Hearing the stories of enduring suffering and hardship from senior staff and realising that they had obtained a qualification in the midst of hardship motivated them to persist in their studies:

It's the knowledge that they have and how they say it or display it or explain it that makes you become a better nurse (1:6). When you see them with their epaulettes (1:6). How they present themselves ... you want to be like that.

Who already qualified in the hospital, cause you'd hear how they talk about their stories and whatsoever, but they still made it (1:5).

3.3.4.3 Interaction with patients

The participants expressed a feeling of gratitude when they compared their physical condition with patients in the clinical setting and said they felt motivated to be the best they could be, as they were healthy and could do daily activities of living on their own:

You find cancer patients, people with CVAs (cerebrovascular accidents), that can't do anything by themselves, but yet you wanna complain that ... you don't have money ... or you too tired to study ... when you see them you just wanna go out there and be the best you can be (1:2).

When you feel cared for, caring for patients will also follow. Participants expressed that they were feeling motivated when patients cared for their feelings. They verbalised that their purpose was to care for patients and the only thing that mattered was the patient in the bed. They wanted to satisfy the needs of the patients and to influence people positively when interacting with them:

I want to make sure that I leave somebody satisfied [with] what they require of me. ... so that's why I'm motivated (1:4).

Sometimes it motivates you to actually go and just check is everybody's okay (4:62).

At the end of the day, it's about the patients ... the fact that she cared for me ... only one person ... that's lying on the bed matters (4:26).

Meeting different people, experiencing different situations and having a different story to tell every day meant a lot. It gave participants a holistic view of humankind and taught them that different personalities and different problems existed.

Each and every single day I have a story to tell about patients ... you get to meet different people ... experience different things (4:49). Experience everything; see every kind of patient (2:2), different personality, different problem (4:61).

Social interaction and a relationship with patients were mentioned as motivating factors. One participant stated that she was experiencing a feeling of boredom at home and that

interaction with people motivated her. Communicating with patients motivated the participants and was mentioned as encouraging, although the huge amount of documentation to be completed left them demotivated:

The one thing that motivates me the most is social interaction (1:3). You have a relationship with the patients (4:63).

I'm bored half the time ... big smile on my face because I'm gonna [sic] be with ... people (4:60).

3.3.5 Relationships with NEI and educators

The NEI and various educators played a role in the motivation of participants in the teaching and learning environment. They discussed transparency of the NEI, facilitating adult education and student support as factors affecting their motivation.

3.3.5.1 Transparency of the NEI

It became evident that the transparency of the NEI was feeble with regard to signing of contracts and the allocation of gratuities.

Participants were upset when they discussed their demotivation when contracts were not thoroughly discussed by the NEI. They had to sign without sufficient time to read through the contracts and consider the implications for them. To understand what was expected of them during the course and to comprehend the fine print was important to the participants. They said that they received the printed contracts only after six months and they mentioned feelings of helplessness, as they had signed contracts without insight. NEIs with large numbers of students, having limited time for contract signing and administration, pose the risk of demotivating students in the end:

You come here, they give you the contract. You don't have enough time to read ... they tell you there are a lot of students who must come in. So you must sign (3:1). They don't give you enough time to read ... to understand what is expected of you during your course (3:1). After six months you get a copy, but you've already signed, there is nothing you can do (3:2).

We don't know what's in the contract...we were told that we were gonna get the copy, we never did (4:40).

You signed a contract, its black and white (2:3).

There's a lot of fine print (1:16).

Some participants felt they were forced to sign due to time constraints from the NEI side and felt it unfair to be pressured into signing without proper reading. Participants were desperate for education and were afraid that they would miss the opportunity to study, and thus signed without proper reading of the contract:

They forced me to sign (3:2).

Sign now, now, now. We signed, we signed, and we signed (4:39).

The thing is that we're desperate for education. We're desperate to learn. So it's like at other times you don't have a choice. We're not given a choice (3:2).

The majority of participants felt that not all stipulations of the contract were carried out by both parties. They experienced that the NEI referred to the contract when the NEI benefited, but when the participants were benefiting the NEI concealed the facts. A lack of transparency in the communication and execution of the contracts was decreasing their motivation. They wanted to be informed of their rights and not to be taken advantage of at the NEI or clinical setting:

Then they throw contracts in your face, but when you wanna throw contracts in their faces – now that's when it changes ... there's no transparency, everything is like hidden (1:14).

Every time you do something wrong they'll tell you go through your contract but with something that favours us they never say go to your contract ... it's in your contract if it favours us (NEI). Because sometimes we don't know our rights (3:4).

This means if you don't tell them, they will leave it like that and they know (3:4).

Suggestions were made by the participants that sufficient time should be implemented for reading and explaining of contracts:

Give you time to read before we sign it. Before you sign anything, make sure you understand each and every word that is written there (3:3).

At least that one day the educator, or whoever is there, at least read and make you understand that you know what if this and this happens (3:3).

Participants expressed their concern with regard to the transparency of gratuity allocation. They experienced that gratuity was not allocated according to academic criteria, but according to the student's financial status. They felt that the initial agreement for gratuity allocation was not adhered to, and that the NEI allocated gratuity to students unable to pay institutional fees and not according to academic performance. They felt it unfair that students who achieved academically and paid the required fees were not given gratuity, but the students who struggled to pay the required fees received gratuity, although they did not necessarily perform academically:

When you start doing your first year they sell you the sweet dreams ... you will be given gratuity (1:10). Then they jump the other students who have done really well (1:10). What does that say to me? I don't have to work hard (1:10).

But I cannot accept it when you tell me that it's because of financial problems you know you don't know me you see (1:11). You know that my school fees are paid up, but how it's paid up you doesn't know (1:10).

One participant felt that the taxing of gratuity and conditions around gratuity was unfair and not openly discussed at the beginning of the year. She felt that she did not realise all the implications around gratuity when receiving gratuity, and signed a contract without all the information explained:

You gonna get this money from us is all good ... yet at the end of the day it has all this nitty conditions hanging around that you were not aware of (1:16).

Uncertainty with regard to future programmes was also mentioned as a demotivating factor. The Basic Nursing Programmes, otherwise known as 'legacy' programmes,

which had been offered by NEIs, were being phased out in South Africa, with nursing education moving into higher education (SANC 2014) from 2015. The participants were not sure if they would be able to finish their diploma as registered nurses, as they received contradictory messages from different sources that left them demotivated. The realisation that permanent staff who wanted to engage in further studies were still waiting for an opportunity to study contributed to their demotivation:

When we were studying our second year we were not sure if we are going to do the third year, if we are going to be RNs or what; they are not transparent (1:14).

There are permanent staff which are employed as ENs; they are still waiting to be taken again to school (1:17).

3.3.5.2 Facilitating of adult education

The participants opined that they wanted to be treated as a client, listened to and their problems solved. They wanted to be treated as adults and not as high school children. Participants explained that they were taught responsibility when they had to take responsibility for their families and thus they wanted to be treated at the NEI as responsible:

They don't know how to treat a client who's a student (1:11). Don't treat me like a high school child (2:16). I mean it's adult education. So we are adults; we have family. We have to take responsibility ... they only want us to be responsible at college, the rest we are children (1:27).

They voiced their need for consistency when adult education was applied, and felt that it should be expected from and applied by both parties. The participants felt strongly that the NEI should endeavour to solve student problems as effectively as possible and not only expect students to be adult learners, but to view students as adults:

They just talk about adult education when they see that benefit, when you benefit them or when it suits them (1:24).

They can't just push us away because they don't want to deal with whatever problem we have at that moment (1:23). Can they take responsibility as much as we take responsibility (1:23)?

The participants mentioned management of absenteeism as a factor influencing demotivation. They expressed their need to be given clear guidelines on the amount of hours to be present in class and to be given the opportunity to be absent within the prescribed hours:

Next thing they'll complain your absenteeism (1:23). Although I need to do other things ... that's why I'm absent (1:23).

To be disciplined for absenteeism without a doctor's letter, talking in class, and giving their opinion when time was wasted in class were deemed unacceptable to the participants. It made the participants question adult education principles:

I thought this was adult learning. Adult learning you can actually leave if ... if ... if you don't want to. It's your responsibility to actually catch up. Isn't it supposed to be like that (4:24)? We get discontinued for not showing up. Demotivation, demotivation (4:39).

For talking you get a warning. When we try and actually talk about it, as students and educator, then this is what's happening. It's like we getting punished for it (4:23).

The participants suggested that the NEI investigate circumstances of unacceptable behaviour and discipline according to individual circumstances.

3.3.5.3 Student support

From the participants' perspective, they felt they needed to be protected and taken care of by the NEI and clinical facility. They wanted their rights to be respected and educators to be consistent and trustworthy.

Their comments revealed that they were demotivated by attitudes of disrespect towards students. They felt respect was reciprocal and that they would like to be respected in order to respect others:

They expect you to respect their word or their manner ... respect is actually reciprocal (4:20).

The participants also voiced their need for support from the educators. Support from educators should entail protecting the student's name, acting in the student's best interests, having integrity and doing what they said they would do. According to the participants, educators should take care of students:

They need to baby us; they don't have a choice (1:23). They need to make sure that I do not have a bad name (1:23). They're supposed to take care of you (1:23). They must do what they say (1:27).

Feelings of demotivation were mentioned when educators were inconsistent and untrustworthy in their behaviour. Participants felt betrayed when educators supported them when dilemmas arrived and when they discussed the dilemma one on one, but exposed them when the dilemma was discussed with someone else. They experienced that when reprimanded at the NEI, their practical marks also decreased. They suspected that educators were talking about students and punished students in that manner:

You might do something wrong and she'll be saying, okay, just tell whoever that you didn't mean to do the thing. But when that person comes ... you'll be left there alone. She'll be saying stuff, and you don't know what to say after that (2:12).

We didn't understand how college things they interfere with hospital ... (2:12).

On the other hand, participants felt motivated when educators supported them by backing them up and teaching them how to defend themselves. To be taught autonomy, content of policies and acceptable behaviour were admirable characteristics mentioned by participants:

Actually tell us how to stand up for ourselves (4:46).

She would stand up for students. She, like, even made sure that we were clear on our policies (4:46).

It became evident through the discussions that participants felt that listening forums were held, but nothing was done about problems discussed. Some participants were not aware of listening forums done in the clinical setting. Management rounds felt futile to the participants, as their opinions were asked for but they were labelled when voicing their opinions. They verbalised that educators felt offended by opinions voiced and questions asked. Participants expressed their need to voice their opinions without fear of victimisation:

... but nothing ever changes (4:15). Come back with solutions (2:21).

Too opinionated ... and disrespectful ... just because telling them how we feel about a certain situation (2:12). Please stop being offended when we ask questions (1:21). We have a right to voice out our opinions (2:3).

The uncertainty of when to speak and when not to was visible. They felt that they were told to ask when they were unsure, but when they voiced their uncertainties, they were labelled as rude. They also expressed feelings of fear of voicing their opinions for fear of labelling and possible disciplinary action:

They always say, if you don't understand something, you must ask. But then you ask, they say you're rude (2:12). You just don't know what to do (2:12). We are scared now to ask (2:12).

3.4 FACTORS RELATED TO THE TEACHING AND LEARNING MILIEU

The participants indicated that teaching and assessment processes, facilitators of learning, the learning environment and statutory factors played a major role in their motivation in the teaching and learning environment.

The teaching and learning milieu included the NEI, where theory teaching was done, and the clinical setting, where practical teaching was done.

3.4.1 Teaching and assessment processes

Learning should be supported by the tangible and psychological environments within an institution (Basson, Strydom & Mentz 2012:6). Participants confirmed that processes and support in the teaching and learning environment affected their motivation.

3.4.1.1 Teaching strategies

The participants identified the importance of high-quality education, as they stated that they felt demotivated when the content of learning material was not discussed in depth, keeping in mind the high cost of education. They wanted interaction in class and, being interested in the learning material, they wanted to explore their textbooks. Furthermore, they wanted one-on-one interaction in class and for educators to read their body language and facial expressions and repeat information until everybody understood the content.

Active participation in the education process was also important to the students in the study done by Keransaravi, Navidian and Yaghoubinia (2015:357); they believed that they should first master basic nursing knowledge in order to solve problems in the clinical environment.

Scenarios to research, and using the textbook to gain information were mentioned as ways to motivate participants. They did not want to be taught by reading PowerPoint® slides only. They wanted to explore the information in the textbooks:

Speak to us ... interact one on one ... look and see someone is looking a bit confused and repeat yourself (1:30).

Teach us in a way that is interesting and integrating us, give us a scenario to research (1:31). We don't use the books ... if we can just read the textbook, there is deeper to what the slides says (1:31).

It very pointless sometimes coming to class ... as there's a lot of things that you don't hear about what you actually see in the textbook (1:30).

The participants were demotivated by the way their reasoning skills were taught. They felt that due to the teaching strategy of the educator they found it difficult to use critical thinking skills during assessments. Participants suggested having work to do, research information, exercises to do in class and group work:

Having work to do, to go and research ... it will be better (1:31). Give us exercises to do in class; group work (2:7).

They wanted to understand the work and they verbalised that rote learning was unacceptable to them. Educators focusing a lot on parroting of the textbook and not teaching to enhance understanding contributed to participants' demotivation.

According to the participants, remediation was also undertaken in the same manner of textbook parroting, and insight was not reinforced:

It's the very same thing from the text book; she's not making it better for you to understand (2:7). It's not a discussion, it's not do you understand, it's what's in the textbook is law and you must know how to parrot, you must not understand it, you must parrot (1:20).

And for someone who loves anatomy like me I want to understand. I want to know how it works, why does it do what it does? What makes it do what it does? And they're just like, just know the textbook (1:20).

If I go and ask for remediation ... they say read the textbook ... I'll recite it to you but I do not understand (1:20).

Educators who made class interesting and fun to attend motivated participants. To teach comprehensibly, plant a seed and to activate students' minds and make them curious and excited about the content were all motivating attributes of an educator. The participants wanted educators to be creative and active, to be invigorating.

They felt motivated when educators were knowledgeable about the content and prepared lessons effectively with the correct teaching style according to individual learning needs of students, engaged with students and asked the students questions:

As long as you know your work, I will learn from you (4:37). Indulge with us, ask us questions and make us understand (2:9).

According to Kermansaravi, Navidian and Yaghoubinia (2015:354), students experienced the educators' background knowledge to be adequate, but subject mastery and knowledge transfer capabilities were poor.

Participants agreed that they did not prefer a certain teaching style in order to be motivated, but they expected the educator to have the necessary knowledge and skill to teach according to a certain teaching style. Preparation according to the specific style was also mentioned as important to maintain student focus in the classroom:

They can use all the styles that they want as long as they are able to use it properly (4:28). It will motivate us if they actually understand that strategies are actual strategies; they need to invest in the preparation on specific strategies (4:30).

The use of PowerPoint® presentations without effective teaching accompanying the PowerPoint® was contributing to their demotivation. Participants verbalised that they found it exhausting when educators read from the slides and only concentrated on the PowerPoint® and did not engage with the class during the lecture:

A PowerPoint® in class is a reference, so if you understand the work, you should be able ... to explain in 500 different ways (1:29). They are so busy looking at the board reading word for word that they don't even notice that I had a question (1:30). Reading from the slides every time ... are tiring, tiring (2:7).

Another suggestion from the participants' perspective was that technology in teaching and learning could be used more effectively, and would also save time in class. They experienced the flip chart as a time waster, due to looking for pens and papers during class time. They suggested uploading the PowerPoint® on a portal, for self-studying, and communication between educator and student on the portal if anything was not clear:

The paper flipping thing they still have it next to ... it hinders our learning Cause ... someone must go and look for paper or a marker (1:32).

Uploading everything ... on a street portal, including the PowerPoint®. To go to the student portal is much better (1:30). You can ask the educator if you don't understand this or this. "I don't understand", and then they will reply to you (1:31).

They voiced their concerns that at times not enough assistance from the educator was received during group work, and students had to teach students. They did not want to teach each other and they explained that effective answering and correcting of students would enhance their motivation. The participants enthusiastically discussed positive attributes of an educator facilitating group work effectively and mentioned that the educator actually listened to them and corrected them. They verbalised that they felt that they had actually learned something.

We go there and we teach each other in the class and it's not on (4:34). We should not be answering each other because we don't know what she was saying was right (4:28).

Their comments revealed that they wanted educators to acknowledge differences in learners and their learning styles. Redmond, Davies, Cornally, Fegan and O'Toole (2015:2709) agree that it is important that educators create teaching strategies appropriate to the students' ideal learning styles:

We are different in class. We, we have the slow learners, the fast learner ... visual learners (4:56).

It became evident that the participants wanted to be involved in the community outside of private healthcare with regard to gaining experience and interaction with the broader community. They wanted to empower the community with health information and education. They wanted to inform school pupils what nursing is all about and they wanted to show the broader community that they cared:

Get us involved in the public (4:55). Going out there and empower people (4:57). Go to schools ... give them insight as to what nursing is about ... or shopping complex ... do first aid like checking the high blood pressure (4:57). It doesn't

have to be like you hands-on, but communication, education on like simple things as personal hygiene (4:58). They will see what? Care. We care (4:59).

From the participants' perspective they felt that private healthcare was training for private healthcare and not for government clinical settings in South Africa. They voiced their fears that they would not be competent to work in the government sector, due to having access to adequate resources such as stock and equipment in the private sector, and they feared that they would not know what to do if certain stock was not available:

You imagine you're at Barra [sic]. What are you gonna do? You go to and keep be turning to the registered nurse, "I can't find this", "You see what you can do." Then what will you do, you're from private healthcare, you see you're stuck (3:7).

They also expressed that they would like to be placed in government settings for experiential learning, as they felt that when students were placed in government settings for experiential learning, they were exposed to different diagnoses and would be better prepared for the summative theoretical exam:

In government you know you find different things which are difficult (3:8). Because the way they set papers I think it more favours government colleges, you know the way they set it (3:5).

The participants verbalised that they would also like to be exposed to different career choices within nursing. They wanted to see different opportunities in nursing:

Put us at the exposure of seeing different opportunities ... exposed to different careers that are in nursing ... that would be very much motivating (4:36).

3.4.1.2 Assessment strategies

The participants verbalised that they felt motivated to study when they knew that they would be assessed; they explained that they wanted to be assessed on an informal manner at more regular intervals, as they wanted to ensure that they were familiar with the content of the work. They felt that they would then be forced to concentrate and obtain the information in class.

The formative test dates contributing to their year mark were spaced too closely together and feedback after tests was not given on time:

I think they should try spacing out their tests more. We will study to understand more than just to cram and pass at the end of the day (3:5). It takes a while before we get feedback. You even forget that you wrote a test (3:6).

The fact that the system of formative tests was not contributing to the actual summative theory mark left them demotivated to study during the year:

So you can get 49 and those 100s you've been working through the year, won't save you (1:13).

The participants also voiced their need to use other information sources like the internet to understand the topics covered, and for those sources to be approved during assessments:

The internet said it, and then they mark me wrong cause it's not from the textbook (1:21).

Feelings of demotivation were experienced when not achieving as expected when receiving the summative theory marks. They voiced their opinion that registered nurses with insight should be assessing the summative theory papers.

They also suggested receiving their written summative papers back, in order to identify their mistakes and appeal if correct facts were marked as incorrect:

My one request is when they're marking, can they not just any street sweeper to mark, because if I don't motivate, that street sweeper is not going to understand what I'm saying (1:22).

It would be better if we actually get our papers back to see (1:23).

The content to study for the summative exam was mentioned as a demotivating factor by the participants, as they were not always sure what to study for the summative

theory assessments. Participants mentioned that the structure of the summative theory assessment papers had changed from previous years, and therefore, they felt confused with regard to the content to study. Participants felt that summative exam papers favoured government colleges in the way they were compiled.

The participants voiced their opinions that the huge amount of nursing care in the summative theory exam left them demotivated and that they would prefer more anatomy and physiology in the papers:

One thing I hate about the summative theory exam is when you're writing, everything is nursing care. I understand I'm a nurse, but I need to know about the body as well. The doctors will be coming to ask me something about the body and I will be blank (1:18).

3.4.1.3 Theory and practice integration

Frustration was voiced when they did not have the opportunity to apply in practice what was taught at the NEI. They also voiced that when the need arose they had to perform procedures that they had not had the opportunity to practise in a safe environment, due to being the lower category work force. They voiced feelings of being 'thrown into the deep end'.

In the study done by Kermansaravi et al (2105:355), the students also unanimously identified the theory/practice gap in the clinical environment.

The participants verbalised that they wanted to be taught according to reality in the clinical environment; they said that they were performing tasks in the clinical setting not taught to them. They felt incompetent when not knowing what was going on in the clinical setting. They also verbalised their concern that they were performing tasks out of their scope of practice.

According to SANC R.767 (SANC 2014:4) "Performance of professional acts in relation to a healthcare user which are beyond her/his scope of practice, except in cases of emergency" is regarded as an "act or omission in respect of which the Council can take disciplinary steps against a practitioner registered under the Act". Thus, participants

experienced it as dangerous to perform tasks in the clinical setting when they did not feel safe and felt it was out of their scope of practice. They realised that they would be responsible when they made a mistake:

Teachers should teach us the things that is relevant and really happening in the hospital (1:29). Sometimes things we don't practise here in college and then you get there; you have to know what's going on (2:4). So how should we know? We have not been taught that? We won't know it, because we are busy pushing that dynamap (1:27).

According to Kermansaravi et al (2015:355), staff capable of sharing valuable experiences with the students were reluctant to guide students and thought that the presence of students made situations worse. Participants in this study also verbalised that they experienced clinical staff to be lacking in their education role. They expressed their need to be buddied with a competent staff member performing tasks that they were unsure of. They expected staff to teach them how to perform clinical tasks before expecting them to perform the duties themselves:

You're not given the opportunity to follow the RN during medication round to see perfectly how it's done. They just tell you go do medication (1:25).

The conversations produced evidence that permanent staff were not working according to standards taught at the NEI, and when students corrected them they were labelled. It was evident that permanent staff did not want to be taught by students and this fact left the participants demotivated to integrate theory into practice effectively. They were labelled as knowing better and were humiliated when doing procedures according to standards. The participants in the study done by Kermansaravi et al (2015:355) also stated that ward staff modelled a poor educational example to students with regard to their unprofessional actions. These participants stated that ward staff objected to students performing procedures properly due to increased workload:

You go into the ward, you do what college has told you to do, and you find that they already have their own way of doing it. You tell them, no this is how they told us to do it, immediately you are labelled as the one who knows better and then that makes it difficult for you to work in that ward (1:28).

The participants suggested increased visibility of the clinical educator in the wards, in order to rectify deviation from standards in the clinical setting. They indicated that when the clinical educator is on the floor, the clinical staff would adhere to standards and act in an ethical manner:

It is very important for the clinical facilitators to be in the wards to make sure that correct implementation of things is done in the wards (2:14).

3.4.1.4 Learning objectives and outcomes

A lot of pressure was experienced due to objectives that had to be met in a short period. They did not enjoy nursing any more due to time constraints and so many objectives to reach, but they realised that money was invested and they had to progress in order not to waste money. The time frame for completing clinical procedures left them demotivated as they were not sure if they would be able to complete all their assessments in due time. They were also concerned about the availability of the assessor for assessments before the due date:

We no longer enjoy nursing as we should; we doing it because we have to, and money was invested (4:9). We have to prepare for procedures, everything has to be done. We're not there yet 'cause [because] who's going to sign the procedures for us? Who's gonna do everything for us in just that small space of time (4:8)?

They verbalised that the staff shortage in the clinical setting forced students to be workforce and not able to practise their objectives and learn how to perform clinical duties in a safe manner. They also stated that due to the new qualifications being implemented and no new intakes for 2016, they were filling the roles of lower categories and were not able to train in their new role:

There is not enough staff. So, as a student, you end up not being able to meet your objectives (4:1). We end up having to do work that we already completed, instead of learning what we are supposed to learn (4:4).

In the class environment, participants experienced demotivation when not effectively receiving remediation. Remediation is important in the development of a competent

nursing practitioner. Increasing student success with remediation may also decrease attrition rates for nursing programmes (Bean 2015:3):

Catch up on everything ... on the gaps or the cracks at your own time...if you don't get it the first time (4:43).

3.4.2 Facilitators of learning

According to the clinical model, four major stakeholders are responsible for clinical education and training, namely: the student, the clinical setting, the NEI and the regulatory body (Nursing Education Stakeholders Group 2012). Data collected indicated that the different role players in the NEI and clinical setting influenced the motivation of participants.

3.4.2.1 Classroom educators

The participants felt motivated by educators engaging in further education and training, for example by doing their PhD or their masters. They realised that they had to study hard to reach success, as the educator had already achieved success:

I'm the one who needs the education; this person has already made their mark (1:6).

Participants described their ideal educator as being competent and having confidence when teaching. They wanted the educator to be enthusiastic and have a passion for teaching. Educators with whom a trusting relationship could be formed, where respect was mutually experienced and who had the patience to give the participants time to develop and learn at their own pace were mentioned as motivating. One even stated that after a motivated educator left the NEI they did not enjoy anything anymore. They stated that they wanted educators to recognise if students were not sure about something and then reinforce the information for them.

Wasted time in class was also identified as a demotivating factor, with regard to starting time of classes and straying from the topic. Participants experienced that the educator would come into class at 10h00 and smoke five to six times per hour. Straying from the

topic after five minutes of discussion was also mentioned as demotivating by the participants:

The teacher pitches at 10h00 ... goes out for a smoke five to six times in an hour (1:17). She goes five minutes into the subject at hand and then goes completely off the thing (1:17).

During the conversations, some participants opined that they were demotivated when only one educator was teaching the class for the day; they suggested receiving different topics and different educators per day:

Imagine just one voice (2:10). It would be nice if we could have different educators in a day, like three educators in a day (2:11).

Some participants verbalised that they would like to be informed which educators would teach on specific days in order to be mentally prepared. The uncertainty of which educator to expect each day disheartened most participants. But others were not in agreement, as they felt they would be demoralised if they knew a demotivating educator would be teaching the next day. They also verbalised that it depended on the educator and the topic; if both would be interesting, they would want to know who would be teaching, but when tedious they would rather not want to know. As long as the educator was knowledgeable and able to transfer the knowledge to students, participants were satisfied:

Whether someone, anyone, a person comes before break, another one after break, as long as everyone knows how to teach, it's fine (4:38).

Not all educators were able to transfer knowledge effectively, and certain educators were excellent at practical teaching, while others were better at theory teaching. They expressed that educators should be used in the domain they are good at:

Some people are educators but can't lecture, they can't teach other people (2:10). You will ask a question and they will not give you the answer that you actually looking for (1:31).

3.4.2.2 Clinical educators and clinical staff in the clinical setting

Professional pride and the fact that the clinical educators treated the profession as important made the participants feel motivated to be a nurse:

But from that day on I was like if she treated as important as it is, I also had a sort of done mind set (1:6).

The conversations produced evidence that the participants felt motivated when clinical educators accompanied them in the clinical field. Clinical educators working on the floor, ensuring the participants understood what they needed to do, applying theory to practice, made the participants feel competent and that they had a purpose. Participants explained that they wanted to be taught in depth to be able to practise effectively in the clinical environment:

Come to the ward more ... come see how we are doing. Ask if we understand (2:13).

One day I'll get paid for what I'm doing right now. So let me learn how to do it right. Or is it just, get these things done, let me my signatures (4:10)?

They felt that the clinical educators would be their advocate on the floor, protect them when they were not treated according to student status, orientate them and introduce them to the other staff members.

They also wanted the clinical educators to engage in discussions about patients in the wards to increase their knowledge, as they felt that the repetition of patient presentations would help them to improve during summative clinical assessments:

People who will look and see if they are treating us as students or as workers you know (2:7).

Go with you and orientate you there and also orientate the staff to say, this is a student (4:10).

Maybe they give you patients, you present one patient to your clinical facilitator by then you understand each and every patient, you know you get used to it (2:14).

Feelings of anxiety, disappointment and discouragement were experienced when clinical educators did not honour appointments for assessment of clinical procedures. Waiting for clinical educators to arrive for an assessment was deemed unacceptable:

They don't honour appointments for practical procedures (4:6).

You are prepared, you are anxious; you thinking, like, oh, my word, so she didn't pitch up, what I'm gonna do now (4:6)?

A participant commented that she felt demotivated when she was allocated alone in a ward, and when she discussed her demotivation with the clinical educator, she was not supported as she expected:

She didn't really take it as seriously as I would have liked (4:13).

The clinical environment was experienced as not conducive to learning, as the clinical staff were too busy to teach and were not conversant with their educational duties. They verbalised that they were hesitant to ask questions, as they felt staff discouraged the asking of questions:

They don't want you to ask (2:6).

Participants wanted to be shown what to do. They wanted to work with clinical staff in order to be taught effectively. They did realise that they were not yet fully competent, but they did not want to be labelled as incompetent. Their big concern was that they were used as lower category in the clinical settings, and not getting the experience to practise in their new role as enrolled nurses:

They don't want to teach you (2:6). Okay, so if you are not feeling competent you are labelled (1:29). When you qualify, you will be expected to do these things, and you cannot stand there with your white epaulettes and say I can't. But you really can't because you've been working for a whole year as an ENA (1:26).

Have a sister with us or somebody we can buddy with to work together, who is senior than us (2:6).

The participants did not want to be a risk in the clinical environment. They verbalised that they were threatened by clinical staff with not being taught any more when they refused to perform procedures they did not feel competent in. They experienced the clinical environment as a cold world and suggested that more clinical support on daily basis would enhance their learning and they would feel safe:

Fine, we wanna learn now, but in a proper way, not in a forceful way (2:6).

3.4.3 Learning environment.

It is the responsibility of the NEI to provide high-quality nursing education and support, including quality teaching and leadership in clinical education (Emanuel & Pryce-Miller 2013). The participants described factors in the class environment and the clinical environment that affected their motivation, which will be discussed in the sub categories.

3.4.3.1 Classroom environment

The participants voiced their concern that the big classes were hindering learning. They were not able to hear properly, and discussions between participants in the class led to excessive noise. There were more than hundred in the class and they felt dissatisfied to be labelled due to noisiness:

You can't hear the educator in the front when you're at the back (2:15).

I mean sometimes we are hundred and fourteen in our class and a lot of ladies. Obviously there's gonna be noise (2:4).

They suggested that big classes should be divided. They also suggested the use of microphones to ensure audible teaching. The participants also advised that students

writing exams should be isolated from big classes, in order to avoid unnecessary noise during exams.

They agreed that the class environment was demotivating as they felt they were coming to class and doing nothing for the day. They did not want their time wasted as they paid high tuition fees and transport fees to and from class.

The participants commented that the class hours were too long, and that they felt frustrated when the educator finished before the time, and they had to do self-study in class. They had suggested more breaks in between lectures, as they found it difficult to focus for hours at a time:

There is nothing motivating in here (2:8). We would come from home with taxis and cars ... we do nothing for the day (4:23). Don't waste my time (4:56).

You find the educator finish teaching before that time...the rest of the day has to like self-study, nothing to do (2:10).

The participants felt that the lack of teamwork in the class demotivated them. They mentioned that even the educator was not a team player:

There is no teamwork in the class (2:9). Even our educator she is not even a team player herself (2:10).

3.4.3.2 *Clinical environment*

Participants definitely enjoyed the clinical environment and practical training more than the class environment. They explained that they enjoyed the freedom in the clinical environment.

The 12-hour shifts were mentioned as demanding and busy, but motivating to them. However, the scarcity of staff in the clinical environment left participants discouraged:

Here in college FPA is definitely better. But still, the hospital is better. Seven to seven at least, I don't have anyone looking at me the whole day. No it's better, a lot better (3:10). Cause in hospital we are busy (2:2).

There is not enough staff (4:1).

The participants verbalised that space to work in and to prepare for clinical procedures and patient presentations would motivate them in the teaching and learning environment.

3.4.4 Statutory factors

The participants experienced the regulating body, NEI policies and student status as factors influencing their motivation.

3.4.4.1 Regulating body

The effect of the implementation of the new qualifications by the SANC (SANC 2013) caused insecurity. On the one hand they felt that the implementation of the new qualification would enhance the quality of the profession and would take the profession to a whole new level, but also explained that they felt that they would be bedside nurses for the rest of their lives due to being the last legacy of qualification enrolled nurses:

When I look at it, they are trying to get us to be the bedside nurses for the rest of our lives, while these new people are going to the top (1:20).

The participants verbalised their uncertainty with regard to the moving of nursing education into higher education. The new NQF levels posed a matter of concern to the participants, due to the misinterpretation of NQF levels and job levels. The participants feared that the auxiliary nurses would outrank them:

The RN is now, the NQF level is the same as matric. So they underestimate the knowledge that we are learning (1:8).

The new qualification is just disadvantaging us now we are Pen 2, we are supposed to be doing Pen 2 work, but there are no juniors, so we are expected to be juniors and Pen 2 (1:27). We will be back at the bottom of the food chain again (1:19).

The importance of effective, transparent communication, especially with regard to nursing moving into higher education, cannot be emphasised enough to nurse educators, in order to maintain motivation of students.

3.4.4.2 NEI policies

The working of long hours without payment was a huge demotivating factor. Their perspective of a future salary, when qualified, also seemed too little to the participants. One participant commented that she would not stay a registered nurse due to low salaries. They verbalised that lots of other nurses were looking for work outside the country, due to low salaries:

You don't get even a cent but you working like crazy (2:4). The salary from now it's non-existent, and when you look into it in the future it is just non-existent (1:8).

They felt that compensation for professions in South Africa was unfairly distributed. They mentioned an example of a soccer player earning much more than nurses, and they believed that by being a nurse you were saving lives, not being with your family and missing your children growing up. Thus, they felt nurses should be earning higher salaries:

I'm not saying that they are not doing anything, but we there every day saving people's lives, not being with our families, not seeing our children grow (1:8).

One participant was positive about nursing salaries and stated that people underestimate how much nurses earn.

The participants compared their own financial situation with that of the government students and verbalised their demotivation. They mentioned that private sector students were working 12-hour shifts with no salary, while government students were getting a stipend of R8000 per month:

I just feel it's so unfair; although we are private sector working 12-hours while the government students are getting a stipend of 8000 [we] were getting absolute nothing (1:13).

The participants felt strongly demotivated by the increase in fees in the institution, without the NEI taking into account that the participants came from a disadvantaged background. They felt that the time for payback of study fees, which in that case was six months, was too limited. They verbalised that they wanted more time to pay back, possibly equal to the length of the programme:

It goes up and it goes up and it's like they don't care that you come from a background that will disadvantage you (1:9).

It's only fair if by the end of that year your fees must be paid up (3:3).

The suspension of participants on financial grounds, without warning, and the pressure to pay study fees were experienced as uncared for. They verbalised that they felt the NEI was only a business and that they experienced the NEI as not caring for individual needs:

They want their money they don't care (1:9). To them it's a business (1:10).

3.4.4.3 *Student status*

Participants experienced that the clinical facility regarded them as workforce, adding to profit. They verbalised that permanent staff were sent home and students had to work, causing feelings of being treated as free labour. They mentioned situations where a student had to care for 10 patients due to permanent staff having been sent home:

They see you as a worker, someone who can give them profit (1:12). The minute they see student so and so, they sent the permanent staff home (4:18).

Participants wanted opportunities to learn, and not always be allocated as work force. They experienced being viewed as employees, treated as employees and having to work like employees, and were not given opportunities to learn new things:

We have to work like employees; we're not given opportunities to learn new things. It's the same each and every day (1:25). You must go and work and actually not learning anything (1:25). They forget we're going there to learn, but we're not going there to actually work (4:18).

The participants voiced discouragement when students were allocated alone in very busy wards, without registered nurses. They verbalised that due to the high workload of students working alone in wards, they did not have a passion for nursing any more. They did not want to come to work any more, and felt drained:

We don't have an RN, it's just us students managing ourselves (4:18). We end up being discouraged, you don't want to come to work any more, you don't have passion any more, you are just drained as a student (4:19).

3.5 FACTORS RELATED TO SELF-WORTH

To be acknowledged by the NEI, clinical facility and the patients contributed to their motivation.

3.5.1 Being acknowledged

It is likely to increase a student's motivation when the student feels recognised and acknowledged as an individual (Eberly Center for Teaching Excellence & Educational Innovation 2015).

3.5.1.1 Gestures of appreciation by NEI and the clinical setting

There were feelings of demotivation when not feeling appreciated at the NEI or clinical facility. They verbalised that few people show appreciation for work done. When educators only focused on the negative and lacked appreciation, participants felt demoralised. They suggested that the clinical facilities issue certificates of good nursing care, acknowledge students for making a difference, give students a day to celebrate students. Participants felt demotivated when shouted at after making a mistake. They would be motivated if they were communicated with after making a mistake and not shouted at, thanked more and shown more appreciation:

I do not want to be treated like I do not make a difference (4:17). They used to give out certificates of good nursing care and stuff like that, but they don't do that any more. So I also feel like some nurses, they're discouraged by that now (1:7).

It would be great if we, we're to actually be acknowledged at the hospital and not treated like, "You just here for now and you'll be gone" (4:14).

By not being invited to the clinical facility's year-end function, participants felt demotivated and as if they had not contributed to the success of the clinical facility throughout the year. They felt discouraged when having to organise their own year-end function at their own expense.

From the NEI side, performance feedback from educators proved to be a motivating factor to participants. Written notes stating work well done were treasured by participants and contributed to their motivation:

I always look forward to that well done letter, there is something in writing that says I'm doing good (1:7).

The participants felt demotivated by the way they were treated due to their position as students in the nursing profession. They felt that they were treated as if they were at the bottom of the ranks, and that they were not regarded and respected in the clinical environment:

The way they regard people so highly is demotivating for you because they don't regard you at all (1:11).

3.5.1.2 Gestures of appreciation by patients

Gestures of appreciation by patients were motivating when they thanked them for nursing care rendered. Ungrateful patients demotivated participants, as they felt they had done their best, but patients still complained:

You thought you did your best, but still a patient complaint (2:4).

3.5.1.3 *Making a difference in the lives of patients*

The participants' comments revealed that they were motivated to make a difference in the lives of patients. They wanted to contribute to human life. Ten Hoewe and Roodbol (2014:305) also state that caring is associated with nurses by both the public and by nurses. The participants agreed that even when they felt the workload was overwhelming, they wanted to make the best of the situation for the benefit of the patient. When they were unable to meet the patient's needs, they were left feeling demotivated.

One participant indicated when working in Neonatal ICU, she was feeling as if she was making a difference and contributing to human life:

When working in Neonatal ICU, you actually feel like you are actually doing something. You gonna feel like you are contributing something so major, so important to human life (4:61). You feel motivated that you made a difference in the patient's life (4:63).

She is like yelling on me and she's ringing the bell and I wanted to try, you know, balance this all out (1:12).

3.5.2 Fear of failing

According to Nilson and Stomberg (2010:46), the students' ability to influence their own lives (internal locus of control) is a factor that is important for motivation. Participants verbalised that they were motivated by a fear of failing. They wanted to prove themselves as being someone. They did not want to be a failure in life and they had to be something and someone:

Fear of failure. I have a problem with being a failure in life (4:50). I have to be something, someone (4:50).

3.5.3 Social life and standard of living

Having no social life left them exhausted and demotivated. They felt that they sacrificed a lot as their friends were attending parties and they had to stay home studying. The majority of participants explained in upset tones that they never rested and that they worked most days:

So you don't have a life. We sacrifice, you know. Our friends are going to spring fiestas and you are home studying (1:13). Either you're at work or you're at campus (4:8 and 2:16). So you are not resting (4:7).

Like I'm not even getting paid, but you're working even holidays, and weekends (2:4). We do not have enough leave days (2:4).

The participants expressed their need for a student life and to be treated as a student. They did not feel like students and felt that they were not regarded as students, but as workers:

We're still students. We're not really nurses (2:16).

University students took responsibility for their own learning, and did not write the exam if they had not attended a certain number of class hours. The participants also wanted to take responsibility for their own learning and did not want to have to explain every time they missed a class:

At university you go in class you know you have to learn, with us they don't give us the opportunity to be responsible (1:26). At university, if you don't attend for how many days, then you won't write (2:16). They should do the same here, and then you don't have to explain every time you come.

Suggestions made by participants to enhance motivation included a holiday and provision of nurses' homes where they could study without personal responsibilities:

Some kind of holiday where we get to relax far away from the hospital, far away from college (2:16).

It would have been better if it was like before. When nurses had nurses' homes where you stay here, the school is here, home is here. I mean, you have other responsibilities, you don't even have time to study (3:12).

The participants were feeling demotivated by the high cost of living with regard to studying, such as textbooks and transport costs:

You buy your own textbooks, your own uniform, you accommodate yourselves with transport: everything (1:14).

3.5.4 Academic progression

According to Viljoen (2013:17), career orientation is a reason for students to be motivated. The participants indicated that obtaining a qualification was contributing to their motivation. Nilson and Stomberg (2010:46) also found that an obvious positive motivating factor was qualifying as a registered nurse. Participants from this study wanted to be knowledgeable and know what they were doing.

3.5.4.1 Obtaining qualifications

Nursing was laying a foundation for their future. They verbalised that even though they did not necessarily see themselves as nurses in the future, they saw nursing as a stepping stone for future professions:

It's not necessarily where I wanna see myself in the next five years but it's kind of a stepping stone (1:1). So even if I went into nursing and decided that it wasn't for me, I still started off somewhere (1:4).

One participant mentioned that she did not want to be a nurse. But because of her determination to succeed and not fail and be mediocre she was motivated to study:

I still don't feel motivated to be a nurse, but ... I don't like to fail, I don't like getting mediocre outputs (1:4).

They were proud to be a nurse and felt motivated that they would be having a qualification. They also felt that the diversity of the nursing profession and the work opportunities it offers would be of benefit to them:

Is something to be very proud of, so that also motivates me. It's nice to have a profession (4:48).

Always have a qualification to fall back on (1:4). It has a lot of things; it's just a tree with a lot of branches so, yeah, I'm still getting to find myself where I should belong (1:3). You can do a lot of things and be a nurse (1:5).

3.5.4.2 *Being knowledgeable*

To have knowledge was important to the participants. They verbalised that they craved sufficient knowledge to identify disease in patients. They wanted to be competent in their actions, and know what to do when patients were admitted:

I need to know what's wrong with them. That's what motivates me (1:4). I always loved science and finding out what's the problem (1:5).

Know what I should do when such a situation comes in (2:1). To know that you can know more; that you can have more knowledge (2:1).

3.5.5 Achievement

Participants explained that they needed to achieve and to be proud of themselves. They wanted to do well. They verbalised that they motivated themselves, and motivation was not coming from staff, money or people.

3.6 SUMMARY

This chapter discussed the factors influencing motivation in the teaching and learning environment positively and negatively, with regard to the factors related to interpersonal relationships, teaching and learning environment and self-worth. Discussions were supported with direct quotes obtained from transcriptions of the focus group interviews. Chapter 4 presents the discussion of the findings and literature control.

CHAPTER 4

DISCUSSION OF THE FINDINGS AND LITERATURE CONTROL

4.1 INTRODUCTION

Chapter 4 provides an integration of the findings in the context of relevant scientific literature. The purpose of reviewing the literature in qualitative studies is to increase the perspective of the researcher from various viewpoints, including examination of other sources in which the phenomenon is described (Polit & Beck 2012:94). The discussion reflects integration of the themes and categories to consolidate factors related to interpersonal relationships, the teaching and learning milieu and self-worth of students.

The researcher explored the literature through key electronic databases to locate relevant literature. Various databases (e Books on EBSCOHost and e journals) were accessed through the Unisa Library. Google Scholar and OVID have also been used to find applicable literature related to the research findings. Key words such as 'motivation in students', 'nursing students', 'motivation' 'factors affecting motivation' and 'support nursing students' were used. References were filtered, as far as possible, to the last five years.

4.2 FACTORS RELATED TO INTERPERSONAL RELATIONSHIPS

Various factors relating to interpersonal relationships play a role in motivation of students in the teaching and learning environment. Rebeiro, Edward, Chapman and Evans (2015:1207) agree that positive interpersonal relationships between registered nurses and student nurses form the professional identity of the student. A worthy relationship, according to the participants in a study done by Van Dyk (2016:205), requires interpersonal relationships to ensure quality teaching and learning in nursing education. The findings of the current study revealed that interpersonal relationships with the clinical staff in the clinical environment, students, family members and the broader community contributed to the motivation of the participants. The relationship with the NEI and educators also affected their motivation. Van Dyk (2016:115) found that students believed that interpersonal relationships create trust between the educator

and student, which enhances their motivation to be committed, show improved performance and behave like a professional.

4.2.1 Relationships with the broader community

Watkins, Roos and Van der Walt (2011:4) state that the well-being of students is closely related to the community in which they function. The findings of the current study indicated that the community acted as a motivational force to students. Participants wanted to improve the society they were living in and mentioned that they were influenced by the opinion of the community towards the nursing profession.

In a society where dropouts from school and teenage pregnancies, which halt further education, are prevalent, the participants wanted to make a difference and prove to the community that they would not be mediocre and fall under the statistics. The study done by O'Donnell and Tobbell (2007:323) also mentioned that some students felt it more socially acceptable to be labelled as a student rather than being unemployed, too ill to work or being a single parent.

The findings from this study indicated that the participants experienced a powerful feeling when wearing their uniform. The influence, power and respect earned by the nursing profession from the community motivated them. They indicated that nursing is a respectable profession and that the brand of their company made them proud to be associated with the specific company. Van Dyk (2016:3) confirms that professionalism in nursing is vital to create a trusting relationship.

Tseng, Wang and Weng (2013:164) indicate that students were hesitant to enter nursing as a career due to negative viewpoints towards nursing. The findings of the current study indicated that the participants were demotivated when the community viewed nursing as an inferior profession. They declared their dismay when the president of South Africa mentioned that a nurse was the same as a street sweeper. However, positive opinions of students motivated them to remain in the nursing profession (Tseng et al 2013:165).

The findings reflected the fact that the participants had an admiration for senior staff engaging in further education and training and becoming lifelong learners. The

participants themselves wanted to become lifelong learners and render quality nursing care. The professional attitude and appearance of senior clinical staff also served as a motivational factor in the teaching and learning environment. Van Dyk (2016:206) agrees that positive role models create a trusting relationship between role players.

The findings suggested that the participants had the misconception that nursing was a profession for older persons and that they were surprised and excited to see newly qualified registered nurses working in the clinical environment. They explained that the newly qualified nurses were a source of support to them. Cunze (2016:56) agrees that the younger generation of professional nurses is more helpful and knowledgeable than the senior professional nurses.

Watkins et al (2011:5) state that students know they have an important contribution to make as a nurse and that they have a specific role to fulfil, regardless of their individual challenges. In the current study, the determination to make a difference in the lives of patients was evident. The participants wanted to satisfy patient needs and contribute to the health of humankind. They felt discouraged when not being able to meet the patients' needs due to the high workload. Tseng et al (2013:164) realised that students needed support after they encountered negative experiences with patients.

4.2.2 Relationships between students

By drawing on an inner strength to succeed, a sense of community is identified among peers (Porteous & Marchin 2018:58). The participant experiences from this study reflected the fact that the role played by peers influenced their motivation. It is clear that the participants felt motivated when they realised that other students had made a success of their studies, although they were older and had family responsibilities to manage with the studies. Bengtsson and Ohlsson (2010:155) acknowledge that often students commence studies when they are older and already have a family.

Viljoen (2013:45) felt that students assisting fellow students during their studies are considered as mentoring them, and those who do not help them are believed to be intimidating them. The findings of the current study agreed that support from fellow students served as motivation. This support, among others, was mentioned as teamwork amongst students when working in the clinical environment. Receiving

support from seniors with regard to studies and patient presentations for assessments inspired the participants. The findings indicated feelings of isolation when students were allocated alone in a ward without the support of other students. Scanlon (2009:36) states that the relationship with other students was almost as important for the adult learner as the relationship with their educator. Watkins et al (2011:5) agree that close personal relationships between student nurses were formed during the students' studies and that nurses turned to peers for support (O'Mara, McDonald, Gillespie, Brown & Miles 2014:211).

Enthusiasm is enhanced during student-to-student discussions (Bengtsson & Ohlsson 2010:155). Participants from this study were awed by the stories of failure and success told by the senior nurses. They realised that the senior students also had had challenges during the first years of study, and that success was possible even with challenges.

Senior students and registered nurses also encourage students to finish their programme by the wearing of distinguishing devices. The wearing of distinguishing devices in all areas of clinical practice is compulsory according to R.1201 (SANC 1985) of the SANC. Students' distinguishing devices consist of navy cloth epaulettes with golden stripes according to year of study. The findings indicated that the participants were motivated by the four stripes on the epaulettes of final-year students and the maroon epaulettes worn by the registered nurses.

4.3.3 Family expectations

Family support serves as a motivational factor to the participants. Watkins et al (2011:8) are in agreement that relationships with families were an important source of security and support to students. Tseng et al (2013:164) acknowledge that students appreciate having close family support systems.

Parents without tertiary qualifications acted as agents of external motivation to the participants. Parents not having the opportunity to further their education motivated participants to gain knowledge and share this knowledge with the underprivileged family. Viljoen (2013:67) agrees that parents lacking qualifications inspire the students to be the first in the family to obtain a university qualification. The students in a study

done by Porteous and Marchin (2018:59) confirmed that they shared incentives with the family. Viljoen (2013:70) indicates that parents who had had no education owing to the former apartheid era encouraged the students to obtain a tertiary degree. The findings from this study corresponded with those of Viljoen's study, in that family background and the fact that relatives had grown up with the bare minimum contributed to the participants' motivation. The fact that the parents of the participants could be successful without education motivated them to work towards their future.

Previously disadvantaged students are motivated to overcome their deprived circumstances. Students in the study by Viljoen (2013:69) also indicated that they returned to higher education in order to offer a better future for them and their families. A participant from the current study acknowledged that her siblings had had many obstacles to overcome. By realising that they could achieve success despite the obstacles, she was motivated to learn and plan for the future.

The study done by Viljoen (2013:67) indicated that some families were more educationally orientated and the participants were encouraged to obtain a higher education qualification, equivalent to what they as parents had obtained or to compete with siblings. The findings of the current study also indicated that educated family members were more inclined to expect students to be educated. The majority of the participants in the study done by Viljoen (2013:69) mentioned that they wanted to prove themselves to family members.

Students could feel pressurised to succeed when parents were making a success of their lives. A participant explained that her mother was dedicated and therefore, she felt pressured to work hard. The high expectations from her mother increased her pressure to achieve. Participants in the study by Viljoen (2013:71) confirm that families can have a convincing effect on students. In contrast, another participant from the current study indicated that her mother was not educated and had not achieved anything significant, and that this was her reason to be motivated.

The findings implied that students wanted to make their parents proud. In a study done by Tseng et al (2013:164), several students were motivated by the fact that their families approved of and praised their change in life. Several experiences were shared that motivation is enhanced when they are making their parents proud. Students place a

high value on staying in touch with their parents, and they are encouraged when supported by family members (Watkins et al 2011:5). Porteous and Marchin (2018:58) agree that increased family support is essential to survival during a nursing degree.

A participant admitted that there was no motivation at home, and her reason to be motivated in the teaching and learning environment was to prove herself successful. In contrast, a study done in Sweden indicated that a bad life situation can contribute to student's low motivation scores (Nilson & Stomberg 2008:4).

4.3.4 Relationships in the clinical environment

The participants in the current study regularly indicated that they wanted professional nurses to act as role models; they wanted to see attributes of nonbiased, non-judgemental transparency that would lead to fostering relationships. The findings indicated that the participants appreciated support offered by clinical staff. They valued good working relationships and they wanted work to be fun and exciting. In a study done by Peters, Chakraborty, Mahapatra and Steinhardt (2011:7) good working relationships with colleagues were also rated as a motivating factor.

Group coherence and teamwork were mentioned as an important attribute to the students' motivation. In a study with recently graduated nurses entering the workforce, the students experienced it as being important to be met and taken care of by leaders and other staff when starting to work (Sneltvedt, San & Sørli 2012:15). The same authors explained that nurses who are not introduced when they are new to a job feel lost (Sneltvedt et al 2012:15). Cunze (2016:48) explains that the professional nurse, as a mentor, is expected to motivate, support and understand students; they have to be patient, to have the ability to encourage students and to praise when applicable.

The findings of the current study confirmed that the participants admired clinical staff for the pride that they displayed with regard to nursing patients. The nurturing and caring of the patients by the clinical staff left students feeling motivated. In contrast with this study, students in a study done by Watkins et al (2011:6) verbalised that nurses had become hard and that their compassion and their 'heart' for nursing was missing.

O'Mara et al (2014:210) report that students viewed the lack of available role models as challenging. Cunze (2016:43) reported professional nurses as bossy, lazy, rude and disrespectful. The same author also reports negative communication, where professional nurses shouted and talked down to students, hindered student growth and discouraged them from asking questions (Cunze 2016:43.) The findings in this study corresponded with the literature in that participants mentioned rudeness and verbal mistreatment from clinical staff. The clinical area and the interaction between staff and students were also mentioned as major sources of stress for students in a study done by Graham, Lindo, Bryan and Weaver (2016:387).

Cunze (2016:5) stated that students experienced professional nurses to be finding the responsibility of supporting students in the clinical environment difficult, and to be disregarding the feelings of students (Cunze 2016:43). The study done by Graham et al (2016:386) found that more than half of the students in their study found staff friendly at times, and half of them felt that preceptors treated them with respect most of the time. However, their students reported that staff rarely assisted with procedures, 25% handled students with respect, 23% orientated students to the ward and 30% were friendly to students. More than a third of the students studied stated that they rarely felt they were an integral part of the team (Graham et al 2016:386). The participants from the current study agreed that they felt uncared for and not part of the team, due partly to family responsibility leave being denied when requested.

The current study reflected that the need for learning was not met during situations where students were used as workforce and the permanent staff was not working with them, but talking to each other. They verbalised feelings of exploitation in the clinical area. Cunze (2016:4) emphasised that professional nurses are main role players in the development of student nurses; their positive role modelling has an enormous impact on the student's learning and professional development.

The findings revealed that the participants wanted to be challenged by clinical staff to know more. They wanted clinical staff to influence them to be knowledgeable and to understand the diagnosis of patients and to be able to compile proper nursing care plans for patients.

Students want to spend time with patients; they want to satisfy more than their physical needs. They want to promote an open relationship (Luker, Austin, Caress & Hallet 2000:781). In this study the participants wanted to satisfy the needs of the patients during interaction; they felt motivated when they left a good impression with the people they interacted with. In the study done by Peters et al (2010:5), one of the top five items of importance to motivation was to be trusted by patients.

The findings revealed that the participants experienced a feeling of gratitude when they compared their physical condition with the ill-health of patients in the clinical setting. The fact that the patients with ill-health could be positive motivated them to also be positive. In the study done by Tseng et al (2013:164), the students grasped the meaning and value of life and seized the day from the experiences of patients.

Students in the study done by Tseng et al (2013:163) mentioned that they had positive feedback and a sense of achievement from taking care of patients and their families. The findings of the current study indicated that meeting different people, experiencing different situations, social interaction and a relationship with patients make the participants find meaning in life. When patients care for their feelings, the students feel motivated to render quality nursing care and to walk the extra mile. Nilson and Stomberg (2010:42) agree that nursing is seen as a useful occupation offering the opportunity for serving people, helping others, doing something useful and providing human contact.

A particular participant indicated that she was experiencing a feeling of boredom at home and that interaction with people motivated her. The huge amount of documents to be completed in the clinical setting was demotivating to the participants, but communicating with patients while completing the documents lifted up their mood.

4.3.5 Relationships with NEI and educators

The NEI and various educators play a huge role as regards motivation in the teaching and learning environment. The findings portrayed a lack of transparency, uncertain guidelines and a failure to be treated as adults as factors affecting motivation. The participants wanted to be supported as students and heard when they spoke.

It became evident in the findings that the transparency of the NEI was feeble with regard to signing of contracts and the allocation of gratuities. In the study done by Peters et al (2011:6), transparency factors were more important to private sector workers than public sector workers.

Participants perceived contracts to be not thoroughly discussed by the NEI, and not all stipulations of the contract were carried out by both parties. They verbalised that they were not aware of the content of the contracts due not having a copy, or receiving the copy after six months. Desperation for education and the fear of missing the opportunity to study made them sign the contracts without proper reading.

Various challenges emerged in the current study with regard to gratuity allocation. The findings showed that the criteria for allocating gratuity needed to be considered and communicated clearly, as it was demotivating them currently in the teaching and learning environment. The participants felt that gratuity was allocated not according to academic criteria, but according to a student's financial status. A particular participant stated that the taxing of gratuity and conditions around gratuity were unfair and not openly discussed at the beginning of the year. In an article by Patel (2014:np), students also indicated their dismay with low after-tax stipend amounts; these students could not bear the financial constraints anymore and organised a sit-in protest.

In the study done by Porteous and Marchin (2018:58), the participants suggested clear information about theory and practical expectations of the course, including transparency about the function of the educator. Communication complications will arise if proper discussions do not take place (Bengtsson & Ohlsson 2010:154).

Uncertainty with regard to future programmes offered at the NEI is a major source of demotivation for students. Findings confirmed that students were not sure if they would be able to finish their diplomas as registered nurses, as they received contradictory messages from different sources at the NEI and clinical setting.

The findings revealed that students want to be treated as adults and clients, listened to and their problems solved. Bengtsson and Ohlsson (2010:154) emphasise that students are not always treated as adults, but rather like teenagers. In the current study, the manner in which absenteeism was managed at the NEI and clinical setting frustrated

participants, due to their being treated as teenagers. The findings indicate that students do not want to be disciplined for absenteeism. They want freedom to allocate their own training times, as they wish to go home on weekends. Watkins et al (2011:4) stated in their study that the students also felt they had no autonomy or say over their training hours. Participants indicated a conflict in needs in that they want to be treated as adults, but also to have their problems solved. Adult education specifies that students should be able to problem solve independently, rather than giving students the answer as denoted by the teaching centre at the Vanderbilt University (2019). This fact points to a difference in expectation and reality for both students and the educational institution that should be dealt with effectively in order to enhance student motivation.

Several experiences were shared in the current study where students felt unfairly treated when they were disciplined for giving their opinion on wasted time in class. The findings of the current study confirmed that the participants needed consistency when adult education was applied. They needed to trust their facilitators of learning and all others to have their best interests at heart in all situations. They acknowledged a feeling of unfairness with regard to the strict disciplinary processes when it suited the NEI, but the NEI not adhering to adult education when it suited the students. Bengtsson and Ohlsson (2010:155) also state that students need an educational environment that resonates with the adults' needs.

An appropriate combination of challenge and support, through facilitation and mentoring, enhances students' feelings of belongingness and learning (Levett-Jones, Lathlean, Higgins & McMillan 2009:321). The findings of the current study indicated that participants wanted to be protected and taken care of by the NEI and clinical facility. They wanted their rights to be respected and educators to be consistent and trustworthy. Participants felt that they were not always clear on their rights according to contracts, and they were taken advantage of in the clinical environment.

Levett-Jones et al (2009:317) confirm that the interactions between registered nurses and students have an important effect on the students' sense of belonging. The same authors explain that the extent of nursing staff's accessibility and approachability affect the students' anxiety, sense of wellbeing and motivation to learn. The findings of the current study recognised that the students wanted to be in a trusting and open relationship with the people they interacted with. They wanted to belong and be

supported. Levett-Jones et al (2009:319) confirm that when students felt that they belonged they were motivated to learn; their confidence, self-concept and the extent to which they were willing to question or conform to poor practice were influenced.

The findings of the current study indicated that management rounds were done at the NEI in order to discuss problems arising, but the participants felt that they were labelled when they voiced their opinions. They experienced that educators felt offended when they asked questions. The participants' uncertainty about when to speak and when not to speak was visible. The findings of the current study suggested that the participants feared to voice their opinions due to discrimination. O'Mara et al (2014:210) confirm that their students were also afraid to ask questions when they had difficult relationships with staff. The findings of the current study further indicated that the participants experienced that listening forums were held, but nothing was done about problems discussed. Some participants were not aware of listening forums done in the clinical setting.

Students need to be supported by educators. In the current study the participants felt motivated when educators supported them and assisted them with knowledge about policies and skills of how to be assertive and to defend themselves. Several experiences however, were shared that the participants also experienced a lack of support and backing from educators at times. Discussions about negative behaviour at the NEI, also affecting the participants' clinical marks, led them to question the integrity of the educators. Cunze (2016:42) agrees that students want to trust that they are not being discussed. They want an honest and trustworthy mentor.

4.4 FACTORS RELATED TO TEACHING AND LEARNING MILIEU

Factors like workplace environment and organisational factors influence students to hesitate to become fully-fledged nurses (Tseng et al 2013:166).

The teaching and learning milieu includes the NEI, where theory teaching is done, and the clinical setting, where clinical teaching is done.

4.4.1 Teaching and assessment processes

The findings of the current study confirmed that processes and support in the teaching and learning environment affect student motivation. The participants raised the need for integration of theory and practice while working towards objectives. Effective teaching and assessment strategies will lead to effective learning.

Bengtsson and Ohlsson (2010:153) confirm that students need a solid foundation of knowledge to build on. Students need high-quality teaching for in-depth knowledge building. The findings indicated that the participants perceived the content of learning material to be not taught in depth; in contrast with the high cost of education, they felt deprived of their right to quality teaching and learning. The participants wanted value for money in the teaching and learning environment. Bengtsson and Ohlsson (2010:153) confirm that students are familiar with the concepts of cursory learning and in-depth learning, and they consider that details are important in order to understand the totality of the learning material. Bolkan (2015:87) also indicates that students participate more effectively when educators are intellectually stimulating.

When cooperative learning methods are used, enthusiasm and learning are enhanced (Bengtsson & Ohlsson 2010:155). The findings indicated that participants wanted interaction in class and, being interested in the learning material, they wanted to explore their textbooks and gain all the knowledge they could. Bengtsson and Ohlsson (2010:154) agree that the most significant factor for learning is the students' motivation, driven by curiosity. If they could learn for pleasure, they would be motivated for deeper learning. The participants in the current study wanted to understand the learning material and they deemed rote learning unacceptable.

Bolkan (2015:87) reflects that intellectual stimulation by educators improves motivation and causes students to enjoy the class environment. The findings from this study agreed that interesting and intriguing classes, fun and innovation improve motivation.

Participants indicated that they did not prefer a certain teaching style in order to be motivated, but they expected the educator to have the necessary knowledge and skill to teach according to a specific teaching style. They reported that educators should acknowledge differences in learners and their different learning styles. Zhu, Zeng,

Zhang, Zhang, Wan, Guo & Zhang (2018:167) caution that teaching styles should continuously be adapted to suit students learning styles.

The use of PowerPoint® presentations without effective teaching accompanying the PowerPoint® contributes to participant demotivation. Various challenges emerged during PowerPoint® presentations, as mentioned by the participants. An example of challenges included educators reading from the PowerPoint® without engaging with the class. They suggested that as little as possible reading from the slides be done. Bengtsson and Ohlsson (2010:154) also report that students felt demotivated when the curriculum was read word by word. Effective communication and listening skills from the educator encourage students to be an active partner in the learning experience (Viljoen 2013:44).

Educators should stimulate independent thinking in order to promote effective learning and engagement from students (Bolkan 2015:88). The findings from the current study indicated that the participants wanted educators to be knowledgeable about the content of the learning material. They must be able to transfer this knowledge effectively to students. They must interact with the students and involve them in the teaching by asking them questions. Students expected educators to do effective planning for teaching and learning and to adopt a student-centred pedagogy. (Scanlon 2009:34).

The accounts from participants portrayed that some educators lacked effective teaching during group work. The findings indicated that in some classes students must teach each other during group work and that minimal assistance was received from the educator. Bengtsson and Ohlsson (2010:154) confirm that students need clear criticism from educators to improve their performance. The findings from the current study made it clear that the participants wanted educators to facilitate learning effectively by correcting mistakes and being involved.

Critical thinking skills are needed by nurses in order to make effective clinical decisions; therefore, educators should produce students capable of making these judgements (Kaddoura, Van Dyke & Yang 2017:3). Several experiences were shared in the current study in which the participants felt that critical thinking skills were not taught effectively at the NEI and that they were unable to use effective critical thinking during

assessments due to the teaching strategy. Participants wanted to research content, do exercises in class and do group work.

Students in the study done by Bengtsson and Ohlsson (2010:154) wanted to capture a holistic view of the nursing profession at the start of the programme, and not only see the narrow subject *nursing*. The findings from the current study were in agreement with the literature, in that the participants also wanted a holistic view of nursing, as they wanted to be involved in the community outside of private healthcare with regard to gaining experience and interaction with the broader community. They would also like to be exposed to different career choices within nursing. From the participants' perspective, they felt that private healthcare was inadequately preparing students for the government sector in South Africa. They voiced their fears that they would not be competent to work in the government sector. They felt that if students were placed in government environments for experiential learning, they would be exposed to different diagnoses and would be better prepared for the summative theoretical exam.

Bengtsson and Ohlsson (2010:153) state that students mostly focus on passing assessment and that they are aware that they should study more often, not only before assessments. The participants in this study agreed that they felt motivated to study when they knew that they would be assessed, and they indicated that they wanted to be assessed in an informal manner at more regular intervals, as they wanted to ensure that they were familiar with the work done. Bengtsson and Ohlsson (2010:154) agree that students focus on learning before assessments, as their time to read is limited. Therefore, it is important that assessments should reward in-depth knowledge and not only be the end of the course implementation to award student grades. In the current study participants felt that the fact that formative assessment marks did not contribute to the students' year mark, and that formative assessment dates were spaced too closely together, influenced their motivation negatively.

Participant discussions indicated that post-assessment feedback was not given in time to provide effective learning opportunities for students. The literature agrees that effective performance feedback improves learning and enthusiasm (Bengtsson & Ohlsson 2010:155).

The findings reflected that participants felt demotivated when not achieving as they expected when they received their summative theory marks. They voiced their opinion that registered nurses should be assessing the summative theory papers, and not anyone from the street. Participants' discussions also suggested receiving their written summative papers back, to clarify their errors. Bengtsson and Ohlsson (2010:154) also indicate that the inspiration and motivation of students decrease when they fail an assessment.

Students thought that some assessments did not demonstrate what they really knew about the learning material (Bengtsson & Ohlsson 2010:154). The findings from the current study also indicated that the participants wanted more anatomy and physiology in summative theory exam papers and less nursing care. They explained that they felt unintelligent when in discussions with doctors due to poor anatomy and physiology knowledge.

The content to study for the summative exam was mentioned as demotivating. They voiced their confusion that they were not always sure what to study for the summative exam papers. The findings of the current study also indicated the need from the participants to use other information sources like the internet to understand the topics covered, and that those sources should be approved during assessments.

The discrepancy between what was taught at the NEI and the actual implementation at the clinical facility left students confused (Cunze 2016:56). Conversations with the participants produced suggestions that permanent staff in the clinical facility were not working according to the standards taught at the NEI, and when students corrected them they were labelled. Thus, theory-practice integration was hindered and participants were left frustrated to not have the opportunity to apply in practice what was taught at the NEI. Sneltvedt et al (2012:17) agree that staff sometimes insist on procedures that are not in accordance with recognised professional standards. In the study done by Watkins et al (2011:6), nurses supposed to mentor students did not follow the correct procedures but only tried to complete the work. The findings of the current study indicated that participants sometimes had to perform procedures that they had not had the opportunity to practise in a safe environment. It made them feel unsafe and incompetent.

The participants' experiences reflect similarities with the findings of Bengtsson and Ohlsson (2010:155), who concede that it is important to associate theoretical knowledge with clinical situations, in that the participants of the current study explained that they wanted to be taught according to reality in the clinical environment. They wanted to be taught according to relevant situations, happening on a daily basis in the clinical facility. The study done by Watkins et al (2011:6) also indicated that students felt that clinical situations were not always matching the material in their textbooks. The findings in the current study indicated the need for effective accompaniment and support in the clinical area. They suggested more clinical accompaniment from the clinical facilitator on the floor, in order to rectify deviation from standards in the clinical facility.

A study done in Sweden indicated that students' low motivation scores were due to excessive pressure on studies (Nilson & Stomberg 2008:4). The findings of the current study agreed that participants experienced a lot of pressure due to objectives that had to be met, and they voiced feelings of demotivation when not being able to reach their objectives as they were treated as the workforce. Bengtsson and Ohlsson (2010:155) also state that the students complained about too much work and too little time. Viljoen (2013:77) agrees that the volume of work, practical demands and improving the knowledge base in a short amount of time leave students demotivated. In the class environment, the participants felt demotivated when they were not effectively remediated and had to go through the work in their own time. According to Kaddoura et al (2017:5), students for remediation should be identified halfway through the programme to allow sufficient time to prepare for the examination. The findings of the current study indicate that due to the new qualifications being implemented and no new intakes allowed from 2016, participants were filling the roles of lower categories and were not able to learn new skills in their new role.

4.4.2 Facilitators of learning

The participant discussions indicate that the different role players in the NEI and clinical facility influence their motivation.

The attitude and enthusiasm of the educator are crucial to motivating students positively. The educators who combine talent with knowledge and commitment are the most appreciated (Bengtsson & Ohlsson 2010:153). When the participants in the

current study described their ideal educator, they mentioned competence, confidence, enthusiasm and a passion for teaching. They also mentioned intelligence, a trusting relationship, respect and patience as important characteristics in an educator. Bengtsson and Ohlsson (2010:153) also indicate that the students want the educator to be there for the students, be knowledgeable about the subject, and well prepared.

Positive results can be achieved when educators in higher education understand learning styles and take them into account when integrating knowledge at the individual level (Boström & Hallin 2013:22). In the current study, participants wanted educators to recognise if they were not sure about something, and reinforce the information to them while taking individual needs in consideration.

Wasted time in class was also identified as a demotivating factor, with regard to starting time of classes and straying from the topic. Viljoen (2013:78) also indicates that educators sometimes wasted students' time.

During the discussions, participants opined that they were demotivated when only one educator was teaching the class for the day and they suggested different topics and different educators per day. Some participants suggested that they would like to be informed of the educators teaching specific days in order to be mentally prepared; other students were not in agreement, as when they knew that a uncommitted educator was teaching for the day, they would be demotivated to attend class for that day. Bengtsson and Ohlsson (2010:155) support these statements by reporting that committed teachers enhance enthusiasm and learning.

Participants felt motivated by educators engaging in further education and training, for example by doing their PhD or their masters, but also felt that all educators were not able to transfer knowledge effectively; they agreed that they were not receiving effective answers to the questions they asked. Knowledge, experience and interest in nursing are necessary for instructors to provide an effective education (Esmaeili, Cheraghi, Salsali & Ghiyasvandian 2014:465).

Clinical education plays an important role in nursing education, to equip nurses with the necessary knowledge, attitude and skill to function effectively (Esmaeili et al 2014:460). When clinical educators accompany students in the clinical field, they feel more

competent. Clinical educators are the advocate for students in the clinical environment. The findings from the current study indicated that participants wanted to work according to standards and be competent in all clinical procedures that they performed. Porteous and Marchin (2018:58) refer to the clinical educator as their “body armour”, explaining that the support from the clinical educator helps students cope. Discussions with participants during the current study revealed that students have the need to be orientated and introduced to the staff in a new ward. Graham et al (2016:387) agree that inadequate orientation to the unit leaves students feeling alienated from the team. Participants also want the clinical educators to engage in discussions about patients in the clinical environment to increase their knowledge; they feel that the knowledge will help them to improve during summative clinical assessments. O’Mara et al (2014:210) report that students indicated a loss of learning opportunities when clinical educators are absent.

The clinical educator is regarded as a source of support (Porteous & Marchin 2018:58). But not all students in the same study had a positive experience with nurse educators. They described ineffective communication, not feeling valued or not feeling able to seek the support of the educator as factors demotivating them (Porteous and Marchin (2018:58). The findings from the current study indicated feelings of anxiety, disappointment and discouragement experienced by participants when clinical educators did not honour appointments for practical procedures. Watkins et al (2011:6) also mentions that students felt that educators do not accompany the participants during practical training and are not able to mentor and role model to them. Effective theory-practice integration cannot be achieved during these situations.

Cunze (2016:43) indicates that when students are included in decision making, discussions and genuine communication they feel highly valued. A particular participant from the current study commented that she felt demotivated when she was allocated alone in a ward, and when she discussed her demotivation with the clinical educator, the clinical educator did not emotionally support her as she had expected. Porteous and Marchin (2018:58) describe a situation where a student encountered a death in the clinical setting for the first time and felt she could not go to her clinical educator for support.

When educators treat the nursing profession with respect, participants feel motivated to be a nurse. Cunze (2016:41) confirms that the need for professional nurses to portray the correct professional attitudes and behaviour for role play cannot be emphasised enough. The energetic, assertive and friendly professional nurse is regarded as the drive in the unit (Cunze 2016:42). The findings from the current study corresponded with the literature, in that the participants expressed their concern with regard to diminished clinical support by clinical staff in the clinical environment. They experienced the clinical environment as not conducive to learning, as the clinical staff were too busy to teach and were not supportive when asking for help. The discussions with participants indicated that clinical staff expected students to be competent, but they were not prepared to teach them due to time constraints.

Levett-Jones et al (2009:320) agree that students value staff who want to share their knowledge and skills, while involving them in patient care activities. The same author also indicates that some registered nurses experience the responsibility of supporting students in practice as a problem. They disregard students' feelings, are impatient and frustrated. The participants from the current study perceived it to be stressful and demotivating when clinical staff labelled them as incompetent. Scholarly articles convey the same message, in that students often feel unwanted and their enthusiasm for learning decreases (Levett-Jones et al 2009:320). Students place a high value on helpful, approachable, caring staff (Porteous & Marchin 2018:58), and constructive feedback helps students to learn and develop academic skills; however, negative feedback has the opposite effect (Porteous & Marchin 2018:59). Students occasionally feel disappointed with a lack of support in the clinical environment (Porteous & Marchin 2018:58).

Discussions with the current participants indicated that more clinical support on a daily basis would enhance their learning and make them feel more competent in the clinical area. They verbalised that they were threatened by clinical staff when they refused to perform clinical procedures that they were not yet competent to perform. Clinical staff threatened students that they would not teach them if they refused to perform the procedures, they were told to. The findings from the current study acknowledged that participants did not want to be a risk in the clinical environment. Watkins et al (2011:4) agree that students often feel that they are thrown in at the deep end and that they were expected to manage situations that were not according to their level of expertise. In the

same study, the students expected the profession to be caring and nurturing, but the reality was a ruthless environment in order to manage the numerous challenges they faced (Watkins et al 2011:5). Cunze (2016:51) states that the role of the professional nurse should be supportive and not one of catching students out when doing something wrong.

4.4.3 Learning environment

The clinical learning environment is regarded as one of the most significant resources to develop nursing skills and fitness to nurse and care, and a close relationship between theory and practice is needed in nursing education (Esmaeili et al 2014:460).

Participants voiced their concern that the big classes were hindering learning and that they were labelled due to noisiness. They suggested that the big classes should be separated and exam-writing students to be isolated from big classes, to ensure quality in teaching and learning. The findings from the current study confirmed that participants felt demotivated and discouraged when unable to hear the educator due to the large classes; they suggested the use of microphones to be more audible. Bengtsson and Ohlsson (2010:155) also report that students are overwhelmed by big classes and it is a challenge for the educator to teach more than 100 students with diverse learning needs and capacity.

Long scheduled days influenced student motivation negatively, due to fatigue and decreasing concentration (Bengtsson & Ohlsson 2010:154). The findings of the current study correspond to the literature, in that participants indicated that long class hours and especially long hours when no learning took place left them exhausted. They suggested more breaks in between lectures. A lack of teamwork in class and time wasted by educators, due to derailing from the topic or frequent smoke breaks, contributed to students' demotivation.

Discussions with the participants indicated that they enjoyed the clinical environment and practical training, but that the 12-hour shifts were demanding. Nilson and Stomberg (2008:5) also report the highest motivation scores in the semester where clinical skills were practised, compared with other semesters where theory was the main focus. In contrast, a study done in Jamaica found that the participants verbalised that the clinical

area was moderately to maximally stressful (Graham et al 2016:386). Watkins et al (2011:7) report high levels of stress and anxiety and pressure due to long hours and heavy workload experienced by students in the clinical environment. Feelings of nervousness and isolation were experienced by students in the first few days/weeks in the clinical area (Porteous & Marchin 2018:58).

To be exposed to experienced nurses can offer students valuable opportunities for learning, thus they can enhance their professional development and competence (Cunze 2016:52). Various challenges emerged in the current study underlying the exposure of participants to effective role models. The scarcity of staff, and thus less exposure to experienced staff in the clinical environment, was mentioned as a demotivating factor. Permanent staff were sent home and students left to work. Participants indicated that they needed clinical staff to work with them and teach them. Cunze (2016:53) agrees that students identified the need to be involved in role-taking activities and becoming familiar with the unit-specific objectives. The professional nurse would be an example to the other staff in the unit by teaching, being open to questions by the students and also challenging the students (Cunze 2016:53). Watkins et al (2011:6) describe a situation where a student did not receive the assistance needed and consequently had no alternative but to do her best for the patient. The findings of the current study indicated that participants want a space in the clinical facility for them to call their own and to prepare for clinical procedures.

4.4.4 Statutory factors

Several experiences were shared implying that participants experienced the organisation of the regulating body for nursing, with completing their qualifications and implementation of the new qualifications, the management of finances and disciplinary action by the NEI as factors influencing their motivation. They also discussed allocation as workforce and diminished time as an influencing motivation in the teaching and learning environment.

When nursing in the UK was moving into higher education, the transition created uncertainty for students (Porteous & Marchin 2018:57). The findings of the current study indicated that in South Africa the effect of the implementation of the new qualifications by the SANC (SANC 2014) also left the participants unsure of the future. Discussions

proved that on the one hand they felt that the implementation of the new qualification would enhance the quality of the profession by moving into higher education, but also felt that they would be bedside nurses for the rest of their lives. Participants stated that their clinical learning for their role was jeopardised, because they were delegated to lower roles in order to fill the gap for lower categories not yet in training. The importance of effective, transparent communication cannot be emphasised enough to nurse educators, in order to maintain motivation of students.

In the current study, the long working hours without payment during studies contributed to the demotivation of the participants. Their perspective of their future salary, when qualified, also seemed diminutive. The literature agrees that students comprehend nursing as a painstaking job with poor reward (Tseng et al 2013:164) and that financial difficulty was a source of maximum stress for students (Graham et al 2016:386). In contrast to the statements made, one participant was positive about nursing salaries and mentioned that in contrast to other health professions, nurses are not underpaid.

The participants compared their own financial situation with their counterparts in government and verbalised their demotivation. They felt that compensation for professions in South Africa is unfairly distributed. They mentioned an example of a soccer player earning much more than nurses. In the study done by Tseng et al (2013:164), the students also felt that the workload/salary ratio was unbalanced and they deemed nursing a high-risk job.

The findings from the current study confirmed that participants were demotivated by the tuition fees payable to the institution. They stated that the time for payback of study fees, which in this case was six months, was too limited. They suggested that payback time must be equal to length of the programme.

The pressure to pay study fees was experienced as uncalled for, and participants felt demotivated when suspension on financial grounds without warning was executed. Viljoen (2013:73) mentions that students were frustrated by the way administrative staff were treating them.

Professional nurses see students as workers and not as students, maybe because professional nurses do not view education of students as an important part of their

professional role (Cunze 2016:49). The findings from the current study agreed with the literature in that participants felt that the clinical facility regarded them as workforce, adding to profit. Permanent staff were sent home and students had to work. Participants experienced a feeling of abuse, as they needed opportunities to learn, and did not always want to be allocated as workforce. Missing out on valuable learning opportunities, while being treated as workforce, left them demotivated. Participants felt overwhelmed and incompetent when they were allocated alone in very busy wards, without the support of senior nursing staff. Levett-Jones et al (2009:321) confirm that immense challenge, together with diminished appropriate support, will overwhelm students and cause them to doubt their own knowledge and competency. Tseng et al (2013:164) agree that inadequate nurse-to-patient ratios demotivate students. In contrast, the study done by Graham et al (2016:387) states that students felt comfortable with their assignment to patients and their workload.

4.5 FACTORS RELATED TO SELF-WORTH

Motivation is reinforced when students believe that they can be successful (Hsieh, Sullivan & Guerra 2007:457).

4.5.1 Being acknowledged

Students want to be trusted with increased degrees of responsibility as they move through their programmes. They want to be acknowledged as competent practitioners (Levett-Jones et al 2009:321).

The findings from the current study identified the need of participants to achieve and to be proud of themselves; they want to make something of their lives. The literature agrees that students want to do a good job due to professional integrity and pride (Sneltvedt et al 2012:15).

A particular participant from the current study mentioned that she did not want to be average, and that was motivating her to study. The findings reported that participants were not motivated by staff and money, but they were their own motivating force to achieve and persist in their studies. People to interact with were also mentioned as enhancing motivation by participants. Students with extrinsic motivation expect

educators, the environment and lots of other factors to control their success, but motivation must come from the students themselves (Bengtsson & Ohlsson 2010:155).

Students want to be acknowledged and appreciated, but they often feel that their work is unacknowledged and ignored (Levett-Jones et al 2009:321). When educators lacked appreciation and only focused on the negative, participants felt discouraged in the current study. They wanted to feel as if they made a difference; they wanted to be thanked more and shouted at less. The findings from the current study indicate performance feedback from educators to be a motivating factor to participants, as they are then acknowledged as achievers. The certificates of good nursing care, given by the clinical facility, were contributing to their motivation. Since the clinical facilities were not practising the handing out of certificates in the clinical facility any more, the students were feeling dispirited.

The findings indicated that participants were demotivated by the way they were treated due to their position as students in the nursing profession. They reported that they were at the bottom of the “food chain” and being treated as such in the clinical environment. Not being invited to the clinical facility’s year-end function and having to organise their own year-end celebrations left them demotivated.

The findings indicated that participants felt motivated by gestures of appreciation by patients. They felt motivated when they were thanked by patients, but felt demotivated by ungrateful patients. They voiced their demotivation when they thought they had done their best, but the patient still complained. Tseng et al (2013:166) agree that nursing is a meaningful career due to the respect and thanks given by patients and families.

4.5.2 Fear of failing

Students feel embarrassed when they fail (Bengtsson & Ohlsson 2010:154). The findings from the current study confirmed that participants were motivated by a fear of failing. They wanted to prove themselves as being someone and they did not want to be a failure in life. They needed to be someone.

4.5.3 Social life and standard of living

Participant experiences reflected that having no social life left them exhausted and demotivated. The high cost of living was also mentioned as a contributing factor to a lack of motivation.

The findings confirmed that participants wanted a student life and to be treated as a student and not as a nurse. They did not feel like students and were not regarded as students in the teaching and learning environment. They wanted to feel like students and attend campus, as the university students do, and take responsibility for their own learning. They wanted to have the freedom to attend a certain amount of classes and not have to explain to educators every day when they did not attend class.

The conversations also produced evidence that they felt they did not have a social life and they sacrificed going out with friends, as they had to study at home. The participants felt that they never rested, as they were working weekends and holidays, without payment. They also complained that they did not have enough leave days to rest. They were exhausted, as they were either at campus or at the clinical facility. Viljoen (2013:77) also reported that multiple roles were a challenge to students.

They suggested a holiday away from campus and the clinical facility to relax and recover from exhaustion. They also recommended the implementation of nurses' homes where they could be accommodated during the week; as this would relieve them from personal responsibilities while studying during the week. Porteous and Marchin (2018:58) also reported that students had to 'juggle' their commitments in order to keep all personal and professional demands in place. The same authors reported that students not sharing accommodation with other students struggled with their studies (Porteous & Marchin 2018:58).

Barriers in the teaching and learning environment for the adult student include loss of income due to student status and having no transport (Viljoen 2013:75). A study done at a university in Sweden states that many students had to work at the same time as they studied, due to financial reasons, which left them less time for studies and the pressure on student life was increased (Bengtsson & Ohlsson 2010:155). Students in South Africa have to work a certain amount of hours in clinical facilities as part of the practical

portion of the nursing programme. Participants in the current study were self-funding students and were not paid for the hours worked. Therefore, the participants reported feelings of demotivation due to the high cost of living with regard to studying, such as textbooks, transport and uniforms. Viljoen (2013:76) also reported that students did not have the finances to socialise with friends and had to stay at home over weekends and university vacations.

4.5.4 Academic progression

Motivated students want to learn new skills and improve on current skills, thus securing job security and advancing status and power (Viljoen 2013:72). The findings from the current study stated that obtaining a qualification contributed to the participants' motivation. They wanted to be knowledgeable and know what they were doing. They wanted to feel that they had a purpose.

Students are motivated to study further in order to have a better future (Viljoen 2013:67). In the current study participants felt that nursing was laying a foundation for their future, although nursing is not necessarily the profession that all the participants wanted to follow, but it was a stepping-stone to their professional life. The participants felt motivated by the fact that they would have a qualification after successfully completing the programme. The literature agrees that the desire to become a nurse and obtain a qualification motivated students (Nilson & Stomberg 2008:4).

To focus on the possible personal and professional incentives in future serves as motivational factor for students (Porteous & Marchin 2018:59). The findings indicated that the diversity of work opportunities in the nursing profession motivated participants. They were proud to be a nurse, and to be associated with the nursing profession.

Students' motivation to learn increased when they realised that knowledge is important in clinical practice (Bengtsson & Ohlsson 2010:154). They then had an active approach to gaining knowledge that was necessary to do their job (Sneltvedt et al 2013:15). The findings of the current study agreed with the literature in that having knowledge was mentioned as important to the participants, as they wanted to know what the problem was in every situation. They loved science and wanted to know what to do in certain situations. Nilson and Stomberg (2008:5) report that some students were frightened to

take up their role as registered nurse, as they did not believe in their own abilities to meet professional demands.

4.6 SUMMARY

Chapter 4 discussed the perceptions voiced by participants during focus group interviews on factors that affected their motivation positively and negatively. Themes, categories and subcategories identified during data analysis were discussed in this chapter and supported by literature. Themes identified were the factors related to interpersonal relationships, factors related to the teaching and learning environment and the factors related to self-worth.

Chapter 5 presents the conclusions, limitations and recommendations of the study.

CHAPTER 5

CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

Chapter 4 integrated the literature with the data gathered during the focus group interviews. This chapter presents the conclusions, recommendations and limitations of this study.

The purpose of the study was to explore and describe the factors influencing motivation of students in order to identify student support strategies to enhance motivation in the teaching and learning environment. The objectives that guided the study were to explore the factors that serve as motivators and also factors that negatively affect motivation of students in the teaching and learning environment. Positive and negative factors were integrated in order to understand the complex and interwoven nature of motivation. The researcher could then identify support strategies to enhance motivation of students in the teaching and learning environment.

5.2 SUMMARY OF THE METHODOLOGY

A qualitative exploratory, descriptive design was used to reach the objectives of the study. A constructivist paradigm was utilised by the researcher with inductive reasoning.

All final-year students registered for the certificate leading to enrolment as a nurse (R.2175) and studying through a selected private NEI in Gauteng province were part of the accessible population. Non-probability; convenient sampling was selected as the sampling method. Two campuses and 335 students from a selected private NEI in Gauteng province were part of the research setting. Data was collected during four focus group interviews with 29 participants at the respective campuses. The discussions were guided according to three written questions that were set beforehand by the researcher, and probing questions asked to guide the discussions in order to reach the study objectives. Data was analysed using the Tesch method of data analysis. The researcher deems this study trustworthy and ethical principles have been adhered to.

5.3 CONCLUSIONS DRAWN FROM THE STUDY

Based on the findings in Chapter 3 and the discussion of the literature in Chapter 4, the following conclusions could be formulated. The conclusions are presented for the demographic data and the three themes.

5.3.1 Demographic data

The majority of participants were between the ages of 18 and 22 years of age, indicating that they were still young and of an age to enjoy a social life. Arnett (2000:476) indicates that early adulthood, between the ages 18 and 25, is a period when most young people leave their families of origin and socialise with friends. The same author acknowledges that interaction with friends is an important part of the development of students (Arnett 2000:476).

The demographic characteristics of the participants have an effect on the socialisation in early adulthood, the role of the family and the use of technology. The findings of the current study confirmed that interpersonal relationships influenced the motivation of students positively and negatively. The literature also acknowledges that less social support from friends and greater psychological distress can create poorer academic and social adjustment in students (Rodriquez, Mira, Myers, Morris & Cardoza 2003:238). Thus it is important to take into account the factors affecting motivation negatively due to interaction with family and friends.

Long working hours and studying, leaving no time to socialise with friends, definitely affected motivation negatively. To be a nursing student entails having to work practical hours in a hospital or clinic and attend a certain number of theory lectures in order to obtain the qualification as a nurse. The conclusion could be drawn that the participants did not feel like university students due to their dual role as students and working nurses. The conclusion was supported by the discussion by participants who wanted to take their own responsibility for their learning, and to have the freedom to attend only certain classes. The findings suggested that students had less time to socialise with friends than university students and the participants believed that this fact contributed to their demotivation.

The participants were self-funding students and had to pay for their own studies, and they realised the value of support systems, due to their families paying for their studies. Arnett (2000:475) also states that college students still depend on their parents for support and comfort. Conclusions indicated that the participants wanted to assist their families when they were qualified by financial means and by meeting their family's health needs, due to being thankful for the support they had received during their studies. Students thrive on emotional and financial support from families, but family obligations can also cause significant academic adjustment (Rodriquez et al 2003:237).

As the majority of participants had completed their school years within the last four years, interpersonal relationships with the family played a key role in their motivation. They wanted to make their parents proud, and some participants explained that to be educated had always been expected of them from family members. By embracing family relationships, motivation of students could be enhanced in the teaching and learning environment.

Younger students showed more positive feelings with regard to online courses than older students (Wang, Shannon & Ross 2013:302); this fact confirmed the attraction of students to technology and the use of technology like the internet for information. Based on the general discussion on teaching strategies that are motivating students, it could be concluded that the increased use of technology in teaching and learning and the acknowledgment of internet sources during assessments would enhance motivation.

The findings indicated that motivation was influenced positively when social interaction with friends increased. Support from family in the form of financial support also motivated participants positively, and they felt encouraged to be able assist families financially and with acquired knowledge when qualified.

5.3.2 Conclusions: Factors related to interpersonal relationships

The enormous influence of interpersonal relationships on nursing has been long recognised by educators, researchers and clinicians (D'Antonio, Beeber, Sills & Naegle 2014:311). Interpersonal relationships with the broader community, family members,

patients, fellow students, clinical staff and educators affected student motivation either positive or negatively.

The findings of this study indicated that students are social beings and their needs for belonging and meaningful relationships should be valued.

Parents played a vital role in the motivation of students. Positive factors affecting the motivation of participants were the hardship and sacrifices that their parents had to make to ensure their education. To make their parents proud and the fact that it was expected of them to be educated from educated family members also motivated them positively. They wanted to make a difference in the lives of the people in their community by providing health education and medical support, as needed. They wanted to rise above their circumstances and improve the lives of their families and the community. To improve their community by being educated and financially independent and the respect, power and influence of nurses also had positive effects on their motivation. They were negatively influenced when leaders in the community and the majority of the community perceived the nursing profession as insignificant by making negative comments about nurses. This raises a concern about possible attrition due to low motivation in students and could also influence future nurse recruitment and quality of nursing care rendered. Mooney, Glacken and O'Brien (2008:389) indicate that the media influence society's impression of nursing as a career. Sabatino, Stievano, Rocco, Kallio, Pietila and Kangasniemi (2014:670) agree that nurses are more inclined to render better quality of care if their own professional dignity is respected. Previous studies have indicated that the public image of nurses often contrasts with nurses' own image of nursing (Ten Hoewe & Roodbol 2014:298), as nurses see themselves as well-trained professionals but many of the public still consider nursing as an insignificant profession (Ten Hoewe & Roodbol 2014:304).

According to Payne (2016:251), students begin their actual practice of nursing when placed for clinical practice; thus the clinical experience proves to be an essential part of the learning process. A positive factor was the caring and nurturing of patients by clinical staff and also when students were cared for by colleagues and seniors. To learn from clinical staff and to build on that knowledge was motivating participants. Clinical staff engaging in further education and associating with the young registered nurses was also motivating. In contrast participants were demotivated by rudeness and verbal

mistreatment from clinical staff. Open and non-judgemental interactions from clinical nursing staff were necessary for the effective professional socialisation of students. The importance of reciprocal respect and thoughtfulness during interpersonal relationships between nursing staff and students were of the utmost importance for positive motivation in students. The need to belong was deemed a powerful motivation and participants indicated that they wanted to belong and be supported. To be used as the workforce while staff did not contribute to the work effort also demotivated them, as they felt that learning opportunities were missed. This finding raised a concern that a lack of role models would result in inadequate supervision and knowledge building for student nurses, as the participants wanted to be involved in the daily nursing activities with senior staff where they could learn more about solving real-life problems. Cunze (2016:102) agrees that students were viewed as permanent workers and their training needs ignored, due to professional nurses disregarding their own educational role. Professional nurses from the same study found the responsibility of supporting students in the clinical environment difficult. Another demotivating factor was senior staff not taking the personal circumstances of participants into account.

Educators acting as role models, being part of the team, acting consistently, being trustworthy in all actions and applying adult education principles were also valued by the participants. Support and teamwork among students would automatically flow when educators acted as role models and team players. They were positively motivated when their opinions were valued in the class and clinical environment, but were demotivated when they were not able to voice their opinions and their problems were not solved. The study revealed that listening forums were held, but they felt that nothing was done about problems discussed. Educators should be approachable, supportive and open to students' challenges (Chan 2013:238). Other demotivating factors were valuable tuition time wasted, and also lack of transparency and uncertain guidelines – mainly about gratuity allocation and contract signing. Clear guidance and unambiguous communication would enhance the enthusiasm with which students undertook their studies. To be disciplined when being absent also negatively affected motivation.

Positive factors were physical and emotional support from fellow students. The findings confirmed that the success stories told by older nurses, and their admiration of senior students' success helped students to stay motivated. A negative factor was when they were allocated alone in a ward, without the support of fellow students.

Participants were motivated to engage in meaningful interaction with patients. The findings suggested that meeting different people, experiencing different situations and social interaction motivated students in the clinical environment. A specific participant indicated that she found stimulation as opposed to the boredom at home. Students felt motivated when patients calmed their fears and anxieties, despite their own fear and pain (Payne 2016:254). The findings from this study agreed that encouragement from patients left participants motivated.

Another positive factor was the gratitude about their own health when compared to the ill-health of the patients. Participants felt positive when patients indicated a feeling of gratification, but role conflict was experienced by the participants when they were not able to meet the patients' needs, due to the high workload and the huge amount of documents to be completed.

5.3.3 Conclusions: Factors related to teaching and learning milieu

Educators play a huge role in the development of students into capable nurses. For students to remain positive, they need support and guidance from educators.

Students need to be supported with clinical and theoretical expertise in order to develop as effective nurse practitioners. When individual learning styles of the participants were taken into account when teaching participants felt motivated. The need for students to be able to operate in a highly unpredictable environment is increasing. Therefore, teaching strategies should adapt to meet the need for critical thinking and theory-practice integration. Students were often unable to use effective critical thinking during assessments due to the teaching strategy used at the NEI, and were left demotivated. Students wanted to understand theoretical content and apply it in practice. Harrington, Bosch, Schoofs, Beel-Bates and Kirk (2015:179) agree that active student-centred teaching strategies ensure benefits such as improved critical thinking and a better attitude. The amount and quality of what a student learns is determined by the harmonious integration of the student's learning style and the teaching style of the educator. Participants wanted educators to acknowledge their differences in learning styles and consider the individual learning styles when teaching. They did not necessarily prefer a certain teaching style, but the educator should have the necessary

knowledge and skill to teach according to a specific style. PowerPoint® presentations without effective teaching accompanying the PowerPoint® contributed to demotivation, and concerns that at times students had to teach students during group work due to the educator not being familiar with the group-activity teaching strategy were mentioned. Clinical educators not honouring appointments were demotivating to the participants.

Positive factors were passing the summative theory assessments and would be the assurance that competent registered nurses with insight were assessing summative theory assessments. Receiving summative theory papers back after assessments also enhanced motivation. Other positive factors would be to assess them at more regular intervals, and add more anatomy and physiology to summative theory assessments rather than too much nursing care. Students may find course material broad and a journey into the unknown. It leaves them sometimes frustrated (Cottrell 2013:15). Negative factors were the uncertainty of the content to study for the summative theory assessments and the formative year mark not contributing to the summative theory year mark. The year mark should not only give students access to the examination in a system of continuous assessment but should count towards the final mark. The only requirement for a student to be admitted to the final examination was to obtain a year mark of at least 50% in a system of continuous assessment (SANC 1983). Feedback not given timeously and ineffective remediation were demotivating factors. The main aim of formative assessments is to support learning and to offer detailed feedback to the student. It is part of the learning process and should not be treated as a separate entity. Remediation is time consuming and requires specific skills from the nurse educator.

With regard to the learning environment and educators positive factors was placement at a variety of clinical exposure opportunities such as the government sector and community clinics. Educators engaging in further education, and receiving different educators to teach daily also motivated them. An educator who was knowledgeable and able to transfer the knowledge, patient, prepared, enthusiastic, trustworthy and able to effectively teach critical thinking skills contributed to the participants' motivation. Critical thinking skills are a requirement in both the theoretical and clinical learning environment and students wanted to be able to use critical thinking when in clinical practice. Chan (2013:239) denotes that educator interventions to enhance critical thinking usually involve scenarios or case studies where students are asked questions and to engage in

reflective writing. Negative factors included long class hours with time wasted and a disloyal educator. The large classes with accompanying noise and difficulty to hear the educator also contributed to demotivation.

In the clinical environment they were positively motivated by clinical work and a space available to prepare for practical procedures. Another positive factor was effective supervision received from clinical educators in the clinical environment and clinical educators being more visible on the floor. Landers (2000:1552) agrees that it is important for nurse educators to ensure valuable learning is rendered to the students in the clinical area. Negative factors were the demanding 12-hour shifts and the marginal role-modelling by clinical staff and non-adherence of clinical staff to standards and labelling of students when they corrected them. Motivation was also affected negatively when not being able to reach their objectives because they were being used as a workforce in the clinical facility. The contrast between what was theoretically taught and the practice contributed to their demotivation.

Communication with regard to financial planning and the new qualification implementation should be effective to clear any uncertainty that could affect motivation negatively. A positive factor was that the introduction of the new qualification would enhance the quality of the nursing profession, but the anxiety and uncertainty that the implementation of the new qualifications brought to the students affected their motivation negatively. The conclusion was drawn that the concerns that arose from the move into higher education would cause anxiety and would need effective communication from nurse educators to alleviate.

Salaries and financial certainty are an important factor for all employees. Negative factors with regard to finances included the absence of salaries during studies and the perspective of a limited salary when qualified. Financial planning and management alleviate uncertainty and stress; thus students wanted the payback time of study fees to be equal to the length of the programme. Motivation was affected negatively when they were suspended on financial grounds.

5.3.4 Conclusions: Factors related to self-worth

Educators should promote students' sense of self-worth and thus motivation in the teaching and learning environment. They should be empowered before they can empower others (Roghieh, Vanaki & Mohammadi 2013:191). Motivation is affected by appreciation from educators, people and patients and also positive performance feedback at the NEI and clinical facilities. In a study done by Kantek, Yildirim and Kavla (2015:678) on factors affecting nurses' motivation, appreciation had the highest score amongst all the scores. Due to the strong caring nature of nursing, motivation in this area is rooted in caring for others. The diversity of work opportunities in the nursing field enhanced motivation, another positive factor was when students were appreciated; they wanted to feel that they had a purpose and were making a difference in the lives of others. They also identified the need in themselves to achieve and to be proud of themselves. Participants were their own motivating force, and not staff or money. They did not want to be average and they needed to prove that they were valued as nurses. The fear of failing and the intense desire to achieve and to obtain a qualification, mainly due to their disadvantaged background, motivated students. When discriminated against due to their student status, motivation declined.

5.4 LIMITATIONS OF THE STUDY

The limitations of the study noticed by the researcher were that the study was conducted in only one private hospital group, although two campuses have been included. Thus a similar study in another healthcare group might produce different findings.

The study was done at a time when the new qualifications were not yet introduced and limited information was available about the new qualifications. A lot of uncertainty existed about their future in nursing; this could have influenced the motivation and attitude of the participants negatively.

Although the researcher works for the same hospital group, she is employed in another city and is not the Clinical Educator for any of the students. The researcher reflected throughout the research study in order to stay unbiased.

5.5 RECOMMENDATIONS

Based on the findings, the researcher makes the following recommendations for student support in nursing education and practice and for future research.

5.5.1 Student support in nursing education

In order to address the third objective of the study, the following recommendations are made, as education and training play a major role in the life of the student and the nurse educator:

- NEIs should utilise clear communication strategies, well defined to all stakeholders, especially with regard to the allocation of gratuity and the changes anticipated with the new qualification. This could be achieved by an orientation day for only information sharing and contract signing and discussions.
- Educators should utilise effective and well planned teaching strategies, taking individual learning needs into account when teaching. This could be achieved by continuous professional development on teaching strategies and peer assessments between nurse educators.
- Venues where large numbers of students are educated and venues where assessments take place during the same time frame should be separated in order to limit disturbances.
- For all students to be capable of hearing the educator in the large venues, either a microphone could be used or the classes could be divided to create a smaller number of students per venue in order for all students to focus effectively.
- Breaks in between lectures should provide sufficient rest to prevent fatigue and loss of concentration, but in moderation to prevent time being wasted.
- NEIs could coordinate, as part of their student support strategy, accommodation for students during the week or sufficient facilities for students to study after or before class, as their personal accommodation sometimes complicates their studies.
- Guiding students in time management and financial planning could be beneficial to reduce anxiety in students.

- Due to the fact that family and significant others play such a major role in the life of students, a day arranged to introduce the NEI and processes during the programme of study to the families of students could be beneficial.
- The inclusion of experiential learning where the student does not form part of the workforce, where teaching can take place, would improve student outcomes.
- Timeous feedback and well planned remediation could benefit the student.
- Implementation of the clinical model in order to facilitate theory-practice integration would be beneficial to students and the quality of nursing care.

5.5.2 Recommendations for student support in practice

- Nursing management should provide a climate conducive to teaching and learning in which students can develop into effective nurse practitioners. This can be achieved through the active and positive participation of management and senior clinical staff in teaching and learning during daily nursing activities. Cunze (2016:106) also states that emotional and social skills of students will be enhanced in a positive team climate. Thus creating this positive team climate in the nursing units, and also among nursing staff and students, is important. This can be achieved by nursing staff role-modelling positive and transparent attitudes.
- Appreciation proved to be a strong motivating factor to the participants, thus strategies to demonstrate appreciation in the clinical facility and NEI should be well developed – for example, by issuing certificates of good nursing care to performing nurses, and words of appreciation from management.
- Role modelling and emphasising the importance of respectful, transparent and non-discriminating communication between nursing staff and students are important. These could be achieved by including communication modules during continuous professional development sessions.
- The major role that the community's view of the nursing profession plays in the motivation of students indicated a need for nurses to be included in training on professionalism and branding of the nursing profession.
- NEIs arranging management days to provide information and support to clinical facilities on teaching and learning exert a positive effect on the learning environment.

5.5.3 Recommendations for further research

It is recommended that further research be conducted on the following topics:

- A study done to determine the needs of students and family with regard to effective orientation could be helpful. These results could be used in developing an orientation strategy for effective communication to all stakeholders and in turn this could affect motivation in nursing students positively.
- A similar study conducted in other healthcare settings and in the public sector could render a more holistic approach to factors affecting motivation in nursing students.

5.6 CONCLUSION

In this study the factors influencing motivation for students in the teaching and learning environment were explored. It was learned that interpersonal relationships, the teaching and learning milieu and factors related to self-worth influence motivation in students. The real-life experiences of the students indicated that students want to be motivated and achieve. Factors influencing motivation have been identified and support strategies recommended. Challenges in the nursing education environment can be overcome if we successfully address the factors influencing student motivation and if we continually strive to improve the teaching and learning environment for our students.

Press forward. Do not stop, do not linger in your journey, but strive for the mark set before you.

George Whitefield

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ANNEXURES

Annexure 1: Ethics clearance certificate



**UNIVERSITY OF SOUTH AFRICA
Health Studies Higher Degrees Committee
College of Human Sciences
ETHICAL CLEARANCE CERTIFICATE**

REC-012714-039

HS HDC/431/2015

Date: 12 August 2015 Student No: 3539-494-3

Project Title: Factors influencing motivation of nursing students in the teaching and learning environment.

Researcher: Anne-Marie Koekemoer

Degree: MA in Nursing Science Code: MPCHS94

Supervisor: Prof GH van Rensburg
Qualification: D Litt et Phil
Joint Supervisor: -

DECISION OF COMMITTEE

Approved Conditionally Approved

**Prof L Roets
CHAIRPERSON: HEALTH STUDIES HIGHER DEGREES COMMITTEE**

Annexure 2: Request for permission to conduct research

Ms X
Nursing Education Institution
Gauteng Campus
22 Education road Road
Johannesburg

Date: 25 January 2016

REQUEST FOR PERMISSION TO CONDUCT RESEARCH IN NURSING CAMPUS

Dear Ms X

I am currently registered for my Master of Arts in Health Studies at the University of South Africa under the supervision of Professor Gisela van Rensburg.

I hereby request permission to conduct the study involving all the final year students registered for the certificate leading to enrolment as a nurse (R.2175) at the Gauteng Campus of the Nursing Education Institution. Focus group interviews will be conducted to collect the data. The duration of the focus group interviews should not exceed 90 minutes.

The purpose of the study is to explore and describe the factors influencing motivation in nursing students in order to identify student support strategies to enhance motivation in the teaching and learning environment.

Attached please find a copy of the proposal which includes the information leaflet to participants, informed consent document, interview guide as well as a copy of the ethics clearance certificate from UNISA.

I agree to provide the Nursing Education Institution with a bound copy of the full research report upon completion of the study. I may be contacted on 082 438 2880 or Koekemoerannemarie@gmail.com if any further information is needed. You are also welcome to contact the supervisor, Prof GH van Rensburg at 012 4296514 or vrensgh@unisa.ac.za.

Yours sincerely

Annemarie Koekemoer
Unisa

Annexure 3: Permission from healthcare institution to conduct research

RESEARCH OPERATIONS COMMITTEE FINAL APPROVAL OF RESEARCH

Approval number: UNIV-2016-0005

Mrs A Koekemoer

E mail: anne-marie.koekemoer@[REDACTED].co.za

Dear Mrs Koekemoer

RE: FACTORS INFLUENCING MOTIVATION OF NURSING STUDENTS IN THE TEACHING AND LEARNING ENVIRONMENT

The above-mentioned research was reviewed by the [REDACTED] Research Operations Committee's delegated members and it is with pleasure that we inform you that your application to conduct this research at [REDACTED] & Gauteng South West Campus, has been approved, subject to the following:

- i) Research may now commence with this FINAL APPROVAL from the [REDACTED] Research Operations Committee.
- ii) All information regarding [REDACTED] will be treated as legally privileged and confidential.
- iii) [REDACTED] name will not be mentioned without written consent from the [REDACTED] Research Operations Committee.
- iv) All legal requirements with regards to participants' rights and confidentiality will be complied with.
- v) [REDACTED] must be furnished with a STATUS REPORT on the progress of the study at least annually on 30th September irrespective of the date of approval from the [REDACTED] Research Operations Committee as well as a FINAL REPORT with reference to intention to publish and probable journals for publication, on completion of the study.
- vi) A copy of the research report will be provided to the [REDACTED] Research Operations Committee once it is finally approved by the relevant primary party or tertiary institution, or once complete or if discontinued for any reason whatsoever prior to the expected completion date.
- vii) [REDACTED] has the right to implement any recommendations from the research.



- viii) [REDACTED] reserves the right to withdraw the approval for research at any time during the process, should the research prove to be detrimental to the subjects / [REDACTED] or should the researcher not comply with the conditions of approval.
- ix) APPROVAL IS VALID FOR A PERIOD OF 36 MONTHS FROM DATE OF THIS LETTER OR COMPLETION OR DISCONTINUATION OF THE STUDY, WHICHEVER IS THE FIRST.

We wish you success in your research.

Yours faithfully

[REDACTED] 9/2/2016

Full member: [REDACTED] Research Operations Committee & Medical Practitioner evaluating research applications as per Management and Governance Policy

Chairperson: [REDACTED] Research Operations Committee
[REDACTED] Hospitals (Pty) Ltd

Date: 9/2/2016

Annexure 4: Permission from GSW campus to conduct research

LETTER CONFIRMING KNOWLEDGE OF NON-TRIAL RESEARCH TO BE CONDUCTED IN THIS [REDACTED] FACILITY

Dear Anne-Marie Koekemoer

Re: Factors influencing motivation of nursing students in the teaching and learning environment

We hereby confirm knowledge of the above named research application to be made to the [REDACTED] Research Operations Committee and in principle agree to the research application for [REDACTED] Education Gauteng South West Campus, subject to the following:

1. That the data collection may not commence prior to receipt of FINAL APPROVAL from the [REDACTED] Research Operations Committee.
2. A copy of the research report will be provided to the [REDACTED] Research Operations Committee once it is finally approved by the tertiary institution, or once complete.
3. [REDACTED] has the right to implement any recommendations from the research.
4. That the Hospital/Site/Division Management reserves the right to withdraw the approval for research at any time during the process, should the research prove to be detrimental to the subjects [REDACTED] or should the researcher not comply with the conditions of approval.

We wish you success in your research.

Yours faithfully,

[REDACTED]
Signed by Hospital/Site/Division Management

on behalf of
Campus Manager

(Specify designation) [REDACTED]

01/02/2016
Date

Annexure 5: Permission from GNE campus to conduct research

LETTER CONFIRMING KNOWLEDGE OF NON-TRIAL RESEARCH TO BE CONDUCTED IN THIS
██████████ FACILITY

Dear Anne-Marie Koekemoer

Re Factors influencing motivation of nursing students in the teaching and learning environment.

We hereby confirm knowledge of the above named research application to be made to the
██████████ Research Operations Committee and in principle agree to the research application for
██████████ Gauteng North East Campus subject to the following:

1. That the data collection may not commence prior to receipt of FINAL APPROVAL from the
██████████ Research Operations Committee.
2. A copy of the research report will be provided to the ██████████ Research Operations
Committee once it is finally approved by the tertiary institution, or once complete.
3. ██████████ has the right to implement any recommendations from the research.
4. That the Hospital/Site/Division Management reserves the right to withdraw the approval
for research at any time during the process, should the research prove to be detrimental to
the subjects / ██████████ or should the researcher not comply with the conditions of
approval.

We wish you success in your research.

Yours faithfully

██████████
██████████

18/11/2016

Signed by Hospital/Site/Division Management

Date

Campus Manager ██████████ Education Gauteng North East

(Specify designation)

Annexure 6: Information leaflet

FACTORS INFLUENCING MOTIVATION OF NURSING STUDENTS IN THE TEACHING AND LEARNING ENVIRONMENT

You are invited to participate in a study towards a masters degree in the Department of Health Studies, Unisa. The supervisor of the study is Prof GH van Rensburg.

As a final year student, registered for the certificate leading to enrolment as a nurse (R.2175) in a private healthcare setting in South Africa Gauteng you are eligible to participate in this study. The purpose of this qualitative study is to explore and describe the factors influencing motivation of students in order to identify student support strategies to enhance motivation in the teaching and learning environment. Focus group interviews will be conducted at a suitable time as agreed with you and the educational institution. Special care will be taken not to interfere with teaching or study time.

There will be no risks involved in participating in the study, as all the information gathered during this research will remain confidential, and will be disclosed only in a scientific form without any identifiable names.

Your choice whether or not to participate will not affect your rapport with the nursing college or the healthcare institution. If you decide to participate, you may withdraw at any stage without any penalties whatsoever.

The researcher undertakes to avoid any situations that could cause psychological discomfort. Should you however feel some psychological discomfort you will have the opportunity to be referred to the student counsellor of the institution. No financial losses will be incurred due to the study. No educational time will be used for the study.

You will not be exploited in any way by participating in the discussions, nor will you be placed at an advantage or a disadvantage or exposed to situations that you are not prepared for.

Your participation is voluntarily and you may withdraw at any given time without any penalty whatsoever. The signed consent forms will be locked away in order to ensure confidentiality.

The researcher will not manipulate or falsify any data in any way.

If you have any enquiries about the research, you may contact Annemarie Koekemoer (researcher) at 082 438 2880 or Prof GH van Rensburg at 012 4296514 or vrensg@unisa.ac.za.

Annexure 7: Participant informed consent

FACTORS INFLUENCING MOTIVATION OF NURSING STUDENTS IN THE TEACHING AND LEARNING ENVIRONMENT

Researcher: Mrs A Koekemoer
Supervisor: Prof GH van Rensburg (UNISA)

Ms A Koekemoer has explained the study mentioned above to me. I am in possession of an information leaflet that contains all the necessary information to make an informed decision to participate in the study.

I participate freely and am satisfied that my human rights will be protected in an ethical manner. I am willing to participate in a focus group interview during which I will also respect the privacy of the other members of the group and will treat all information discussed confidential.

I accept that the focus group interviews will be conducted at a suitable time as agreed with me and the educational institution. Special care will be taken not to interfere with teaching or study time.

There will be no risks involved in participating in the study, as all the information gathered during this research will remain confidential, and will be disclosed only as explained in the information leaflet.

I was informed that I may withdraw at any stage without any penalty. I will not receive any remuneration or direct advantages for my participation.

I hereby consent to participate in the study mentioned on this form.

Signature

Date

Annexure 8: Confidentiality binding form

FACTORS INFLUENCING MOTIVATION OF NURSING STUDENTS IN THE TEACHING AND LEARNING ENVIRONMENT

I(participant name) am willing to participate in the above mentioned study conducted by Anne-Marie Koekemoer (researcher). Master of Arts student with the University of South Africa. By signing this agreement I confirm that I am aware and will abide by the following:

- Ethical approval and consent to conduct the study was obtained from Unisa and the Nursing Education institution.
- The information obtained will be used in reports with no mentioning of individual identifiable information.
- All personal information will be kept confidential.
- The identity of the participants will be protected by the researcher.
- All audio-tapes, transcriptions and consent forms will be kept under lock and key and will remain in safe-keeping for a minimum period of five years after which it will be destroyed.
- I will respect the opinions of my fellow participants.
- I will not disclose any information outside the group.
- I will not link any information to any group member.

Participant name:.....

Participant signature:.....

Date:.....

Researcher name:.....

Researcher signature:.....

Date:.....

Annexure 9: Declaration to abide by ethical principles

SECTION C DECLARATION

CANDIDATE'S AGREEMENT TO COMPLY WITH THE ETHICAL PRINCIPLES SET OUT IN UNISA POLICY ON RESEARCH ETHICS

(1) Student agreement

I ...Anne-Marie Koekemoer..... (name of student), student number ...35394943..... have accessed, and have read, the Unisa Policy on Research at http://cm.unisa.ac.za/contents/departments/res_policies/docs/ResearchEthicsPolicy_apprvCounc_21Sep107.pdf

Yes: No:

I further declare that this form is a true and accurate reflection of the methodology I intend to apply, and that I have carefully contemplated possible ethical implications of the research methodology and domain specific and associated ethical issues and that I have reported on all of these. I shall carry out the study in strict accordance with the approved proposal and the ethics policy of UNISA. I shall maintain the confidentiality of all data collected from or about research participants, and maintain security procedures for the protection of privacy and anonymity. I shall record the way in which the ethical guidelines, as suggested in the proposal, has been implemented in my research. I shall work in close collaboration with my supervisor(s) and shall notify my supervisor(s) in writing immediately if any change to the study is proposed. I undertake to notify the Higher Degrees Committee of the Department of Health Studies (UNISA) in writing immediately if any adverse event occurs or when injury or harm is experienced by the participants attributable to their participation in the study.

I also declare that all data to be used to answer the research question and to attain the research objectives will be gathered pertinently for this purpose from the target population(s) as indicated in the proposal. NO existing data will be used.

Anne-Marie Koekemoer
Signature

25/01/2015
Date

(2) Approved by Supervisor:

I..... (Name of supervisor) acknowledged that I have checked that this form is complete, and that I approved the submission of the proposal for ethical clearance.

.....

Signature

Date

Annexure 10: Interview guide

FACTORS INFLUENCING MOTIVATION OF NURSING STUDENTS IN THE TEACHING AND LEARNING ENVIRONMENT

To address the purpose and objectives, the following three questions will be asked:

- 1 Could you please describe the factors that motivate you in the teaching and learning environment?

- 2 What factors in the teaching and learning environment contribute to be demotivated?

- 3 What type of support would you as the student need in order to enhance your motivation to learn?

Probing questions will be asked to elicit more in-depth discussions to understand the context.

Annexure 11: Example of transcripts

2017.01.16_12.38_01

Female 4 ...to work with and then, at the same time, there's a patient that should be inserted a drip and you want to learn but, because these patients have to –

Female Mm.

Female 4 ...be done vitals, you will be stuck doing vital observations instead of being there, observing or learning how to put up a drip. So, we...I think that's basically what we all trying to say about not having the opportunity –

Interviewer Alright.

Female 4 ...to learn what we're supposed to learn for that [INDISTINCT] –

Female Mm.

Female 4 ...be doing what we're already competent in.

Interviewer Okay.

Female 2 And then it will be easier for us to actually do the procedures. Let...let's say, um, there's a patient who needs to be inserted a drip.

Interviewer Ja.

Female 2 You can't just run to your office and fetch your clinical facilitator –

Interviewer That's true.

Female 2 ...and the patient is waiting there and –

Interviewer Ja.

Female 2 ...fetch the clinical facilitator, come back, and then be examined. You can't do that. So actually them being there would actually, uh, give us [CROSSTALK] –

Interviewer Yes

Female 2 ...you know, give us that moral.

Interviewer Alright.

Page 5

2017.01.16_12.38_01

Female 1 And another thing is that they don't honour, eh, appointments.

Female Eish.

Female 1 So you would go there, eh, physically, you...you have [INDISTINCT], like, you've done an appointment –

Interviewer Alright.

Female 1 ...for this time –

Interviewer Alright.

Female 1 ...to do maybe a CPCA, that's like a clinical, um, [INDISTINCT] –

Interviewer Okay.

Female 1 ...and then, after that, the CF does not pitch up.

Interviewer And you are prepared?

Female 1 You are prepared, you are anxious, you thinking, like, oh, my word, so she didn't pitch up, what I'm gonna do now? So everything...you feel like everything that you...you worked up for, like, it...it...it all goes down the drain because you...maybe you spend hours preparing, you know, and –

Female Mm.

Female 1 ...now the clinical...the clinical facilitator does not pitch up and then you just feel disappointed and discouraged.

[CROSSTALK]

Interviewer Alright.

Female 5 And the sad part is that –

Interviewer Demotivate, you prepare well?

Female Mm.

2017.01.16_12.38_01

- Female 5 And the sad part is that we are all doing that on our spare time instead of –
- Female Mm.
- Female 5 ...actually doing that on the clinical –
- Female [CROSSTALK] –
- Female 5 ...hours that are allocated to you.
- Female Thank you.
- Female 5 On your off day, instead of being off, you're at the hospital doing something, preparing for a patient for about three hours –
- Female Mm hm.
- Female 5 ...and then, again, you're gonna spend an hour with that patient for CPCA and then, again, there is remediation as well.
- Group Mm.
- Female 5 So you are spending about seven to six hours in a hospital setting without even being on your day off as well.
- Female Ja.
- Female 5 So you are not resting. Tomorrow you're coming back to work for a twelve-hour –
- Female Mm.
- Female 5 ...shift.
- Interviewer Sjoe, [CROSSTALK].
- Female 5 So there is actually no time for resting.
- Interviewer Alright.
- Female Mm-mm.
- Female 5 And then, since...I think...I think I speak for all of us guys but –

Page 7

2017.01.16_12.38_01

Female Ja.

Female 5 ...correct me if I'm...correct me if I'm wrong, but, since we've been here, we've got no personal life whatsoever.

Female Mm-mm.

Female None.

[CROSSTALK]

Interviewer Okay. So [CROSSTALK].

Female 5 Like, you've got no life. It's either you're at work or you're at campus.

Female Mm.

Female 5 That's it.

[CROSSTALK]

Female Or studying.

Female 2 And now we're no longer coming to campus 'cause the...the...the [INDISTINCT] is off for the campus. So you only coming in for exams.

Female Ja.

Female 2 So we're working most of the time –

Female Ja.

Female 2 ...and then we have to prepare for procedures, everything has to be done, and they're telling us twenty-seventh of January, like now.

Female Mm.

Female 2 We not...we not there yet 'cause who's gonna sign the procedures for us?

Female Yes.

Female 2 Who's gonna do that? Who's gonna do everything for us in just that small space of time?

Page 8

Annexure 12: Example of data analysis

ANNEXURE 12: EXAMPLE OF DATA ANALYSIS			
Motivating	Support		
Demotivating	Space in hospital to prepare CPCA		
	Upload powerpoint on street portal like NEDP		Separate big classes to hear better and able to ask questions
	Be fun and exciting p 31		Lecturer microphone
	Interesting and integrating p31		More clinical accompaniment
	Give us scenario - go and research p31		
	Use more technology-lecturers use smartboard p32		
Interpersonal relationships	Family disadvantaged p4		Relationship with patients p63
	Want to see improvement in society and family p 1		Patient caring for me p 26
	Want to make parents proud p1 and 3		Disrespect-college/hospital. Autocratic behaviour.
	Want to qualify myself p3		Insubordination(seniors must earn respect)
	Want to have a qualification to fall back on p4		we are here for patients p 26
	Want to make myself proud p1		Care for people p 56
	want to achieve p1		interaction with people p 60
	expected form family (all educated)p1		Study because money is invested
	parents disadvantaged p2		motivate each other, there for each other.
	be better than mother who achieved nothing p2		Teamwork p 48
	mother works hard p3		allocation with other students
	motivate to work hard p3		Assist and help with procedures
	Setting goals daily		Telleing us we were also there
	to see improvement in community p1		Looking at the four stripes
	Help society and give health ed p1		To be RN with something on top of that
	RN's achieved success eg masters p2		RN's studying
	young RN's		To be part of the team in ED
			Staff attitude: Rudeness, humiliation
			Internal/self worth
			Role of family and society
			Role of seniors and other nurses
			Role of patients
			Social interaction
			Attitudes

	Stories from qualified nurses p5	Nice to have a profession p 48
	qualified when they were old and have families p5	Nothing motivating at home p 49
	How seniors present themselves(professionalism)p5 treating nursing as an important profession p6	Make parents proud p 53 community admiration p 53
	see suffering and be grateful and the best you can p2 importance of nurses in hospital p7 caring for patients p7	Respectable profession p 54 Always have a story to tell p 49 fear of failure p 50
	Did not want to nurse. No passion p3 Social interaction	have to be someone p 50 coming from self p 49
	do not want to fail p4 do not want mediocre marks p4 want to achieve p1 want to leave a mark p4	don't pass - I'm in trouble p 21 want to achieve p 22 passion for nursing p 48
	want to know what's wrong p4 want to satisfy someone p4 what do I want for my future p4 Proud to be nurse	People share stories - feel you grow p 49 UM said not supposed to be friends with patients p 61 Community view of nurses p9 Ranking system(some treated highly) p11 Alone in new ward - no fellow students
	Environment of unprofessional people(Hospital) p 22	Staff not nice
		Kids and family to take care of. No time. P12 Desperate for education. Sign contract without reading
	CF not on the floor	
Teaching	Different diagnosis p2	Different diagnosis
		Theoretical teaching and learning

and	Diversity of nursing	See patients	Teaching and learning by clinical staff/hospital environment
learning	No time for buddy p25	Do practicals	Teaching and learning by clinical teaching staff
collabo	(decreased learning, opportunities)	Diversity in nursing	Theory practice integration
ration	Allocated to pen 1 work p26 and p27	Poor accompaniment (buddy, support, care)	
	Unsure of medication p28	Feeling all on their own	
	No one on one interaction	did not practice at College, have to know in hospital	
	Lecturer do not understand the work p29	Risks - SANC court cases	
	Procedures not relevant to hospital setting p29	Expecting to know things not taught yet	
	No remediation to understand p24	Procedures differently in college/hospital p14	
	procedures done differently college/hospital p 28	Sit and do nothing. Lots to do at home in class	
	Lecturer stray from topic p17	Treated as workforce	
	Time wasted in class. Smoke breaks and latecoming p17	School visits, first aid at shopping centre p 57	
	Lecturer's don't make us understand(slides) p20	More community involvement during studies p 3?	
	High workload. Alone p12	Different situations in trauma p 61	
	Workforce no learning p28	orientation to the wards and staff	
	More class test to test knowledge	Meet different people experience lot of different things p 49	
	Patient care - no time if overwhelmed	Lack of hospital staff	
	want to work in clinics DoH for experience p6	Allocated to work as PEN 1	
	(stock and equipment different)	Increased workload 10 patients	
	Different diagnosis in government p 8	Motivated to study for a test	
	Trusting relationship + transparency p 47	college-do nothing in class p23	
	respect p 47	Lecturer not prepared	
	know what happen in workplace p 46		

Annexure 13: Example of co-coder report

MOTIVATING FACTORS

Themes	Categories	Concepts
Factors related to career prospects	Nursing being a diverse career	Future possibilities, Nursing provides different opportunities
	Having a variety of career options	Broad scope in nursing
	Having various career opportunities	Diverse career, Variety of options in nursing
Factors related to humanity	Being caring	Display caring
	Contributing to human life	To contribute to human life
	Making a difference	Making a difference
	Saving lives	Saving lives
	Being an example to others	To be an example to others
	Helping others	To help
	Advising others	advise others
Factors related to self-efficacy / self-worth	Being knowledgeable	To be able to understand and express knowledge
	Being able to transfer and apply knowledge	Want to sound knowledgeable
		To apply knowledge
	Having a purpose	To have a purpose, Don't want to stay at home
	Fearing failure	Fear of failure, Don't want to fail, Need to pass exams
	Achieving/becoming something	To achieve something
	Improving self	To improve self
	Being successful	To reach success
	Having a goal	To not become an unemployment statistic
	Earning a living	To have a goal
Factors related to the home environment	Making parents proud	To make parents proud
	Meeting family expectations	Expectations from family
	Observing example of parent' determination to succeed	Example of parent's determination
		Mother is hard worker
	Observing other's situations/suffering	Other's situations / suffering
	Observing others' mistakes/failures	Other's mistakes / failures
	Making others proud	To make others happy /proud
	Proofing others wrong	To proof others wrong
	Observing the example of others who succeeded despite personal challenges	Example of others who made it despite personal challenges
	Being encouraged by family	Family motivates
	Observing siblings' success	Sibling successes

Themes	Categories	Concepts
Factors related to extrinsic motivation	Taking self-responsibility for learning	Take self-responsibility for learning
	Following an adult learning approach	Adult learning
	Being pressured to study	When pressured to study
	Being questioned	When being questioned
	Learning from mistakes	When learning from mistakes
	Being stimulated to learn	Are stimulated to learn
Factors related to peer support	Being allocated with peers	Allocation with peers
	Working as a team	Teamwork
	Being motivated by fellow students	Fellow students
Factors related to socialisation	Hearing stories from other nurses	Stories of other nurses
	Interacting with patients	Interaction with patients+
	Hearing stories from patients / patients sharing their experiences	Stories about pts
	Sharing experiences with peers	Sharing experiences of patients
	Meeting different people	Meeting different people
Factors related to nurse educator characteristics	Acting as role models	NEs who are role models
	Advocating for students	NEs who advocate for students
	Showing enthusiasm	NEs who are enthusiastic
	Showing passion for teaching	NEs who are passionate about teaching
	Being transparent	NEs who are transparent
	Being trustworthy	Trusting
	Respecting students	Respecting students
	Making students feel comfortable	Make students feel comfortable
	Being patient	Patient
	Meeting students' needs	Meet learner needs
	Achieving academically	Academic achievements of NEs
Factors related to teaching strategies	Using time optimally	Use time optimal
	Making it fun	Fun
	Being creative	Creative
Factors related to professional identity	Feeling proud of wearing uniform	Pride in uniform
	Other displaying pride in the profession	Others showing pride in profession
	Realise importance of the nursing profession	Importance of nursing profession
	Feeling empowered by wearing uniform	Feeling of empowerment by wearing uniform
Factors related to organisational identity	Experiencing a sense of pride in the organisation	Pride in hospital
	Being able to market organisation and profession	Marketing of hospital and profession
Factors related to clinical practice	Being orientated by clinical facilitators	CF orientate students
	Realising the need for specialisation	Need for specialisation
	Looking up to senior students and registered nurses	Look up to senior students and RNs

Themes	Categories	Concepts
	Learning from senior students	Learn from senior students
	Observing registered nurses excel by studying further	RNs inspire students to excel, especially those studying further
	Receiving positive feedback	Positive feedback
	Receiving acknowledgement	Acknowledgement
	Being busy	Being busy in clinical
	Gaining experience	Gaining experience in clinical
	Being included in the clinical team	When included in clinical team

Annexure 14: Example of annual progress report to healthcare institution

Anne-Marie Koekemoer

From: Anne-Marie Koekemoer
Sent: Thursday, August 31, 2017 08:39
To: Research
Cc: Van Rensburg, Gisela (Vrensgh@unisa.ac.za); 35394943@mylife.unisa.ac.za; Anne-Marie Koekemoer
Subject: FW: Annual research report
Attachments: Koekemoer A - UNIV-2016-0005 - doc14404020160209173528.pdf; Koekemoer A - UNIV-2016-0005 Anon Letter - doc14404020160209173538.pdf

Dear [REDACTED]

Please receive below my status report on current research.

I completed my data collection.
Had a collaboration meeting with the co-coder and my supervisor.
Am currently busy completing chapter 3.

Kind regards
Annemarie

Annexure 15: Certificate of editing

CERTIFICATE OF EDITING – MJ MARCHAND

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14, Twenty First Street
MENLO PARK
Pretoria
0081
27 January 2019

To whom it may concern:

I certify that I am a professional, experienced and accredited editor and that I have edited the MA dissertation by Anne-Marie Koekemoer, entitled, "Factors influencing motivation of nursing students in the teaching and learning environment" in the Department of Health Studies, supervisor Prof GH van Rensburg.

I have edited the dissertation for clarity, correctness and flow of language and expression. This included spelling, tense, vocabulary, number, punctuation, pronoun and verb matches, word usage, sentence structure and consistency.

I also carefully checked the references with the text, and edited the reference list.

The dissertation left my hands on 24 January 2019. I am not responsible for alterations made to my edited version.

Marion J Marchand
BA, H Dipl Lib, HED,
Postgraduate Certificate in Editing UP; Accredited Translator (Afrikaans to English) and English Editor, South African Translators' Institute, Member of the Professional Editors' Guild; Member of the English Academy

Annexure 16: Turnitin originality report

Turnitin Originality Report

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