FACTORS AFFECTING STUDENT NURSES' SELECTION OF PSYCHIATRIC HOSPITALS FOR COMMUNITY SERVICE PLACEMENT: KWAZULU-NATAL COLLEGE OF NURSING

by

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Student number: 64027058

DECLARATION

I declare that the dissertation titled **FACTORS AFFECTING STUDENT NURSES' SELECTION OF PSYCHIATRIC HOSPITALS FOR COMMUNITY SERVICE PLACEMENT: KWAZULU-NATAL COLLEGE OF NURSING** 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. The result summary is attached.

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

....   15 OCTOBER 2021

SIGNATURE   **DATE**

Nokwanda Innocentia Mngomezulu

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ABSTRACT

The purpose of this study was to determine the factors impacting on student nurses' selection of psychiatric hospitals for community service placement. The study was conducted at the campuses under KwaZulu-Natal College of Nursing (KZNCN).

A quantitative, non-experimental, descriptive research design was selected to describe, explain, and determine factors impacting on student nurses' selection of psychiatric hospitals for community service placement experiences. The researcher purposively selected a sample of student nurses qualifying for Community Service at the KZNCN Campuses.

Data was collected from 125 respondents by means of a Likert scale-based self-administered structured questionnaire. Data was analysed using the Statistical Package for Social Sciences (SPSS) version 26 data processing and statistical analysis.

The study identified the following factors: danger allowance, fear of psychiatric patients, insufficient exposure during training and poor infrastructure in the psychiatric hospitals as impacting on the student selection of psychiatric hospitals for community service placement.

Key terms

Compulsory community service; community service placement; psychiatric institution; selection; student nurse.

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DEDICATION

I dedicate this study to my family especially in memory of my late husband Liberty Kuthula Mngomezulu, who was so supportive and encouraged me to enrol for my Master's degree
"Thank you so much, Bodlakadla"

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LIST OF ABBREVIATIONS

CCS	Compulsory community service
CFA	Confirmatory factor analysis
COVID	Corona Virus Disease
DoH	Department of Health
EFA	Exploratory factor analysis
HSREC	Human Science Research Ethic Committee
KMO	Keiser-Meyer-Olkin
KZNCN	KwaZulu-Natal College of Nursing
MSA	Measure of sampling adequacy
SANC	South African Nursing Council
TLI	Tucker-Lewis Index
UNISA	University of South Africa
WHO	World Health Organization

CHAPTER 1

ORIENTATION TO THE STUDY

1.1   INTRODUCTION AND BACKGROUND

South Africa promulgated Mental Health Care Act (Act No. 17 of 2002), which recognised that health is concerned with physical, mental and social well-being and that mental health care services should be provided as part of primary, secondary and tertiary health care. The Act makes provision for access to mental health care, treatment and rehabilitation of persons who are mentally ill.

Globally, psychiatric mental health nursing is recognised as a specialised area of nursing practice which is a key resource to promote mental health care services (Stuart 2014:1). In South Africa to promote proper care for patients that are admitted for mental health, psychiatric nursing was integrated in the comprehensive nurse training programme to prepare nurses to care for mental health care users (South Africa 2005:7).

There is a global shortage of nurses working in the mental health field and an ever-increasing rate of mental illness among people (Harrison, Hauck & Ashby 2017:513; Ong, Seow, Chua, Xie, Wang, Lau, Chong & Subramaniam 2017:95). Mental health nurses are ageing whilst mental health nursing is not a preferred career for new graduate nurses. Harrison et al (2017:513) maintain that to attract students and new nurses to work in mental health requires breaking down the stigma related to the role and promoting mental health nursing.

As a strategy to promote quality nursing care and access to health services, compulsory community service (CCS) for nurses was included in section 40(1) of the Nursing Act (Act No. 33 of 2005) and commenced in January 2008, and is regulated by the South African Nursing Council (SANC), Regulation 765 of 24 August 2007 (SANC 2007). The CCS programme requires new graduate nurses to serve in public health facilities for one year before becoming registered professional nurses. Candidates have the opportunity to select five choices from a list of facilities provided by the Department of Health. If they are not assigned at one of those choices, they are given information about other choices. The

process is repeated until the applicant is provided with a placement (South African National Department of Health 2006:14). SANC (2007:2) recommends that professional nurses provide accompaniment of both newly qualified professional nurses and students while they are in their clinical placement area. Community service placement is intended not only to successfully complete professional training, but also to provide quality health service and support to communities.

1.2   RESEARCH PROBLEM

Despite the availability of posts for placement in psychiatric hospitals, a limited number of student nurses select psychiatric nursing for community service. In KwaZulu-Natal (KZN) in 2016, only 5% of student nurses selected community service placement in psychiatric hospitals; in 2018 and 2020, only 4% selected psychiatric nursing placement (KwaZulu-Natal College of Nursing [KZNCN] 2020:7). Figure 1.1 depicts the percentage of nursing students who selected psychiatric nursing placement for CCS between 2016 and 2020.
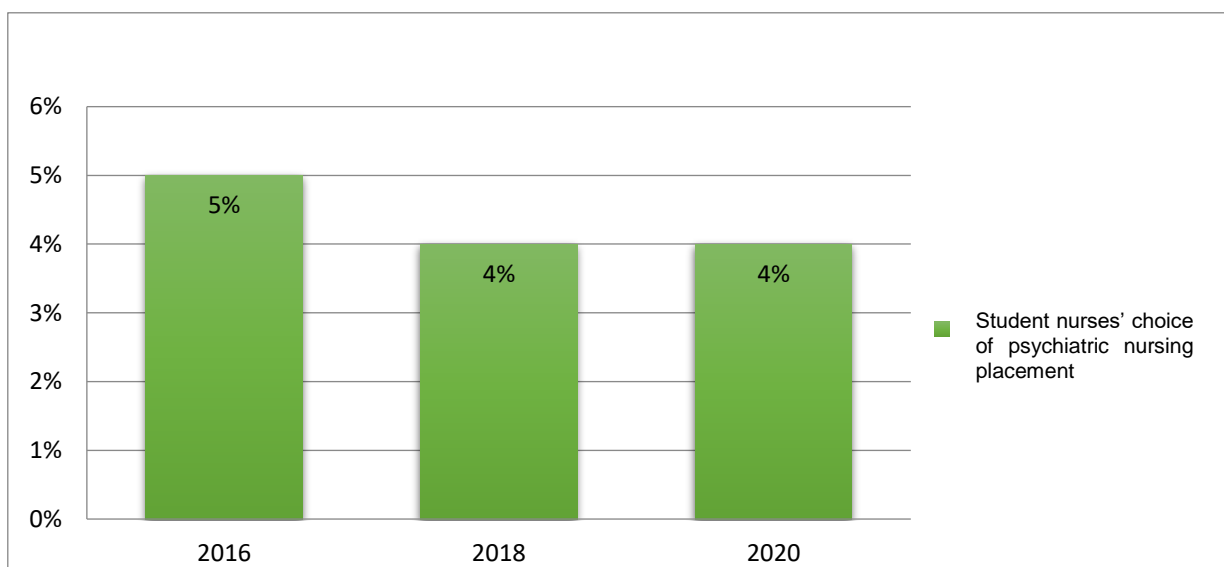
Figure 1.1 Student nurses' selection of psychiatric nursing placement

The researcher found several studies on nursing students' attitudes and perceptions about mentally ill patients and psychiatric nursing students' experiences during placement in psychiatric facilities. The student nurses experienced stress and had poor coping strategies during psychiatric clinical practice in different countries and mostly selected psychiatric nursing as last choice (Gough & Happell 2015:3157; Happell & Gaskin

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2012:148; Bekhet, Murrock, Mu & Singh-Gill 2017:335); (Alshowkan & Kamel 2016:60; Al-Zayyat & Al-Gamal 2014:335), (Günüşen, Duman, Ĭnan, Ĭnce, Sari & Aksoy 2017:837).

Govender, Brysiewicz and Bhengu (2015:16) examined perceptions and experiences of nurses performing CCS in KZN. However, the researcher found scant literature on issues influencing student nurses during their selection for community service placements. This gap motivated the researcher to investigate the factors impacting student nurses' selection of psychiatric hospitals as their community service placement.

1.3   PURPOSE, RESEARCH OBJECTIVES AND QUESTIONS OF THE STUDY

The purpose of the study was to determine the factors impacting KZNCN student nurses' selecting psychiatric hospitals as their placement areas for community service.

In order to achieve the purpose, the objectives of the study were to:

- Determine the factors impacting student nurses' selecting psychiatric hospitals for community service placement.
- Assess student nurses' perceptions of psychiatric hospitals.
- Make recommendations to promote student nurses' interest in placement at psychiatric hospitals.

The study therefore wished to answer the following research questions:

- What factors prevent student nurses from selecting psychiatric hospitals for community service placement?
- How do student nurses perceive psychiatric hospitals?
- What recommendations can be made to promote student nurses' interest in placement in psychiatric hospitals?

1.4   SIGNIFICANCE OF THE STUDY

The study identified the following factors: danger allowance, fear of psychiatric patients, insufficient exposure during training and poor infrastructure in the psychiatric hospitals as impacting on the student selection of psychiatric hospitals for community service

placement. The findings of this study should assist KZNCN to develop strategies to improve student nurses interest in psychiatric hospital placement for community service. The findings of the study will be presented to the community service coordinator's office for assistance when allocating student nurses for their community service placement. The study will create awareness to nurse educators about the importance of continuous workshops on mental illness

1.5   RESEARCH APPROACH, DESIGN AND PARADIGM

~~The researcher adopted a quantitative approach to the study.~~

1.5.1 Research design

The researcher used a quantitative, exploratory and descriptive research design. Polit and Beck (2017:739) define quantitative research as "the investigation of phenomena that lend themselves to precise measurement and quantification, often involving a rigorous and controlled design". Quantitative research involves the systematic collection of numerical information and analysis of that information using statistical procedures Exploratory research begins with a phenomenon of interest and explores the full nature of the phenomenon (Polit & Beck 2017:740). A descriptive design enables researchers to describe variables in order to answer research questions with no attempt at establishing a cause-effect relationship (Brink, Van der Walt & Van Rensburg 2018:102).

An explorative and descriptive research design allowed the researcher to explore, describe, and predict the factors impacting on the participant student nurses' selection of psychiatric hospitals for community service placement.

In quantitative research, numerical data are used to obtain information about the world and deductive reasoning is used to generate predictions that are tested in the real world (Burns & Grove 2018:324; Creswell & Creswell 2018:250). The researcher considered this design relevant for this study to explore, describe and predict the factors impacting on student nurses' selection of psychiatric hospitals for placement for CCS.

1.5.2 Research paradigm

A paradigm is a worldview or way of looking at natural phenomena that encompasses philosophical assumptions and that guides one's approach to enquiry (Burns & Grove 2018:333; Polit & Beck 2017:738). Polit and Beck (2017:738) add that paradigms are lenses that help to sharpen the researcher's focus on a phenomenon. Polit and Beck (2017:744) state that quantitative research is allied with the positivist paradigm. The positivist approach assumes that nature is basically ordered and regular and that an objective reality exists independent of human observation.

The researcher used positivism to explore and describe the factors that impacted on the participant student nurses' selection of psychiatric hospitals as their placement areas for community service.

1.6   RESEARCH METHODOLOGY

Research methodology is the plan for conducting the specific steps of a study, and research methods are the strategies for collecting and analysing data in a study (Polit & Beck 2017:409). The research methodology included the setting, population, sampling and sample, data collection, organisation and analysis, and ethical considerations.

1.6.1 Setting

Polit and Beck (2017:744) describe the setting as the physical location and condition in which data collection takes place in a study. The study was conducted at seven (7) campuses at KZNCN. The COVID regulations related to visitation to the premises were taken into consideration for data collection.

1.6.2 Population

A population is a well-defined set that has certain specified properties of interest to the researcher and meets certain criteria to achieve the study objectives (Brink et al 2018:123). A population refers to all the individuals or elements that meet certain criteria for inclusion in a given universe (Burns & Grove 2018:107).

In this study, the site population comprises 6 (N=6) campuses and the participant population comprised 148 (N=148) fourth-year student nurses at the KZNCN qualifying for community service placement on completion of the course leading to registration as nurse (general, psychiatric, community) and midwife comprehensive nurse training (R425).

1.6.3 Sample and sampling

A sample is a subset or portion of the accessible population identified for a study while sampling is a process of selecting the subset or portion of the population to represent the accessible population (Burns & Grove 2018:94). The campuses were purposively selected based on the availability of final-year nursing students. The selected campuses were identified alphabetically as A, B, C, D, etc to maintain anonymity and confidentiality. For participant selection, the researcher gave all population elements an equal chance of being selected by using simple random sampling to select respondentsrandomly (Brink et al 2018:119). Accordingly, probability sampling was used to determine the minimum sample size required, using the following formula:

Where

$$n = \frac{3.841x\ 148x\ 0.5x\ (1-0.5)}{0.05x\ (148-1) + 3.841x\ 0.5\ (1-0.5)}$$

$$= \frac{142.117}{1.32775}$$

$$\therefore n = 107$$

Based on the simple random sampling formula, a minimum sample size of 107 (n=107) respondents was required for data collection.

Accordingly, student nurses who had not been registered as nurses before and who met the qualifications for community service placement were included in the study.

Nursing auxiliaries and staff nurses undergoing the R425 or the bridging course and student nurses doing first, second and third year of the R425 programme were excluded from the study.

1.6.4 Data collection

Data collection is the precise, systematic gathering of information relevant to the research purpose or the specific objectives, questions, or hypotheses of a study (Burns & Grove 2018:430; Polit & Beck 2017:769). In this study, the researcher developed a Likert scale-based self-administered questionnaire for data collection. The researcher used a 5-point Likert scale, namely 1=strongly disagree, 2=disagree, 3=neither disagree nor agree, 4=agree, and 5=strongly agree.

1.6.5 Pilot study or pre-test

The researcher did a pilot study or pre-test of the questionnaire. Pre-testing is a method of checking that the questions work as intended and are understood by the respondents (Hilton 2017:32). The researcher selected five respondentsfor the pilot study. Data was collected using the self-administered questionnaire. The respondentswere excluded from the main study.

1.6.6 Data management

The raw data from the questionnaire was stored in the researcher's password-protected private laptop. On completion of data capture and analysis the online respondents' answers were saved to one USB and the USB will be kept in the researcher's office for a period of five years to prevent any leakage of information (Brink et al 2018:107).

1.6.7 Data analysis

Data analysis is the systematic organisation and synthesis of research data (Polit & Beck 2017:725). Statistics refer to the systematic collection of numerical data and their interpretation. In this study, a statistician analysed the data, using the Statistical Package for Social Sciences (SPSS) version 26 data processing and statistical analysis. The results were presented in tables, diagrams, and graphs.

1.6.8 Ensuring rigour through validity and reliability

Rigour refers to the integrity, legitimacy, and soundness of the research process. In quantitative research, rigour implies a high degree of accuracy, consistency, and attention to all measurable aspects of the research, deductions are flawlessly reasoned, and decisions are based on the scientific method (Burns et al 2018:91). In quantitative studies, *validity* and *reliability* are two of the most important concepts used by researchers to evaluate the rigour with which they are carried out. The quality of a research instrument is determined by its validity and reliability.

Validity is the degree to which an instrument measures what it is intended to measure (Collins & Hussey 2014:215; Polit & Beck 2017:735). In this study, the researcher considered internal and content validity (see Chapter 3 for full discussion). Internal validity referred to the participants' understanding of the operational definitions used in the study and the questions. The participants' feedback and responses in the pilot study confirmed internal validity. Content validity concerns the degree to which an instrument has an appropriate sample of items for the construct being measured and adequately covers the construct domain (Polit & Beck 2017:743).

Reliability refers to the extent to which measures are consistent or repeatable over time (Brink et al 2018:157). The researcher ensured reliability by means of the pilot study to test whether the questions were clear and concise for the main study.

1.7   DEFINITION OF KEY TERMS

For the purposes of this study, the following key terms are used as defined below.

- **Compulsory community service (CCS).** The term refers to the remunerated compulsory community service (CCS) that health care professionals are mandated to perform at public health care facilities, after they have successfully completed their diploma or degree course. CCS commenced for doctors in 1998 and other health care professionals in subsequent years. CCS for nurses was introduced in 2008 in terms of section 40 of the Nursing Act (Act No. 33 of 2005. The successful completion of the one-year community service is a requirement for entering the nursing profession as a professional nurse (SANC 2015:10).

- **Community service placement.** This refers to the work placement, as part of a course of study where candidates obtain experience of a particular kind of work (*Oxford Advanced Learner's Dictionary* 2014:1115).
- **Psychiatric hospital.** The Mental Health Care Act (Act No. 17 of 2002) defines a psychiatric hospital as a "health establishment that provides care, treatment and rehabilitation for patients with mental illnesses" (South Africa 2002:13).
- **Selection.** The *Oxford Advanced Learner's Dictionary* (2014:1338) defines selection as "(noun) the process of choosing somebody/something from a group of persons or things".
- **Student nurse.** A student nurse is a person who has been registered as such with the SANC and is receiving education and training at an accredited nursing school (SANC 2015).

1.8   OPERATIONAL DEFINITIONS

The relevance of the key terms to the current study is outlined in this section:

- **Compulsory community service**

In this study CCS was referred to as a remunerated care performance for a period of one year at a public health facility by a newly qualified professional nurse who is a citizen of South Africa intending to register for the first time and practice as a professional nurse in a prescribed category (South Africa 2005:5).

- **Community service placement**

In this study, remunerated community service placement of newly qualified professional nurses who have been trained at a university or a college have completed a basic four-year training programme and were placed for remunerated community service.

- **Psychiatric institution**

In this study, a psychiatric institution referred to the whole or part of a public institution, facility, building or place, whether for profit or not, that is operated or designed for inpatient or outpatient treatment to patients presenting with acute and chronic symptoms, diagnostic or therapeutic interventions, nursing, rehabilitative or preventive health services.

- **Selection**

In this study selection referred to the choice impacted**?** when the final year student nurse chooses a psychiatric hospital for community service.

- **Student nurse**

In this study student nurse referred to a fourth-year student undergoing R425 in KZNCN leading to registration as a nurse (general, psychiatric, community) and midwife.

1.9   ETHICAL CONSIDERATIONS

Ethics deals with matters of right and wrong. When humans are used as study respondentscare must be taken in ensuring that their rights are protected (Polit & Beck 2017:748). Accordingly, the researcher obtained ethical clearance and permission to conduct the study, obtained informed consent from the participants, and observed the ethical principles of respect for human dignity; anonymity, confidentiality, and privacy; informed consent; respect for human dignity, and justice.

- **Approval and permission**

The researcher obtained written ethical approval and permission from the Higher Degrees Committee of the Department of Health Studies, University of South Africa (UNISA), the Department of Health Research Data Base Board, the KZNCN principal, and the campus principals to conduct the study (see Annexures 1 and 3).

- **Informed consent and autonomy**

Informed consent means that respondents have adequate information about the research, comprehend that information, and have the ability to consent or decline participation voluntarily (Polit & Beck 2017:731).

The information letter explained the purpose of the study, and informed the respondents that all the information would be treated confidentially; participation was voluntary, and they could withdraw from the study at any stage should they wish to do so. The researcher provided contact details so that respondents could contact her.

The principle of respect for human dignity includes the right to self-determination (autonomy) and the right to full disclosure (Brink et al 2018:35). The right to self-determination is based on the principle of respect for persons as autonomous agents, who have the freedom to conduct their lives as they choose without external control (Burns & Grove 2018:35). In addition to the information letter, the research assistants had arranged a suitable date to explain the nature of the study and their participation to the respondents so that they could decide autonomously to participate in the study.

- **Anonymity, confidentiality, and privacy**

The respondents were assured of anonymity, privacy and confidentiality. Anonymity exists if respondents' identities cannot be linked with their individual responses by the researcher or anyone (Polit & Beck 2017:158). No names appeared on the questionnaires and the respondents completed the questionnaires privately on their computers. The researcher ensured confidentiality by saving the informed consent letters and questionnaires in separate folders (Burns & Grove 2018:172). The researcher kept all the files/folders on her password-protected computer to which nobody had access. The researcher shared the questionnaires only with the statistician and the supervisor. The respondents' privacy was protected because they received, completed and returned the informed consent letters and questionnaires on their personal email.

- **Justice**

The principle of justice essentially requires that a thing or activity be fairly distributed amongst respondents (Newell & Burnard 2011:51). The researcher ensured that all student nurses placed at the campuses under study were given an equal opportunity to be included in the study were not discriminated against on the basis of race, gender, or any other characteristics (Polit & Beck 2017:156). The researcher used convenience sampling to ensure that everyone available in the selected setting could participate in the study. In addition, the researcher ensured protection of the respondents during Covid-19 by means of precautionary measures (see chapter 3 for discussion).

1.10   SCOPE AND LIMITATIONS OF THE STUDY

Limitations are problems or restrictions in the study that may decrease the generalisability of the findings. The study was limited to one nursing college, the KZNCN, and one province, therefore the findings cannot be generalised to other provinces.

1.11   STRUCTURE OF THE DISSERTATION

The dissertation consists of five chapters.

Chapter 1:   Orientation to the study
Chapter 2:   Literature review
Chapter 3:   Research design and methodology
Chapter 4:   Data analysis and interpretation, and findings
Chapter 5:   Findings, limitations, and recommendations

1.12   SUMMARY

This chapter discussed the background, problem, purpose, research design and methodology, and ethical considerations of the study and defined key terms. The scope and limitations of the study were outlined in the chapter together with the structure of dissertation. The following chapter 2 discusses the literature review conducted for the study.

CHAPTER 2

LITERATURE REVIEW

2.1. INTRODUCTION

Chapter 1 described the problem, purpose and significance as well as research design and methodology of the study. This chapter discusses the literature review conducted for the study.

Literature review is an organised, written presentation of what has been published on a topic (Burns & Grove 2018:92). A thorough examination of publications on the topic is essential to developing an understanding of a given area, to limiting the scope of the study, and to conveying the importance of studying the topic (Brink et al 2018:67). Polit and Beck (2017:114) refer to a literature review as a critical summary of research on a topic of interest, often prepared to put a research problem in context. For this study the researcher reviewed published material related to placement of student nurses for community service in nursing as well as factors affecting the placement choices.

2.1.1 Searching the literature

The keywords that were used for literature search included: Compulsory community service; community service placement; psychiatric institution; selection; student nurse. The researcher mainly used Google Scholar search engine to search literature. Google search engine was also used. Most od the articles were available on Google Scholar page as summaries and the researcher had to access the publishing journals directly for full pdf articles. Some literature was obtained from UNISA repository, literature obtained from this page were presented as full thesis or dissertation documents. The researcher did not encounter any problems in obtaining articles, however there were few studies conducted nationally associated with the noted problem.

2.2 SOUTH AFRICAN CONTEXT OF COMMUNITY SERVICE PLACEMENT

The community service programme was introduced in South Africa in the year 2008 (Swart 2015:106). As a strategy to promote quality nursing care and access to health

services, CCS for nurses commenced in January 2008 and is regulated by SANC Regulation 765 of 24 August 2007 and has been included as a section in the Nursing Act (SANC 2007). The psychiatric hospital, where mental health nursing takes place form part of the list of facilities provided by the department. The community service placement candidates have the opportunity to supply five choices from a list of facilities provided by the department. (Govender et al 2015:15). The intention was to retain newly- qualified health professionals in the country immediately after they qualified and promoted equitable distribution of health services to the people of South Africa. CCS enables health professionals to develop further skill, acquire knowledge, behavior patterns and critical thinking. Moreover, being allocated in the rural areas gives health professionals' confidence as they deal with clinical issues independently. Community service is also a strategy to improve on the number of health workers in these areas in order to ensure better access to quality health care (South African National Department of Health 2006:3). The CCS programme requires new graduate nurses to serve in public health facilities for one year before becoming registered professional nurses.

Despite the availability of post for placement in psychiatric hospitals, a limited number of student nurses select psychiatric nursing for community service.

2.3 FACTORS AFFECTING A SELECTION OF PSYCHIATRIC HOSPITALS AS PLACEMENT AREA FOR COMMUNITY SERVICE

Based on the literature review conducted the following factors were identified as being in the main factors affecting selection of psychiatric hospitals as placement area for community service: fear of anxiety, unprofessional behavior by the qualified psychiatric nurses, supervision and support in clinical environment, barriers to support for student nurses in psychiatric clinical settings and experiences during clinical placement

In the following paragraphs these factors will be presented in detail.

2.3.1 Fear and anxiety in working environment

Günüşen et al (2017:838) stated that in the United States there is a widespread concern about the nursing shortages in psychiatry. The demand for mental health services continues to grow and there is a need for strategies to recruit newly qualified professional

nurses. The long-term effects of negative student perceptions related to psychiatric-mental health nursing may affect students' career decisions, potentially contributing to the shortage of mental health nurses. Contrary, in the study conducted by Happell (2015:4) in Australia on the examination of nursing students' attitude toward mental illness before and after their clinical practice, revealed that after practicing as mental health nurses, students held positive attitudes about the experience and intended to work as mental health nurses in the future.

In a study conducted in Singapore by Thongpriwan, Lueck, Powell, Young, Schuler and Hughes (2015:949) among junior and senior nursing students, students with no experience in theoretical or clinical setting held greater negative stereotypes of persons with mental illness and expressed more anxiety about mental illness. Interestingly in the same study, students with prior mental health experience were more interested in a future career in mental health nursing than those who did not. Hunter, Weber, Shattell and Harris (2015:33) state that increasing amount of time in clinical setting, adding psychology-specific content particularly the importance of psychiatric mental health nursing and effects of stigma to the curriculum were associated with recruiting and retaining psychiatric mental health nurses.

Similarly, in their study conducted in Singapore, Liu, McMahon and Watson (2015:76) the findings indicated that pre-nursing school factors play a crucial role in influencing students' likelihood of choosing psychiatric nursing than nursing school factors. Sources of information such as parents' wished, personal or family experience of a mental illness, and prior work experience are likely to affect the student's decision in choosing psychiatric nursing and parents' views are taken seriously and thus remain a big influence on children's career choice people with mental illness. In their study in Turkey, Çam and Baysan Arabaci (2014:23) and Karakaş, Okanli and Yilmaz (2016:649) reported that the nurses who feel safe perceived individuals with mental health problems as less dangerous and feel less helpless in their interpersonal relationships. Studies conducted with nursing students have determined that the students who have mental health problems or have such patients in their families or environment perceived mental health problems and patients as less dangerous, feel less embarrassment and have more positive attitudes (Öztürk & Uluşahin 2015:22).

Karakaş et al (2016:650) conducted a study which revealed that participants who consult experts in case of a mental health problem have more positive beliefs about mental health problems. Feeling safe may enable nurses to create a therapeutic communication and environment, and to recognise and meet the patients' needs. Individuals diagnosed with a mental health problem or have family members diagnosed with a mental health problem and receive expert support develop a more empathetic approach, which can be associated with knowledge, experience and social contact in their own lives. In Turkey, psychiatric nursing students have negative attitude towards mental illness and stigma against persons with mental illness remains a concern no passion or interest in psychiatry (Gur & Kucuk 2016:8; Watson, Badr, Belenky, Bliwise, Buxton, Buysse, Dinges, Gangwisch, Grandner & Kushida 2015:591). Similarly, Thongpriwan et al (2015:949) revealed that beliefs and attitudes are not affected by variables such as age and gender.

Psychiatric nursing courses including theoretical and clinical education increased the empathy levels of all students towards psychiatric patients, personal contact with psychiatric patients helped to reduce stigma at the end of the clinical practice; theoretical education was not sufficient (Mousa 2015:102). Additionally, the students stated at the end of clinical practice that the patients showed normal human behaviours, did not attack, and were not as dangerous as they thought. Similarly, Granados-Gámez, Lopez Rodriguez, Corral Granados and Márquez-Hernández (2017:136) stated that the experience and personal contact with patients with mental illness reduced the fear of the students and changed their beliefs that the patients were dangerous.

Those factors that may lead to stress and anxiety among nursing students were identified as lack of knowledge, students perceive themselves as incompetent, and poor relationships with nursing staff members (Govender et al 2015:21). In South Africa, the demand for mental health services continues to grow and there is a need for strategies to recruit a newly qualified professional nurse to psychiatric nursing practice. Majority of the particular fourth year student nurses are unwilling to enter psychiatric nursing. The reason for this was reported to be due to stigma as a principle barrier to promoting psychiatric mental health nursing and the outdated belief that the society holds towards mental illness (Hunter et al 2015:33).

In spite of their education, psychiatric nursing students often maintained prejudices, believing that patients are dangerous, hostile, and prone to violence. These prejudices

have increased stress and anxiety in students about psychiatric clinical cause students to stay away from patients with mental illness and limit their communication with them (Alshowkan & Kamel 2016:63; Al-Zayyat & Al-Gamal 2014:326).

Furthermore, Bennett and Stennett (2015:605) found that the students nurses held an overall negative attitude towards mental illness and general perception that mentally ill people were dangerous, experienced strict security measures; controls on entry and departure of all persons and objects which, far from instilling a sense of security, would increase their concerns and worsen the sense of danger.

In addition, Happell (2015:339) reported that student nurses felt that the psychiatric environment is not interesting boring and demotivating because it is routine work on daily basis not challenging and there is no discipline in staff (going out as they please and drink on duty) that is unprofessional behavior, absenteeism of the nursing staff caused students to feel vulnerable and alone in the units facing the old facility the feeling of anxiety they since practice increased. There is a need to determine why fourth year students are having reduced interest to placement in psychiatric nursing environment. Studies conducted with nursing students have determined that the students who have mental health problems or have such patients in their families or environment perceive mental health problems and patients as less dangerous (Günay, Kilinc & Ying 2016:87) and have more positive attitudes (Granados-Gámez et al 2017:138).

However, in practice, Ngako, Van Rensburg and Matabonge (2012:5) found that the environment at an acute in-patient public health facility in Gauteng nursing care was improper as it was discovered that mental health care users experiencing violence, disrespectful behavior and sexual intimidation under the professional nurse's care. Nonetheless, more could be done and educators must provide further learning and teaching opportunities which foster ethical values in health and social care, in order to observe the fundamental human rights and dignity of individuals and promote positive attitudes towards those experiencing mental health issues (Kodal, Fjermestad, Bjelland, Gjestad, Őst, Bjaastad, Haugland, Havik, Heiervang & Wergeland 2018:58).

2.3.2 Unprofessional behaviour

Unprofessional behavior was prioritised and discussed by two groups of student nurses as a reason for not choosing psychiatric nursing as a career. They declared that nursing staff showed no discipline in their ethical conduct. This concern is illustrated by the following statement: Ngako et al (2012:5), no discipline in staff (going out as they please and drink on duty), absenteeism of the nursing staff caused students in this study to feel vulnerable and alone in the units. The participants' complaints about nursing staff drinking on duty were disturbing. According to these group of student nurses, drinking on duty and absenteeism showed a lack of discipline. They said that the nursing staff should act as role models and that such behavior indicated a lack of integrity as a professional nurse. Hunter et al (2015:23) argue precisely this point when he states that nursing students should learn from professional role modelling portrayed by nursing staff.

According to Akessa and Dhufera (2015:67), intrinsic learning resides within the learner. It also motivates the students by increasing curiosity in the task undertaken, satisfaction and sense of accomplishment in learning. Students who have a positive attitude to learning attain great pride and satisfaction in performing tasks well. They gain a valuable sense of competence, which motivates them to invest further efforts. This means that, for example, the student must have the correct attitude, ability, access, interest and value to education. According to the Nurses Rights Charter, nurses also have the right to work in a safe environment which is compatible with the efficient consumer care, equipped with minimum physical, material and personal requirements.

According to the study conducted at Namibia by Amakugo, Amakali and Sipa (2015:8) revealed evidential from literature that absenteeism within the workplace contributes to many other problems. High levels of absenteeism may lead to imbalanced nurse-patient ratio with negative impact on the service delivery. Absenteeism of staff has a direct association with the staff low morale, stress and pressure.

2.3.3 Supervision and support in clinical environment

In a study conducted in Alexandria, Egypt, Mousa (2015:105) found that all the participant students significantly achieved high levels of empathy toward patients with mental illness after passing through a psychiatric and mental health educational experiences.

Nurses working in psych hospitals do not only provide care and safety to the mentally ill patients but also ensure their safety against such patients. This is because some patients admitted are chronically psychotic, assaultive, aggressive or suicidal. Ngako et al (2012:5) state that some psychiatric hospitals are specialised forensic centers for long term "intensive" care, long-term forensic services, and observation and treatment of cases that present high security risks. Serve inpatient resource for other mental health services, support center for evaluation, research and training in the fields of mental health.

Nonetheless, Kodal et al (2018:53) reveal that there is more that could be done and educators must provide further learning and teaching opportunities which foster ethical values in health and social care, in order to observe the fundamental human rights and dignity of individuals and promote positive attitudes towards those experiencing mental health issues. Despite the exposure to psychiatric environments that the nurses have on training, the majority reveal lack of interest in specialising or working in psychiatric hospitals (Ong et al 2017:96). However, gaining psychiatric nursing skills is an important part of undergraduate nursing education. Therapeutic communication skills of students and their attitudes towards psychiatric patients are shaped in psychiatry clinical practice experiences (Alshowkan & Kamel 2016:60).

Hunter et al (2015:30) state that there are two factors that may contribute to unwillingness on the part of newly qualified nurses to enter psychiatric mental health nursing. Firstly, a lack of understanding about the contributing factors of stigma be a principle barrier to promoting psychiatric mental health nursing, secondly, factor is about society holds outdated belief about mental illness. A person with mental illness also experiences stigma from the health care professionals which result in diminished optimal care for the mental health consumers.

The role of education is to provide a comprehensive programme for nursing students of a wide variety of aspects of nursing and to providing a comprehensive curriculum to nursing students to ensure students are given the opportunity to engage and gain knowledge about mental illness thus decreasing the stigma surrounding mental illness. However, nursing students on their training documented evidence indicate that the theoretical preparation and positive clinical experiences in psychiatric nursing proved to be having a significant impact on nursing students' attitudes towards people with mental illness and mental health nursing as a career they emphasised that innovative teaching

strategies and appropriate changes in the nursing curriculum were required to prepare future nurses to deal with mental health problems effectively (Poreddi, Thimmaiah, Chandra & BadaMath 2015:154).

The students felt unsure about being on a locked unit and expressed concerns about personal safety, as well as of being unprepared to interact with potentially unpredictable or violent behaviours of mentally ill patients (Al-Zayyat & Gamal 2014:326).

According to Brown and Crookes (2016), nurses' competence levels directly affected their ability to provide precise care for their patients. The majority of nurses felt that they were incompetent in basic nursing procedures, which made it difficult for them to render quality care for the patients. Similarly, the study conducted by Maputle (2018:3) on exploring student nurses' experiences during clinical practice at a nursing college in the Limpopo Province, indicates that there are aspects that negatively impact student nurses' clinical learning experiences. Those aspects are a lack of teaching and learning support, lack of opportunities for learning, poor theory-practice integration, and poor interpersonal relationships between the students, college tutors, and ward staff.

In addition, Happel (2015:22) found that the inclusion of a clinical placement within the mental health unit of study helped to foster positive attitudes towards mental health enabled student nurses to demystify preconceived ideas and stereotyping of mental illness. Similar study stated that the way in which the theory and practice of mental health and psychiatric nursing is presented to students is of particular importance, especially at a time when recruitment into the profession is proving difficult. It is therefore an important task to ensure good communication and interaction between clinical staff and students in providing a positive clinical experience.

Additionally, Mhlongo (2018:29) states that educators should create an atmosphere conducive to learning in order to enhance students' performance. Lack of knowledge of course content frustrates students, which sometimes leads to negative attitudes and poor performance. According to study conducted by Hunter et al (2015:30), frightening experience for students should be expected in the clinical setting before they are orientated irrespective of their level of training. The study further stated that 80% of the students experienced high levels of stress when they were not properly orientated, shown procedures and given the necessary supportive guidance.

Similarly, study conducted by Mousa (2015:104) on stress experienced by nursing students during psychiatric clinical practical stated that too many students at various institutions were allocated to the same wards at the same time exposed for a very short period either two weeks, a month and/or three weeks were cited as placement periods, and this was reported as making learning and caring for patients difficult. It means you work only the first week to establish a working relationship you cannot do all that you wanted to do for the patient.

The study conducted in Gauteng province revealed that heavy load and negative attitude of the professional nurses towards students affected negatively the students' learning opportunities, students carry out procedures alone without any supervision from professional nurses and resulted in loss of learning and growth opportunities. Further poor interpersonal relationships and lack of effective communication between nurse educators and clinical/ professional nurses in clinical areas thus frustrating student nurses as they were not appropriately placed in clinical areas to ensure adequate exposure to learning opportunities in order to meet their clinical learning outcome (Motsaanaka & Makhene 2018:32).

Buthelezi, Fakude, Martin and Daniels (2015:5) also concur that lack of interest from professional nurses limited the opportunities for the students to practice nursing skills and become clinically competent. Song (2015:50) reported that after practicing, nursing students developed positive attitudes regarding psychiatry. Educators will have to focus more on education and support in order for students to maintain positive attitudes throughout their experience.

The research herein shows that the role of educators and psychiatric nurses is extremely important for nursing students in the elimination of a negative attitude toward psychiatry. Negative student attitudes toward the psychiatric-mental health clinical practicum they are not thought to be partly due to stereotypes and stigmas associated with mentally ill persons .The findings indicated that there are aspects that negatively impact student nurses' clinical learning experiences, such as lack of teaching and learning support, lack of opportunities for learning, poor theory – practice integration, and poor interpersonal relationships between the students, college tutors, and ward staff (Hunter et al 2015:34).

Interestingly, in the study conducted by Mousa (2015:99) students stated that at the end of clinical practice patients showed normal human behaviours, did not attack, and were not as dangerous as they thought. Similarly, Granados-Gámez et al (2017:139) stated that the experience and personal contact with patients with mental illness reduced the fear of the students and changed their beliefs that the patients were dangerous. Unfortunately, completing a mental health course and practicum has not decidedly shown that students' change their career choice to mental health (Hastings 2015:15).

However, study conducted during or after a mental health nursing practicum reveal that students' attitudes related to mental illness become more positive and confidence increases after interacting with individuals with mental health disorders (Gough & Happell 2015:3156).

Jansen and Venter (2015:35) stated that films, documentaries, or short videos viewed in the classroom can also provide a realistic picture of mental health care and treatment, provide positive role modelling to students, and stimulate classroom discussion on a variety of topics related to mental health. In large classrooms or in the discussion of potentially sensitive topics about stigma or ethical dilemmas, online discussion boards or private blog posts can be utilised to elicit responses from all students in the course. Mental health users can provide guest lectures in the classroom to enhance empathy and insight and to reduce stigmas related to mental illness.

Intense fear or anxiety can negatively affect clinical learning and influence students' own mental health, several students shared that they perceived that this would be their least favourite clinical practicum prior to having any information about the course or clinical sites due to feeling nervous or anxious about being around mentally ill clients (McCarthy 2017:19). Increasing amount of time in clinical setting, adding psychology-specific content particularly the importance of psychiatric mental health nursing and effects of stigma to the curriculum were associated with recruiting and retaining psychiatric mental health nurses (Hunter et al 2015:31).

Anxiety also has an impact on nursing students' performance. A study on the relationship between anxiety and academic performance of nursing students at the Niger Delta University, Bayelsa State, Nigeria found that anxiety was the common cause of students' bad performance (Afolayan, Donald, Onasoga & Babafemi 2013:25). In South Africa,

Mhlongo (2018:60) found that female students were more affected by stress than males. In the United Arab Emirates, Gomathi, Ahmed and Sreedharan (2013:437) found that undergraduate health profession students used prayer and support to cope with stress.

2.3.4 Barriers to support for student nurses in psychiatric clinical settings

Ebrahimi, Hassankhani, Negarandeh, Azizi and Gillespie (2016:184) linked the perceived lack of support during the transition period to the attitudes of the student nurses towards their profession they showed no interest at all in their nursing profession. The lack of interest was demonstrated by self-exclusion from ward routines, spending too much time sitting, overuse of mobile phones, no behavioural change after in-service education and the lack of assertiveness regarding support seeking behaviour to enhance skill acquisition, the lack of passion for the student nurses was associated with laziness and dislike of bedside nursing. On the other hand, the lack of support was attributed to the work overload, which originates from the nursing shortages. The experienced nurses become too exhausted, and that leaves them with no desire or strength to support the student nurses. Additionally, some nurses tend to withhold their support because they believe that the nursing education institutions had equipped the student nurses with the necessary skills and knowledge for the role (Ebrahimi et al 2016:186).

2.3.5 Experiences during clinical placement

Studies conducted worldwide have conclusively found that very few nursing students, before or after a psychiatric-mental health practicum, intend to enter into a career in psychiatric mental health (Günüşen et al 2017:843). Happell and Gaskin (2012:149) reviewed five studies in which undergraduate nursing students ranked their career choice from a variety of specialties and found that mental health nursing was ranked the least in most studies.

Completing a mental health course and practicum has not decidedly shown that students' change their career choice to mental health. In contrast, studies conducted during or after a mental health nursing practicum reveal that students' attitudes related to mental illness become more positive and confidence increases after interacting with individuals with mental health disorders (Hastings 2015:24).

In the study conducted by Hunter et al (2015:33) on one group of student nurses, the personal qualities that are needed to work in a psychiatric environment, lack of passion or interest in psychiatry were the main findings. The participants valued the importance of personal attributes as a requirement for a career in psychiatric nursing. It was also evident in the present study that personal choice affected the students' decisions not to consider psychiatric nursing as a career. They feared that a psychiatric environment will cause stagnation.

Marquis and Huston (2015:350)) defined career development as an intentional career planning which explores opportunities and change. Nurses may leave the institution as a result of frustrations and lack of career path, and if they are not developed quality of health care services may be compromised. On the similar study stated that nurses need to be developed to ensure socialisation and professionalism with the institutions, this can be done through team buildings and in-service training. Additionally, Marquis and Huston (2015:355) on their study further indicated that CPD assist in keeping the health professional updated with new developments, knowledge and skills, which add value to the competences and quality of health care.

2.4   SUMMARY

The researcher conducted the literature review to find out what has been published on factors affecting student nurses' selection of psychiatric hospitals as their community service placement. This chapter briefly highlighted the context of community service placement and the headings on factors affecting student nurse's selection fear of anxiety, unprofessional behaviour by the qualified psychiatric nurses, supervision and support in clinical environment, barriers to support for student nurses in psychiatric clinical settings and experiences during clinical placement. The chapter discussed the literature review undertaken for the study. Chapter 3 discusses the research design.

CHAPTER 3

RESEARCH DESIGN AND METHODOLOGY

3.1   INTRODUCTION

This chapter presents the research design and methodology used in this research study to address research questions formulated in the study. The approaches that were used to ensure that the ethical standards and trustworthiness are outlined in this chapter. The application of transferability, confirmability, dependability, and credibility, and how they were adhered to is elaborated in this chapter.

3.2   RESEARCH DESIGN

Creswell and Creswell (2018:250) define research designs as types of inquiry within qualitative, quantitative, and mixed methods approaches that provide specific direction for procedures in a research study. A quantitative research approach enables the description of the prevailing situation and formation of relationship between variables. It focuses its attention on measurable aspects of human behaviour and is only used if the data can be measured in numbers (Polit & Beck 2017:14). One of the strategies of inquiry associated with the quantitative research includes the non-experimental design.

This research study was conducted using quantitative non-experimental descriptive research design to ensure the collection of data which accurately describes the nature of existing prevailing conditions at an explicitly defined point in time. In non-experimental research studies, the researcher collects data without introducing an intervention (Burns & Grove 2018:324).

Descriptive research design allowed the researcher to explore, describe, and assess factors impacting on the student nurses' selection of psychiatric hospitals for community service placement.

3.3 RESEARCH METHODOLOGY

3.3.1 Setting of the study

Polit and Beck (2017:744) describe setting as the physical location and condition in which data collection takes place in a study and population as the entire set of individuals having some common characteristics. The study was conducted at the campuses of the KZNCN which had the fourth-year student nurses. The COVID issues related to visitation to the hospital premises were taken into consideration as explained under data collection.

3.3.2 Population

According to Polit and Beck (2017:739), population define as the entire set of individuals or objects having some common characteristics. Population refers to all elements that meet a certain criterion for inclusion in a given universe (Burns & Grove 2018:107). In this research study, the site population comprised six campuses and the participant population comprised one hundred and forty-eight (N=148) fourth year student nurses at the KZNCN.

3.3.3 Sampling and sample size determination

A sample is a subset or portion of the accessible population identified for the study while sampling is a process of selecting the subset or portion of the population to represent an accessible population (Burns & Grove 2018:94). Campuses were selected purposively based on the availability of final year nursing students. Selected campuses were identified by using codes ranging from A to F in order to maintain anonymity and confidentiality. Regarding selection of respondents, suitable inclusion and exclusion criteria were designed and implemented.

Given a possibility that the entire population could be sampled, all population elements were given an equal opportunity of being selected. Therefore, this research study used the simple random sampling method because it involves drawing sample elements randomly from the sampling frame in such a way that all population elements have an equal chance of being selected (Brink et al 2018:107). This sampling method was used in light of its strength of providing representativeness of the population, thus minimising

a sampling error (Ben-Zvi, Bakker & Makar 2015:294). The unbiased random selection of a representative sample enhances formulation of conclusions and generalisations based on results from the study (Sharma 2017:749).

3.3.3.1 *Sampling of campuses*

The KZNCN consists of nine nursing campuses in KZN, four of which are located in the Northern and five in the Southern region. Campuses were selected purposively based on the availability of final-year nursing students. The selected campuses were identified by using codes ranging from A to F in order to maintain anonymity and confidentiality. In this study, the site population comprised 6 (N=6) campuses and the participant population comprised 148 (N=148) fourth-year student nurses at the KZNCN qualifying for community service placement on completion. Six campuses were purposely selected.

$$n = \frac{\chi^2 N \hat{\rho} \left(1 - \hat{\rho}\right)}{\alpha^2 (N-1) + \chi^2 \hat{\rho} \left(1 - \hat{\rho}\right)}$$

where :
n = required sample size
N = the population size
$\hat{\rho}$ = population proportion; assumed to be 0.5
α = the degree of ccuracy set at 0.05
χ^2 = Chi-square value $(=3.841$ for 0.95 confidence interval$)$

Using the simple random sample size calculation formula specified above, a minimum sample size of 107 respondents was required at 50% response distribution (Figure 3.1).

Confidence Level:	⊙ 95% ○ 99%
Confidence Interval:	5
Population:	148
Sample size required:	107

Figure 3.1 Determination of sample size

3.3.3.2 Sampling of respondents

Table 3.1 Sampling of respondents

List of nursing campuses	Number of 4th year student nurses
A	18
B	34
C	30
D	24
E	20
F	22
Total campuses: 6	Total number of students: 148
Accessible campuses: 6	Number of returned completed questionnaires: 125

3.3.4 Data collection

A data collection method is an approach that the researcher uses to gather data and the procedure is the process of collecting data using the method selected (Polit & Beck 2017:269). According to Grove, Riebschleger, Costello and Cavanaugh (2018:19), data collection is defined as a precise, systematic gathering of information relevant to the research purpose or the specific objectives, questions, or hypotheses of a study.

3.3.4.1 Data collection instrument

In this study, an electronic 5-point Likert scale-based self-administered questionnaire was designed based on the rationale that Likert scale questions are less invasive relative to interviews. The instrument's items were anchored on a 5-point Likert scale in light of the rationale that it provides an optimum scale for response options given its strength in providing objectivity to respondents in choosing answers in a symmetrically balanced manner in either direction and allowing a response option of neutrality. 5-point Likert scale is used more often than other multi-choice options due to its strength to normalise and analyse asymmetric data (Mirahmadizadeh, Delam, Seif and Bahrami2018:68).

In a Likert scale, response categories used in this research study were 1=strongly disagree, 2=disagree, 3=neither disagree nor agree, 4=agree and 5=strongly agree . The researcher collected survey data online, using Goggle Forms in conjunction with a Google drive to keep track of responses. The questions on the original survey and the online platform were identical, and transferred to a google form. After the researcher created the survey via goggle forms, a link was created for respondents to follow in answering the survey questions. Each distribution of the link was done after gaining permission from various nursing campuses principals to conduct the survey on their relevant students' experiences in the psychiatric clinical setting.

3.3.4.2 Pilot study or pre-test

The researcher conducted a pretesting of the questionnaire. Pretesting is a method of checking that the questions work as intended and ensuring that such questions have been understood by target respondents who are likely to respond to them (Hilton 2017:32). Five respondents were chosen from the selected population, and data was collected using the designed Likert scale self-administered questionnaire which was further used in the main study. Pilot data collected from five respondents was strictly used for pretesting of data collection instrument only. Pilot study was conducted once because the researcher discovered that the developed questionnaire measured what it was intended to. All respondents who participated in the pilot study were excluded from the final main study.

Data was collected within a two-month period. The letter requesting permission to conduct the study across selected campuses was forwarded to the college principals via emails. The researcher maintained such communication with college principals to comply with the COVID-19 lockdown rules and regulations. College principals were requested to return their respective responses via the researcher's private email.

3.3.4.3 Data collection process

Data collection is the precise, systematic gathering of information relevant to the research purpose or the specific objectives, questions, or hypotheses of a study (Burns & Grove 2018:430; Polit & Beck 2017:269).

Data was collected within a two-month period. Collection of data from campuses started in January and ended in February 2021. After obtaining permission from the principal at KZNCN, the researcher contacted principals of other various campuses to introduce herself and the study. A permission letter from the main college to conduct the research study was forwarded to campus principals via email (see Annexure 2). The researcher maintained communication with the campus principal to comply with the lockdown policy and rules.

The campus principal was requested to return his/her response via the researcher's private email (see Annexure 3). When permission was granted, the researcher requested to communicate with the psychiatry class teacher of the campus, and from there attached the link to a short message requesting to distribute the link on various social media platform mainly WhatApp for the group. This was done to prevent the researcher from physically visiting campuses understudy and comply with COVID-19 guidelines

The information letters and informed consent forms, and questionnaires were sent to the class teacher via email (see Annexure 4). The psychiatric class teacher appointed a suitable day to explain the study to the participants and distributed the informed consent forms and questionnaires to them electronically. Both the informed consent forms (see Annexure 5) and questionnaires were sent in a format that allowed participants to complete them electronically without having to print them (see Annexure 6).

Upon clicking on the link, respondents were required to sign in on their goggle account before answering electronically questions this was done to try preventing respondents from answering the survey more than once, the signing in did not give details as to which account completed the survey. Respondents remained anonymous to ensure confidentiality. After signing in, the purpose of the survey was briefly explained, and respondents had to give consent before they were able to proceed to answering the survey questions. Consent was given by respondents clicking on the "agree" at the bottom of the 'Letter of Information' section. On completion of data collection, the researcher kept all the consent forms and questionnaires separately to maintain anonymity.

3.3.4.4 *Protection of the respondents during the COVID 19 pandemic period*

The researcher implemented specific precautionary measures to protect respondents against the COVID-19 pandemic, as well as through adherence to guidelines provided by South African government and abided by the policy of the University of South Africa HSREC to protect respondents from risk and harm. Specific precautionary measures implemented include the following:

- Distribution of questionnaire to the respondents was done electronically via the research assistant's email.
- The researcher distributed questionnaires to respondents electronically.
- Respondents completed questionnaires and returned them to the researcher electronically.
- Respondents were encouraged to complete the questionnaires in their own spare times, to reduce contact with one another.

All respondents who returned their consent forms and completed questionnaires were denoting voluntary participation.

3.3.4.5 *Ensuring rigour*

Rigor in quantitative research means hardness or difficulty, and it is associated with inflexible rules, strict logic and unflagging effort. When applied to quantitative research, rigor implies a high degree of accuracy, consistency, and attention to all measurable

aspects of the research, deductions flawlessly reasoned, and decisions made based on the scientific method (Burns & Grove 2018:91).

According to Polit and Beck (2017:740), rigour refers to the integrity, legitimacy and soundness of the research process. In this research study, rigour was safeguarded by ensuring that ethical considerations were not violated during the data collection process, and ensuring both internal and content validity, and reliability of the research instrument during the pilot study prior to conducting final data collection.

3.4   DATA MANAGEMENT AND ANALYSIS

The raw data from respondents was automatically saved on google drive which is only accessed by the researcher using password. Data is being kept for a period of five years to prevent any leakage of information to respondents (Brink et al 2018:107). After the period of five years, will be permanently deleted for the researcher's google drive software. The construct validity and scale reliability of the research instrument was tested prior to conducting final data analysis to obtain results which address research objectives.

3.4.1   Construct validity test

Validity of a research instrument refers to the extent to which a research instrument measures what it is intended to measure (Collins & Hussey 2014:215). Construct validity of the research instrument's items was examined using the factor analytic procedure, through which the total correlation analysis of items was to be evaluated. The Keiser-Meyer-Olkin (KMO) Measure of Sampling Adequacy (MSA) criterion was analysed to determine suitability of the data to conduct factor analysis.

In addition, the Bartlett's test of sphericity of items was examined to as another condition that should be satisfied in order to conduct factor analysis of data. Factor analysis makes statistical sense when there are neither very low nor very high correlations between variables. The process of reducing the number of dimensions implies leveraging the item inter-correlations based on the basic rule of thumb which considers eliminating items with low correlations. The KMO-MSA is defined as:

$$\Phi_j = \frac{\sum_{i \neq j} r_{ij}^2}{\sum_{i \neq j} r_{ij}^2 + \sum_{i \neq j} z_{ij}^2}$$

where Φ_{ij} represents the KMO value, correlation matrix R=[r_{ij}] and partial covariance matrix Z=[z_{ij}]. The KMO values range between 0 and 1, where a value close to 0 shows that the sum of the partial correlations is larger than the sum of correlations, indicating that correlations are widely dispersed and not clustering among a few variables, which presents a difficulty for factor analysis. Conversely, a value close to 1 indicates a good fit for factor analysis to be conducted.

3.4.2 Scale reliability test

Scale reliability of survey data collected on items moored on a Likert scale is a necessary condition that should be satisfied prior to conducting further statistical analysis. Therefore, the internal consistency of the research instrument's items was assessed using the Cronbach's alpha criterion (Cronbach 1951).

Scale reliability test was conducted to statistically determine the extent to which questionnaire items measured certain latent constructs. In other words, the Cronbach's alpha criterion assessed the extent to which similar responses could be obtained from respondents should the same set of questions be asked several times under similar settings to same respondents. The scale reliability of questionnaire items was examined using the Cronbach's alpha given the formula below:

$$\alpha = \frac{K}{K-1}\left(1 - \frac{\sum_{i=}^{k} \sigma_{y_i}^2}{\sigma^2 X}\right)$$

where:

K = number of items

$\sigma^2 X$ = variance of observed total scores

$\sigma^2 Y_i$ = variance of item i for the current sample

The scale reliability of questionnaire items under each dimension was tested using Cronbach's alpha coefficients. The higher the coefficient value, the higher the reliability of the responses. The calculated alpha coefficient was used to indicate how well various items positively correlated to one another. The research anticipated using a cut-off of 0.70 which is the acceptable norm.

3.4.3 Statistical analysis methods

Exploratory factor analysis (EFA) and confirmatory factor analysis (CFA) are the two statistical techniques used to conduct final data analysis in this research study.

3.4.3.1 *Exploratory factor analysis*

Factor analysis was used to calculate each construct's total variances explained and factor loadings of each item under each construct or dimension. Factor analysis is a multivariate statistical method that analyses the dimensionality of a set of variables for which latent variables are unobserved constructs referred to as factors (Mhlongo 2018:73). In this research study, EFA was suitably applied since the main goal of analysis was to explore factors with items grouped together.

The basic hypothesis of EFA was that there are common latent factors to be discovered in the dataset, and the main goal being to find the smallest number of common factors that account for the correlations. The method was applicable on datasets that comprised several variables that had to be reduced into small sets that were easier to assess than several variables. The items that had to be selected and retained in each extracted factor (group of items) were those that had high loadings. A factor loading for a variable is a measure of how much the variable contributes to the factor; hence, high factor loading scores show that the dimensions of factors are better accounted for by items in the dataset. The classical statistical function of factor analysis takes the specification:

$$Z_j = \alpha_{j1} G_1 + \alpha_{j2} G_2 + \text{.......} + \alpha_{jm} G_m + \varepsilon_j$$

here p is the number of variables $(Z_1, Z_2, ..., Z_p)$ such that the variable Z_j is included in latent factors, m is the number of factors $(G_1, G_2, ..., G_m)$, and j=1, 2, …, p.

Factor loadings α_{j1}, α_{j2}, ..., α_{jm} show that α_{j1} is a factor loading of jth variable on the first (1st) factor, and α_{j2} is the factor loading of jth variable on the second (2nd) factor.

Therefore, factor loadings provide an idea of the degree to which a variable contributes to the factor, hence a larger factor loading shows a higher contribution of a variable to the corresponding factor in which the variable has a high loading.

Factor analysis uses matrices in computing estimates which include KMO-MSA values, determinants, communalities, totals and proportions of total and cumulative variances of extraction and rotation sums of squared loadings, and factor matrix variables loadings. Correlation coefficients are the first key statistics used in the factor analytic procedure to determine relationships between a given pair of two variables. Thus, factor analysis was conducted after running correlation analysis of variables. Factor analysis conducted using a correlation matrix was recommended for items that were meaningfully comparable, while factor analysis undertaken using a covariance matrix was applicable to items that had the same scales. The final factor analysis computational procedure was used to explore the dimensionality of questionnaire based on the function specified below:

$$
\begin{bmatrix} X_1 \\ ... \\ X_n \end{bmatrix}_{n \times 1} = \begin{bmatrix} \theta_{11} & ... & \theta_{1m} \\ ... & ... & ... \\ \theta_{n1} & ... & \theta_{nm} \end{bmatrix}_{n \times m} \begin{bmatrix} f_1 \\ ... \\ f_m \end{bmatrix}_{m \times 1} + \begin{bmatrix} e_1 \\ ... \\ e_n \end{bmatrix}_{n \times 1}
$$

where X1 … Xn denotes dimensions of m subjects, θ11 ... θmn represents factor loadings, f1 … fm symbolise factor items, and e1 … en denote measurement errors. A statistician analysed data using Statistical Package for Social Sciences (SPSS) version 26 for statistical data analysis. Results were presented in tables and graphs.

3.4.3.2 Confirmatory factor analysis

This statistical method was applied to assess if observed items had associations with their relevant latent constructs as they were intended to measure. CFA was thus conducted to assess whether there were statistically significant associations between latent variables and their analogous observed indicators.

The magnitude to which hypothesised data "fits" sample data is an essential aspect in CFA. The process of model fitting involves determining the goodness of fit between the hypothesised model and sample observed data. In this study, metrics used to test models' goodness of fit include chi-square statistic, Akaike Information Criterion (AIC), Bayesian Information Criterion (BIC), Comparative Fit Index (CFI), Tucker-Lewis Index (TLI) and root mean squared error of approximation (RMSEA). The RMSEA measures population error, while the AIC and BIC are measures of information criteria, and CFI and TLI are baseline comparison indices, and thresholds are presented in Table 3.2.

Table 3.2   General acceptable fit thresholds of fit indexes

Indexes	General acceptable model fit thresholds
Absolute fits	
Chi-square statistic	Ratio of X^2 to df $\leq$ 2 or 3; much useful for the nested models
Akaike information criterion (AIC)	Smaller values desirable; good for model comparison
Bayes information criterion (BIC)	Smaller values desirable; good for model comparison
Comparative fits	
Tucker-Lewis index (TLI)	$\geq$ 0.95 for good fit model
Comparative fit index (CFI)	$\geq$ 0.95 for good fit model
Other test	
Root mean square error of approximation (RMSEA)	< 0.06 to 0.08 with confidence interval

The Comparative Fit Indexes (CFIs) and Tucker-Lewis Indexes (TLIs) that are above 0.95 are preferred since they indicate good fits between constructs and their relevant observed data. Table 3.2 summarises the cut-off thresholds of the TLI and CFI. The CFI is an enriched form of the Normed Fit Index (NFI) whose value must range between 0 and 1, where a value close to 1 shows a better fit. Concurrently, the TLI functions similar to the NFI, where a value close to 1 shows a better model fit, while RMSEA scores less than 5% show good fits and "p" of close fits above 5% show good fits of models.

- **Chi-square statistic**

The chi-square metric tests conformity between theoretical specification and empirical data in the estimated model based on the null hypothesis that observed sample data and

estimated covariance matrices are equal, and computed based on the function specified below:

$$X = \sqrt{\left(2X^2\right)} - \sqrt{\left(2df - 1\right)}$$

The parameter X represents a chi-square statistic, a function of differences between observed covariances and covariances in the model. The decision rule specifies that if the calculated chi-square value is not significant at 5 percent level, then the model fits the sample data sufficiently. However, it is crucial to note that a chi-square test statistic has a challenge in handling of a sample size. When a sample size is large, smallest deviations of data from the model being estimated and tested can produce significant chi-square values, thus it is usual to yield significant chi-square values in models with good fit.

- **Akaike's Information Criterion (AIC)**

Following Akaike (1973), this statistic compares distinct models on identified outcomes. In order to avoid spurious results from model misspecification due to either under-fitting or over-fitting, an AIC provides guidance on selection of a model that defines relationships between identified variables. To resolve difficulties associated with either model under-fitting or over-fitting, the calculated Akaike values should be calculated to guide selection of the best model given by the function:

$$AIC = 2\eta - 2\log\left(L\left(\hat{\pi}\,|\,z\right)\right)$$

where η denotes the number of estimable bounds, $\log L\left(\hat{\pi}\,|\,z\right)$ signifies the maximum log-likelihood estimate of the model, L shows the likelihood function, $\hat{\pi}$ denotes the maximum likelihood of π, 2η appraises the variance, $-2\log\left(L\left(\hat{\pi}\,|\,z\right)\right)$ judges the bias. A model that best shows accurate relations among identified variables is a model with the lowest AIC value.

- **Bayesian Information Criterion (BIC)**

This criterion chooses a model with a lowest value from a programmed set of identified models (Schwarz 1978:463), with the criterion is indicated by the function:

$$BIC = \kappa . \ln(b) - 2.\ln \hat{Z}$$

$$= \kappa . \ln(b) - 2\ln\left(\vartheta\left(z \middle| \hat{\alpha}, \Psi \right) \right)$$

where κ denotes the number of estimated parameters, plus the intercept, b signifies the sample size, $\hat{Z}$ is an optimised value of model Ψ likelihood function, $\hat{\alpha}$ denotes parameter values which maximise the likelihood function, ϑ denotes the past probability distribution, and Z represents observed data.

- **Comparative fit index**

The CFI metric is an incremental fit index that is an improved version of the Normed Fit Index (NFI) (Hu & Bentler 1999). The index is normed in order to safeguard that values lie in the range zero to one, where higher values show a better fit. The metric is calculated based on the function identified below:

$$\frac{\varphi(\text{null model}) - \varphi(\text{proposed model})}{\varphi(\text{null model})}$$

where $\varphi = X^2 - df$, in which df represents the model degree of freedom.

In regular practice, CFI values above 0.90 are usually associated with models that fit data well. Following Hu and Bentler (1999), the cut off threshold is 0.95, and a maximum value of 1. Hence, a model with a good fit should have a CFI value greater than 0.95 threshold.

- **Tucker-Lewis index**

This index (Tucker & Lewis 1973) for model fit operates in a similar way to the NFI, but merely varies in that it is an appraisal of normed chi-square values of the null hypothesis and stated model, which somehow considers complexity of the model. Following (Hu &

Bentler 1999), a TLI value close to 1 indicates good fit model. Therefore, a model with a higher value shows a better fit comparative to a model with a lower value. A TLI therefore shows the degree to which an estimated model is effective relative to a null model, where a higher value reveals a better fit of the model.

3.5 ETHICAL CONSIDERATIONS

According to Polit and Beck (2017:138), ethics a system of moral values that is concerned with the degree to which researcher procedures adhere to professional, legal, and social obligations to study respondents. In this study, the researcher followed the following ethical principles to ensure safety and well-being of the respondents.

- **Approval and permission**

The researcher had to obtain approval and permission from Higher Degrees Committee of the Department of Health Studies, UNISA, the DoH Research Data Base Board, the KZNCN principal, and the campus principals before the study could be conducted:

Annexure1: Ethical clearance certificate

Annexure 2: Letters requesting permission to do the study

Annexure 3: Letters granting permission do the study

Annexure 4: Letter of information

Annexure 5: Consent letter

Annexure 6: Questionnaire

Annexure 7: Language editing certificate

Annexure 8: Turnitin originality report

- **Autonomy**

Right to self-determination simply relates to the ability to self-govern and manage one's own affairs (Brink et al 2018:35). After explaining the purpose of the study to the target population, the research assistant allowed them without compelling them to decide whether or not they wanted to participate in the study. This is ensured free and voluntary participation.

- **Anonymity and confidentiality**

Anonymity exists if participants identity cannot be linked even by the researcher with their individual responses (Polit & Beck 2017:158). Grove et al (2018:16) defined confidentiality as the ability of the researcher to handle and manage the private information shared by respondents in a manner that it is not disseminated to others without permission being granted by the nurse concerned. On receipt of the questionnaires and consent forms, the researcher saved all the questionnaires in a separate folder and the questionnaires on another folder.

- **Privacy**

The respondents' private emails were used to distribute questionnaires and emails. The researcher communicated with the research assistant, and thus did not meet with the respondents directly.

- **Informed consent**

Informed consent means that respondents have adequate information about the research, comprehend that information, and have the ability to consent or decline participation voluntarily (Polit & Beck 2017:731). After explaining the purpose of the study to the respondents, respondents consented to their voluntary participation by signing the consent forms. The consent forms also stipulated to the respondents that, should they wish to withdraw their participation at any time, they were free to do so.

- **Justice**

Justice is essentially the requirement that a thing or activity be fairly distributed amongst respondents (Newell & Burnard 2011:51). The researcher ensured that all student nurse placed at campuses under study were given equal opportunity to be included in the study based on their homogenous characteristics. The respondents were not paid for participating in the study. This principle is based on the belief that all people should be treated equally. Thus, people were not discriminated against in research on the basis of race, gender, disability, income level or other characteristics (Polit & Beck 2017:156). The

researcher used convenience sampling to ensure that everyone available in a selected setting participated in the research project.

- **Fidelity**

This implies faithfulness and keeping promises or agreements, specifically between the researcher and the participant (Bless, Higson-Smith & Sithole 2015:11). The researcher maintained this principle by providing the letter of information to the respondents informing them that information or data obtained from them would not be discussed with the second person other than the supervision. The researcher also informed them to contact the researcher or the supervisor for further information about the study.

3.6   SUMMARY

This chapter discussed the research design and methodology, including the research setting, population and sample, data collection instrument, data collection and analysis, and the ethical consideration upheld in the study. The following chapter, chapter four discusses the data analysis and interpretation of the findings of the study.

CHAPTER 4

DATA ANALYSIS AND INTERPRETATION OF STUDY FINDINGS

4.1   INTRODUCTION

This chapter discusses the data analysis and interpretation of the findings of the study. "Data analysis is the systematic organization and synthesis of research data and in quantitative studies, the testing of hypothesis using those data" (Polit & Beck 2017:725). Data analysis quantitative technique was utilised in this study.

4.2   RESEARCH PURPOSE, OBJECTIVES AND QUESTIONS

4.2.1 Research purpose

The purpose for the study was to determine the factors impacting the student nurses of the KNCN from selecting psychiatric hospitals as their placement areas for community service.

4.2.2 Research objectives

The research objectives were:

- To determine the factors impacting the student nurses in selecting the psychiatric hospital for community service placement.
- To assess the student nurses' perceptions of psychiatric hospitals.
- To make recommendations to improve student interest toward placement of psychiatric hospitals.

4.2.3 Research questions

The following research questions guided the study:

- How did student nurses perceive psychiatric hospitals?

- What were the factors impacting student nurses from selecting the psychiatric hospitals for community service placement?
- What were the recommendations to improve student nurses' interest towards placement in psychiatric hospital?

4.3   DATA COLLECTION

According to Grove et al (2018:6), data collection is defined as a precise, systematic gathering of information relevant to the research purpose or the specific objectives, questions, or hypotheses of a study.

In this study, a Likert scale-based self-administered questionnaire was designed and utilised for data collection through an electronic link as the study was conducted during the COVID 19 pandemic. In Likert scale, the response categories used were 1=strongly disagree, 2=disagree, 3=neither disagree nor agree, 4=agree and 5=strongly agree (Botma,Greef,Molaudzi &Wright 2010:110).

Participants then proceeded to answer the completed survey and submitted to the researcher. Participants were not able to see responses of other participants. Distribution of questionnaire and consent forms to participants was done electronically. Both the questionnaire and consent forms were sent in formats that allowed participants to complete them electronically without having to print them out.

4.3.1   Data management and analysis process

The participants' responses from duly completed questionnaires were captured on an Excel spreadsheet. Data processing and statistical analysis was conducted using the Statistical Package for Social Sciences (SPSS) 26 and Stata 14 windows softwares. Frequencies, descriptive statistics, scale reliability and construct validity tests and EFA were conducted using SPSS, and Stata was used to conduct confirmatory factor analysis (CFA). The EFA multivariate procedure analysed dimensionality of observed indicators attributed to latent factors, while CFA assessed if observed items had associations with their relevant latent constructs as they were intended to measure. CFA was therefore conducted to assess whether or not there were statistically significant associations between latent variables and their analogous observed indicators.

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4.4 RESEARCH RESULTS

The findings are presented and discussed according to the research objectives and questions as extracted from the research questionnaire.

4.4.1 Demographic profile of the informants

Table 4.1 Frequency statistics of demographic informants

Demographic informants	Frequency (n)	Proportion (%)
Gender		
Male	43	34
Female	82	66
Marital status		
Single	107	86
Married	15	12
Divorced	2	1
Widow	1	1
Family member with mental illness		
No	96	77
Yes	29	23
Age category		
18-25 years	49	39
26-32 years	48	38
33-37 years	16	13
38-42 years	7	6
43 years and above	5	4
Highest level of qualification		
Matric/Grade 12	92	74
Diploma	23	18
Bachelor's degree	10	8
Clinical performance in psychiatric nursing		
Below 50%	2	2
50%-60%	22	18
61%-74%	44	35
75%-89%	44	35
90%-100%	13	10
Overall performance in psychiatric nursing		
Below 50%	1	1
50%-60%	23	18
61%-74%	48	38
75%-89%	45	36
90%-100%	8	7

4.4.1.1 Gender

Respondents' demographic profile show that from the total one-hundred and twenty-five (n=125) respondents who duly participated in the survey, the majority 66% (n=82) were females while the remaining 34% (n=43) were males. The findings are consistence with other studies that has been conducted with psychiatric institution experiences where the majority of students were female more than male (Bekhet et al 2017:4). According to SANC (2018:6), statistics for student nurses registered for SANC training programmes, there were more females than males registered for the R425 nursing programme.

4.4.1.2 Family member with mental illness

The bulk 77% (n=96) of the respondents indicated that they had no family member with mental illness, while the remaining 23% (n=29) had a family member with mental illness Base on this study results show that those students who have mental illness in their families are more positive attitude towards mental health patient. In their study in Turkey, Öztürk and Uluşahin (2015:30) determined that students who had mental health problems or had such patients in their families or environment perceived mental health problems and patients as less dangerous, felt less embarrassment and had more positive attitudes.

4.4.1.3 Age category

Age groups 18-25 years and 26-32 years accounted for the largest shares of respondents equal to 39% (n=49) and 38% (n=48) respectively, followed by about 13% (n=16) and 6% (n=7) who were aged 33-37 years and 38-42 years, 43 years and above 4% (n=5) respectively. These results show most participants were aged 18-32 years, evident by SANC (2018:4) which reveals that the age category for majority of students registered for the comprehensive R425 training programme was within the ranges of 18-34 years. Bekhet et al (2017:4) revealed that in their study age and experience appear to buffer against stress, with mature students and students with more experience reporting that they were coping well with the course. However, students who started the course at a younger age reported struggling to manage.

4.4.1.4 Overall performance in psychiatric

In relation to the overall performance in psychiatric nursing, the largest proportion of 38% (n=48) attained 61%-74%, while 36% (n=45) had 75%-89% and 18% (n=23) reported that they achieved between 50% and 60%. Base on the study conducted in terms of psychiatric student nurses, those student nurses who attained higher marks tend to be more interested to work in psychiatric environment compared to those who performed poorly (Ong et al 2017:99).

4.4.2 Study findings in relation to the research questions

4.4.2.1 How did student nurses perceive psychiatric hospitals?

The following paragraphs present the student nurses' perceptions of psychiatric hospitals.

Table 4.2   Psychiatric environment is characterised by fear and mistrust (N=125)

C201. Psychiatric environment is characterised by fear and mistrust				
Valid	**Frequency**	**Percent**	**Valid percent**	**Cumulative percent**
Strongly disagree	17	13.6	13.6	13.6
Disagree	26	20.8	20.8	34.4
Neutral	37	29.6	29.6	64.0
Agree	31	24.8	24.8	88.8
Strongly agree	14	11.2	11.2	100.0
Total	**125**	**100.0**	**100.0**	

Of the respondents, 36% (n=45) agreed/strongly agreed psychiatric environment is characterised by fear and mistrust. These findings were confirmed in a study by Song (2015:48) at Singapore which reported that students who practice in an old hospital facility began to practice with fear because the hospital had a similar environment to the ones they had seen in the media. Furthermore, the study also confirmed that psychiatric nurses experienced doubtful, suspicious and distrustful psychiatric environment Roets, Poggenpoel and Myburg (2018:36) state that most students develop a negative interest in selecting psychiatric hospital as their placement area for community service post programme.

Table 4.3   Poor infrastructure and scarce facilities in the psychiatric hospital workplace (N=125)

C202. There is poor infrastructure and scarce facilities in the psychiatric hospital workplace				
Valid	Frequency	Percent	Valid percent	Cumulative percent
Strongly disagree	20	16.0	16.0	16.0
Disagree	25	20.0	20.0	36.0
Neutral	14	11.2	11.2	47.2
Agree	35	28.0	28.0	75.2
Strongly agree	31	24.8	24.8	100.0
Total	**125**	**100.0**	**100.0**	

Of the respondents, 52.8% (n=66) agreed/strongly agreed that there is poor infrastructure and scarce facilities in the psychiatric hospital workplace. This finding confirmed by the investigation conducted at Tower Psychiatric Hospital and Psychosocial Rehabilitation Center at Fort Beaufort (Esidimeni) reported that there was inadequate and poor infrastructure, especially the absence of compliant seclusion/single room, lead to poor protection of MHCU's. Furthermore, the study conducted by Song (2015:46) in Singapore confirmed that the students who practiced in an old hospital, which opened without any renovations, had much greater anxiety and fear than who practice in other newer facilities. On facing the old facility, the students develop less interest on selecting psychiatric hospital for placement post-programme.

Table 4.4   There is no management support in the psychiatric hospital (N=125)

C203. There is no management support in the psychiatric hospital				
Valid	Frequency	Percent	Valid percent	Cumulative percent
Strongly disagree	22	17.6	17.6	17.6
Disagree	33	26.4	26.4	44.0
Neutral	27	21.6	21.6	65.6
Agree	27	21.6	21.6	87.2
Strongly agree	16	12.8	12.8	100.0
Total	**125**	**100.0**	**100.0**	

Of the respondents, 34.4% (n=43) agreed/strongly agreed that there is no management support in the psychiatric hospital. These findings concurred with Mariam, Bedaso, Ebrahim, and Ayano (2016:2) in their study who revealed that the lack of support from the management resulted in student nurses developing negative attitude toward psychiatric nursing. Furthermore, on the study conducted by Roets et al (2018:24) also

confirmed that nursing staff mostly felt unsupported by managers stated that in order for psychiatric nurses to feel some emotional support, they need to disclose their concerns openly amongst colleagues.

Table 4.5   Psychiatric staff has bad attitude toward psychiatric patients (N=125)

C204. Psychiatric staff has bad attitude toward psychiatric patients				
Valid	**Frequency**	**Percent**	**Valid percent**	**Cumulative percent**
Strongly disagree	38	30.4	30.4	30.4
Disagree	33	26.4	26.4	56.8
Neutral	29	23.2	23.2	80.0
Agree	16	12.8	12.8	92.8
Strongly agree	9	7.2	7.2	100.0
Total	**125**	**100.0**	**100.0**	

Of the respondents, 20% (n=25) agreed/strongly agreed that psychiatric staff has bad attitude toward psychiatric patients.

Wolf and Serpa (2015:33) also confirmed that psychiatric staff has a bad attitude towards vulnerable psychiatric patient abusing verbal and physical. Further, in study conducted by Jansen and Venter (2015:40) added to this concern an exploitation of patients to do staff duties were patient bath other patients. These critical incidents observed by students were a definite reason for student no to select psychiatric hospital as their placement area for community service post-programme. Additionally, Jansen and Venter (2015:35) stated that films, documentaries, or short videos viewed in the classroom can provide a realistic picture of mental health care and treatment, provide positive role modelling to students, and stimulate classroom discussion on mental health. In large classrooms or in the discussion of potentially sensitive topics about stigma or ethical dilemmas, online discussion boards or private blog posts can be utilised to elicit responses from all students in the course.

Table 4.6 Psychiatric working environment is unsafe physically and psychologically (N=125)

C205. Psychiatric working environment is unsafe physically and psychologically				
Valid	Frequency	Percent	Valid percent	Cumulative percent
Strongly disagree	22	17.6	17.6	17.6
Disagree	28	22.4	22.4	40.0
Neutral	34	27.2	27.2	67.2
Agree	26	20.8	20.8	88.0
Strongly agree	15	12.0	12.0	100.0
Total	**125**	**100.0**	**100.0**	

Of the respondents, 32.8% (n=41) agreed/strongly agreed psychiatric working environment is unsafe physically and psychologically. Based on these findings, Alshowkan and Kamel (2016:62) stated that students who were allocated at clinical psychiatric environment reported that they were terrified of being physical abused by the patients because "they heard a lot" and "so many people were smashed, kicked and killed by psychiatric patients". Furthermore, students witnessed strict security measures in the psychiatric wards which involved controls on entry and departure of all persons. Therefore, their concerns about safety were elevated (Bennett & Stennett 2015:600). Based on the information mentioned by the students on previous studies about the unsafe environment has physically and psychologically led to student nurses developing a negative interest in selecting psychiatric hospitals as their placement for community service post-programme. Furthermore, found that the student nurses held an overall negative attitude towards mental illness and a general perception that mentally ill people were dangerous.

Table 4.7 High level of alcoholism among staff members in psychiatric hospitals (N=125)

C206. There is high level of alcoholism among staff members in psychiatric hospitals				
Valid	Frequency	Percent	Valid percent	Cumulative percent
Strongly disagree	50	40.0	40.0	40.0
Disagree	25	20.0	20.0	60.0
Neutral	26	20.8	20.8	80.8
Agree	7	5.6	5.6	86.4
Strongly agree	17	13.6	13.6	100.0
Total	**125**	**100.0**	**100.0**	

Of the respondents, 19.2% (n=24) agreed/strongly agreed that there is high level of alcoholism among staff members in psychiatric hospitals. This finding also confirmed by Gough and Happell (2015:3158) on the study conducted report that student nurses felt that there is no discipline in staff, drinking on duty was disturbing. Based on finding in this study, drinking alcohol on duty by nursing staff showed a lack of discipline and integrity as professional nurses, caused students feels vulnerable and alone in the unit. Laabs (2011:431) stated that nursing students should learn from professional role modelling portrayed by nursing staff. Due to an incident of staff drinking alcohol on duty was had a negative impact to some student nurses to select psychiatric hospital as their placement area for community service post-programme.

Table 4.8   Limited orientation and lack of support from my clinical mentor at psychiatric hospital (N=125)

C207. There was limited orientation and lack of support from my clinical mentor at psychiatric hospital				
Valid	Frequency	Percent	Valid percent	Cumulative percent
Strongly disagree	50	40.0	40.0	40.0
Disagree	30	24.0	24.0	64.0
Neutral	21	16.8	16.8	80.8
Agree	13	10.4	10.4	91.2
Strongly agree	11	8.8	8.8	100.0
Total	**125**	**100.0**	**100.0**	

Of the respondents, 19.2% (n=24) agreed/strongly agreed that there was limited orientation and lack of support from my clinical mentor at psychiatric hospital.

This finding was supported by the study conducted by Harding and Mawson (2017:10) in New Zealand which reported that the registered nurse mentors found that time diverted from clients was a barrier to mentoring students; however, they experienced reciprocity through nurturance of self, students, and the profession. However, on the other side student mentees found that they experienced a richer and deeper learning environment. In the study conducted by Setati and Nkosi (2017:22) in Limpopo, the participants specified that mentoring in the units was a shared obligation amongst personnel and other professionals also formed part of the mentoring team, teaching and showing students nurses what they need to learn.

4.4.2.2 Factors impacting on selection for community service

The following paragraphs will present the study findings on the factors impacting student nurses' selection of psychiatric hospitals as institutions for community service placement.

D1. Personal attitude

Table 4.9   Psychiatric nursing is not my area of interest in my career (N=125)

D101. Psychiatric nursing is not my area of interest in my career				
Valid	**Frequency**	**Percent**	**Valid percent**	**Cumulative percent**
Strongly disagree	41	32.8	32.8	32.8
Disagree	30	24.0	24.0	56.8
Neutral	24	19.2	19.2	76.0
Agree	9	7.2	7.2	83.2
Strongly agree	21	16.8	16.8	100.0
Total	**125**	**100.0**	**100.0**	

Of the respondents, 24% (n=30) agreed/strongly agreed that psychiatric nursing is not their area of interest in my career. These findings were supported by the study that conducted by Jansen and Venter (2015:42) to student nurses reported that they do not want to choose psychiatric nursing as a career because there is loss of general nursing skills. Furthermore, Günüşen et al (2017:838) reported that their lack of interest was demonstrated by self-exclusion from ward routines, spending too much time sitting, overuse of mobile phones, no behavioral change after in-service education and the lack of assertiveness regarding support seeking behavior to enhance skill acquisition, the lack of passion for the student nurses was associated with laziness and dislike of bedside nursing. Based on findings students were afraid that if they work in a psychiatric environment, they would not be able to use and maintain previously learned general skills.

Table 4.10   Self-doubt regarding meeting the expectations in a psychiatric hospital (N=125)

D102. I have self-doubt regarding meeting the expectations in a psychiatric hospital				
Valid	**Frequency**	**Percent**	**Valid percent**	**Cumulative percent**
Strongly disagree	41	32.8	32.8	32.8
Disagree	32	25.6	25.6	58.4
Neutral	31	24.8	24.8	83.2
Agree	17	13.6	13.6	96.8
Strongly agree	4	3.2	3.2	100.0
Total	**125**	**100.0**	**100.0**	

Of the respondents, 16.8% (n=21) agreed/strongly agreed that they have self-doubt regarding meeting the expectations in a psychiatric hospital.

No literature found supporting these responses. However, in the study conducted in Singapore by Thongpriwan et al (2015:948) reported that among junior and senior nursing students, students with no experience in theoretical or clinical setting held greater negative stereotypes of persons with mental illness and expressed more anxiety about mental illness.

Table 4.11   Lack of experience and skills in psychiatric nursing (N=125)

D103. I lack experience and skills in psychiatric nursing				
Valid	**Frequency**	**Percent**	**Valid percent**	**Cumulative percent**
Strongly disagree	28	22.4	22.4	22.4
Disagree	46	36.8	36.8	59.2
Neutral	24	19.2	19.2	78.4
Agree	20	16.0	16.0	94.4
Strongly agree	7	5.6	5.6	100.0
Total	**125**	**100.0**	**100.0**	

Of the respondents, 21.6% (n=27) agreed/strongly agreed that they lack experience and skills in psychiatric nursing. This finding was confirmed by Brown and Crookes (2016:23) state that nurses' competence levels directly affected their ability to provide precise care for their patients. The majority of nurses felt that they were incompetent in basic nursing procedures, which made it difficult for them to render quality care for the patients (Ong et al 2017:96). Based on findings students were afraid that they would not be able to use and maintain previously learned skills that cause a negative impact to students from selecting psychiatric hospitals as their placement area for community service post programme.

Table 4.12   Fear of stress or exhaustion resulting from working in a psychiatric hospital (N=125)

D104. I have fear of stress or exhaustion resulting from working in a psychiatric hospital				
Valid	**Frequency**	**Percent**	**Valid percent**	**Cumulative percent**
Strongly disagree	33	26.4	26.4	26.4
Disagree	38	30.4	30.4	56.8
Neutral	19	15.2	15.2	72.0
Agree	26	20.8	20.8	92.8
Strongly agree	9	7.2	7.2	100.0
Total	**125**	**100.0**	**100.0**	

Of the respondents, 28% (n=35) agreed/strongly agreed that they have fear of stress or exhaustion resulting from working in a psychiatric hospital, Govender et al (2015:17) state that the factors that may lead to stress and anxiety among nursing students were identified as lack of knowledge, students perceive themselves as incompetent, and poor relationships with nursing staff members which has an implication for their choice of placement on completion of the nursing programme. According to study conducted by Hunter et al (2015:30) frightening experience for students should be expected in the clinical setting before they are orientated irrespective of their level of training. The study further stated that 80% of the students experienced high levels of stress when they were not properly orientated, shown procedures and given the necessary supportive guidance.

Table 4.13   Danger allowance is not sufficient for medical assistance in case of injury by psychiatric patients (N=125)

D105. Danger allowance is not sufficient for medical assistance in case of injury by psychiatric patients				
Valid	**Frequency**	**Percent**	**Valid percent**	**Cumulative percent**
Strongly disagree	13	10.4	10.4	10.4
Disagree	7	5.6	5.6	16.0
Neutral	31	24.8	24.8	40.8
Agree	22	17.6	17.6	58.4
Strongly agree	52	41.6	41.6	100.0
Total	**125**	**100.0**	**100.0**	

Of the respondents, 59.2% (n=74) agreed/strongly agreed danger allowance is not sufficient for medical assistance in case of injury by psychiatric patients.

According to the Child (2016), psychiatric nurses receive R329 monthly danger-pay allowance, which is not sufficient for medical assistance, has a negative impact to student nurses to select psychiatric hospital on completion of the nursing programme.

Table 4.14   Fear of exposure to threat in form of being beaten by psychiatric patient (N=125)

D106. I have fear of exposure to threat in form of being beaten by psychiatric patient				
Valid	Frequency	Percent	Valid percent	Cumulative percent
Strongly disagree	13	10.4	10.4	10.4
Disagree	20	16.0	16.0	26.4
Neutral	18	14.4	14.4	40.8
Agree	41	32.8	32.8	73.6
Strongly agree	33	26.4	26.4	100.0
Total	**125**	**100.0**	**100.0**	

Of the respondents, 59.2% (n=74) agreed/strongly agreed that they have fear of exposure to threat in form of being beaten by psychiatric patient.

The finding was concurred with the studies conducted by Alshowkan and Kamel (2016:65) in Saudi Arabia which stated that in spite of their education, psychiatric nursing students often maintained prejudices, believing that patients are dangerous, hostile, and prone to violence. These prejudices have increased stress and anxiety in students about psychiatric clinical cause students to stay away from patients with mental illness and limit their communication with them. In their review, Konttila, Pesonen and Kyngäs (2018:1592) found that violence committed against nursing staff by patients in psychiatric outpatient settings had increased. In additionally the findings highlighted the importance of nursing staff developing skills and interventions for managing different kinds of violent situations.

D2. Impact of experiences encountered during training

Table 4.15 Past experiences with psychiatric patients during experiential training affect my selection of community service placement (N=125)

D201. Past experiences with psychiatric patients during experiential training affect my selection of community service placement				
Valid	Frequency	Percent	Valid percent	Cumulative percent
Strongly disagree	23	18.4	18.4	18.4
Disagree	22	17.6	17.6	36.0
Neutral	38	30.4	30.4	66.4
Agree	32	25.6	25.6	92.0
Strongly agree	10	8.0	8.0	100.0
Total	**125**	**100.0**	**100.0**	

Of the respondents, 33.6% (n=42) agreed/strongly agreed that past experiences with psychiatric patients during experiential training affected their selection of community service placement. The study conducted by De Jong, Berckmoes, Kohort, Song, Tol and Reis (2015:49) one of the students was surprised to see nurses restraining patients' or administration of medication, much more negative thinking regarding psychiatric was reinforced. Based on these experiences, students felt that psychiatric hospital was not appropriate to select as a placement area for community service post program. Furthermore, De Jong et.al (2015:56) reported that after practising, nursing students developed positive attitudes regarding psychiatry throughout their experiences.

Table 4.16 Poor psychiatric learning environment discouraged my choice for community service (N=125)

D202. Poor psychiatric learning environment discouraged my choice for community service				
Valid	Frequency	Percent	Valid percent	Cumulative percent
Strongly disagree	31	24.8	24.8	24.8
Disagree	39	31.2	31.2	56.0
Neutral	16	12.8	12.8	68.8
Agree	22	17.6	17.6	86.4
Strongly agree	17	13.6	13.6	100.0
Total	**125**	**100.0**	**100.0**	

Of the respondents, 31% (n=39) agreed/strongly agreed that poor psychiatric learning environment discouraged my choice for community service.

Hunter et al (2015:32) revealed through a study conducted on students, that there are aspects negatively impacting student nurses' clinical learning experiences, such as lack of teaching and learning support, lack of opportunities for learning, marketing of psychiatric nursing, poor theory-practice integration, and poor interpersonal relationships between the students, college tutors, and ward staff.

Table 4.17   Marketing of psychiatric nursing is not done during training (N=125)

D203. Marketing of psychiatric nursing is not done during training				
Valid	**Frequency**	**Percent**	**Valid percent**	**Cumulative percent**
Strongly disagree	34	27.2	27.2	27.2
Disagree	39	31.2	31.2	58.4
Neutral	22	17.6	17.6	76.0
Agree	15	12.0	12.0	88.0
Strongly agree	15	12.0	12.0	100.0
Total	**125**	**100.0**	**100.0**	

Of the respondents, 24% (n=30) agreed/strongly agreed that marketing of psychiatric nursing is not done during training. No study was found in the literature revealing marketing of psychiatric nursing.

Table 4.18 Time allocated for psychiatry practical during training is insufficient to gain confidence in psychiatric nursing (N=125)

D204. Time allocated for psychiatry practical during training is insufficient to gain confidence in psychiatric nursing				
Valid	**Frequency**	**Percent**	**Valid percent**	**Cumulative percent**
Strongly disagree	27	21.6	21.6	21.6
Disagree	21	16.8	16.8	38.4
Neutral	14	11.2	11.2	49.6
Agree	26	20.8	20.8	70.4
Strongly agree	37	29.6	29.6	100.0
Total	**125**	**100.0**	**100.0**	

Of the respondents, 50.4% (n=63) agreed/strongly agreed that time allocated for psychiatry practical during training is insufficient to gain confidence in psychiatric nursing. These findings confirmed by Kamel (2016:64) who found that students felt that they have an insufficiency time allocated in clinical skills upon completion of a pre-registration programme. Hunter et al (2015:31) state increasing amount of time in clinical setting, adding psychology-specific content particularly the importance of psychiatric mental

health nursing and effects of stigma to the curriculum were associated with recruiting and retaining psychiatric mental health nurses.

Table 4.19   Staff in psychiatry hospitals are not updated with new information relating to mental health care services (N=125)

D205. Staff in psychiatry hospitals are not updated with new information relating to mental health care services				
Valid	Frequency	Percent	Valid percent	Cumulative percent
Strongly disagree	34	27.2	27.2	27.2
Disagree	31	24.8	24.8	52.0
Neutral	27	21.6	21.6	73.6
Agree	20	16.0	16.0	89.6
Strongly agree	13	10.4	10.4	100.0
Total	**125**	**100.0**	**100.0**	

Of the respondents, 26.4% (n=33) agreed/strongly agreed that staff in psychiatry hospitals are not updated with new information relating to mental health care services According to the study conducted by Baron, Rathod, Prince, Fedaku, Kigozi, Jordans, Luitel, Medhin, Murhar and Nakku (2018:10) confirmed that insufficiencies in staff training, poor information infrastructure, lack of common performance standard, the lack of traditional of accountability in mental health services and inadequate training for clinical managers that have rarely been exposed to epidemiological and mental services research. The updates in general nursing curriculum are imperative to equip nurses with the appropriate skills necessary in effective care and treatment for person with mental health conditions (WHO 2004:5).

Table 4.20   Psychiatric nursing is emotional and tiring job (N=125)

D206. Psychiatric nursing is emotional and tiring job				
Valid	Frequency	Percent	Valid percent	Cumulative percent
Strongly disagree	30	24.0	24.0	24.0
Disagree	30	24.0	24.0	48.0
Neutral	21	16.8	16.8	64.8
Agree	20	16.0	16.0	80.8
Strongly agree	24	19.2	19.2	100.0
Total	**125**	**100.0**	**100.0**	

Of the respondents, 32.8% (n=44) agreed/strongly agreed that psychiatric nursing is emotional and tiring job. Based on the study conducted by Jansen and Venter (2015:44)

in New Zealand, students experience emotional draining as a result of working in a mental health setting. Emotional burnout was pointed out by the students in their study as a valid reason not to enter psychiatric nursing.

D3: General factors affecting student selection

Table 4.21 Educators' views influenced my choice to select community service placement site (N=125)

D301. Educators' views influenced my choice to select community service placement site				
Valid	**Frequency**	**Percent**	**Valid percent**	**Cumulative percent**
Strongly disagree	52	41.6	41.6	41.6
Disagree	38	30.4	30.4	72.0
Neutral	14	11.2	11.2	83.2
Agree	14	11.2	11.2	94.4
Strongly agree	7	5.6	5.6	100.0
Total	**125**	**100.0**	**100.0**	

Of the respondents, 16.8% (n=21) agreed/strongly agreed that educators' views influenced my choice to select community service placement site. Kadal et al (2018:53) support that there is more that could be done and educators must provide further learning and teaching opportunities which foster ethical values in health and social care, in order to observe the fundamental human rights and dignity of individuals and promote positive attitudes towards those experiencing mental health issues. Additionally, Song (2015:44) reported that after practicing, nursing students develop positive attitude regarding psychiatric. Alshowkan and Kamel (2016:65) show that the role of educators and psychiatric nurses is extremely important for nursing students in the elimination of negative attitude towards psychiatry.

Table 4.22 Family experience on mental illness had an impact on my career choice (N=125)

D302. Family experience on mental illness had an impact on my career choice				
Valid	**Frequency**	**Percent**	**Valid percent**	**Cumulative percent**
Strongly disagree	43	34.4	34.4	34.4
Disagree	29	23.2	23.2	57.6
Neutral	17	13.6	13.6	71.2
Agree	19	15.2	15.2	86.4
Strongly agree	17	13.6	13.6	100.0
Total	**125**	**100.0**	**100.0**	

Of the respondents, 28.8% (n=36) agreed/strongly agreed that family experience on mental illness had an impact on my career choice. Based on the study that was conducted in Singapore by Thongpriwan et al (2015:952) among junior and senior nursing students, students with prior mental health experience were more interested in a future career in mental health nursing than those who did not. In addition, Thongpriwan et al (2015:948-953) found that the more exposure that students had to mental health nursing through clinical experiences, theory classes, and previous work in the field, the more prepared they felt about caring for persons with mental health issues.

Table 4.23 Stigma attached to mental health care users decreased my interest of psychiatric nursing (N=125)

D303. Stigma attached to mental health care users decreased my interest of psychiatric nursing				
Valid	**Frequency**	**Percent**	**Valid percent**	**Cumulative percent**
Strongly disagree	52	41.6	41.6	41.6
Disagree	30	24.0	24.0	65.6
Neutral	14	11.2	11.2	76.8
Agree	17	13.6	13.6	90.4
Strongly agree	12	9.6	9.6	100.0
Total	**125**	**100.0**	**100.0**	

Of the respondents, 23.4% (n=29) agreed/strongly agreed that stigma attached to mental health care users decreased my interest of psychiatric nursing. Bekhet et al (2017:5) stated that stigma often lead people to fear, avoid or distance individual with mental illness, and level of avoidance is tied to the specific types of mental illness. However, Hunter et al (2015:30) state that there are two factors that may contribute to unwillingness on the part of newly qualified nurses to enter psychiatric mental health nursing. Firstly, a lack of understanding about the contributing factors of stigma be a principal barrier to promoting psychiatric mental health nursing, secondly, factor is about society holds outdated belief about mental illness. A person with mental illness also experiences stigma from the health care professional (Ong et al 2017:96). In order to enhance student nurses to work in psychiatric hospitals, it will be important to find innovative ways of addressing the stigma related to mental health and to mental health nursing Harrison et al (2017:514).

Table 4.24   No professional growth in psychiatric hospitals (N=125)

D304. There is no professional growth in psychiatric hospitals				
Valid	**Frequency**	**Percent**	**Valid percent**	**Cumulative percent**
Strongly disagree	41	32.8	32.8	32.8
Disagree	22	17.6	17.6	50.4
Neutral	20	16.0	16.0	66.4
Agree	23	18.4	18.4	84.8
Strongly agree	19	15.2	15.2	100.0
Total	**125**	**100.0**	**100.0**	

Of the respondents, 33.6% (n=42) agreed/strongly agreed that there is no professional growth in psychiatric hospitals. This finding was confirmed by Jansen and Venter (2015:46) one group of students stated that there is no future career advancement in psychiatric nursing. Based on this study findings the students were of opinion that there are no opportunities for career growth in mental health, which had an impact on their choice to select psychiatric placement for community service post-programme.

Table 4.25   Psychiatric hospitals are generally boring to work at (N=125)

D305. Psychiatric hospitals are generally boring to work at				
Valid	**Frequency**	**Percent**	**Valid percent**	**Cumulative percent**
Strongly disagree	39	31.2	31.2	31.2
Disagree	28	22.4	22.4	53.6
Neutral	19	15.2	15.2	68.8
Agree	17	13.6	13.6	82.4
Strongly agree	22	17.6	17.6	100.0
Total	**125**	**100.0**	**100.0**	

Of the respondents, 31.2% (n=39) agreed/strongly agreed that psychiatric hospitals are generally boring to work at. These findings confirmed by the study conducted by Jansen and Venter (2015:54) reported that student nurses felt that the psychiatric environment is not interesting, boring to work there because its routine work on daily basis.

The mental health care professionals do so for long hours and many years they end up suffering from burnout (Hinshelwood 2016:116). Hunter et al (2015:33) also revealed that psychiatric environment is not interesting. Based on these findings the students become demotivated to select psychiatric hospital as their placement area for community service post qualify.

Table 4.26   Opt for Psychiatric hospitals towards retirement (N=125)

Valid	Frequency	Percent	Valid percent	Cumulative percent
D306. I would opt for Psychiatric hospitals towards retirement				
Strongly disagree	33	26.4	26.4	26.4
Disagree	13	10.4	10.4	36.8
Neutral	20	16.0	16.0	52.8
Agree	32	25.6	25.6	78.4
Strongly agree	27	21.6	21.6	100.0
Total	**125**	**100.0**	**100.0**	

Of the respondents, 47.2% (n=59) agreed/strongly agreed that they would opt for psychiatric hospitals towards retirement. No study was found in the literature revealing the response.

4.5   DESCRIPTIVE STATISTICS OF THE VARIABLE

This section provides descriptive statistics of the variables under each construct. Specific descriptive statistics presented include arithmetic means, standard errors of the computed means, standard deviations and mode statistics. Arithmetic means show the approximate average responses provided by participants, while the standard errors of means show the magnitudes of reliability of arithmetic means. In addition, standard deviations measure the degrees to which individual responses are dispersed from their related arithmetic mean responses, and the mode statistics show the common responses provided by respondents to each question answered. Descriptive statistics of items under each of the five constructs are presented in Tables 4.27 to 4.31.

Table 4.27   Descriptive statistics – patients' conduct impact

Patients' conduct impact	N	Mean		Std Dev	Mode
	Statis-tic	Statis-tic	Std. Error	Statis-tic	Statis-tic
C101. I have been exposed to erratic behavior of mental health care users	125	3.32	.099	1.104	4
C102. Psychiatric patients deny mental illness and become aggressive	125	3.62	.102	1.141	4
C103. Psychiatric patients have increased levels of aggression and violence	125	3.28	.103	1.154	4
C104. Psychiatric patients frequently refuse medication	125	2.46	.116	1.292	1
C105. Psychiatric patients are difficult to work with	125	2.54	.112	1.248	1
C106. I have experienced verbal abuse, cursed, distained and belittled whilst working at psychiatric hospital	125	2.42	.122	1.369	1

Table 4.27 arithmetic mean statistics of responses pertaining to patients' conduct show that most participants were largely neutral (mean ≈ 3) with half of the questions, and generally disagreed (mean ≈ 1) with half of the questions. The standard errors of mean statistics ranging between 0.099 and 0.122 suggest presence of reliability of arithmetic mean statistics, while related standard deviations ranging between 1.104 and 1.369 show that discrete responses to question items did not vary significantly from their averages. Based on modal statistics, most respondents agreed (mode=4) that they have been exposed to erratic behavior of mental health care users, psychiatric patients deny mental illness and become aggressive, and psychiatric patients have increased levels of aggression and violence. Conversely, most respondents strongly disagreed (mode=1) that most psychiatric patients frequently refuse medication, psychiatric patients are difficult to work with, and participants have experienced verbal abuse, cursed, distained and belittled whilst working at psychiatric hospital.

Table 4.28   Descriptive statistics – working environment impact

Working environment impact	N	Mean		Std Dev	Mode
	Statistic	Statistic	Std. Error	Statistic	Statistic
C201. Psychiatric environment is characterised by fear and mistrust	125	2.99	.108	1.208	3
C202. There is poor infrastructure and scarce facilities in the psychiatric hospital workplace	125	3.26	.128	1.436	4
C203. There is no management support in the psychiatric hospital	125	2.86	.116	1.300	2
C204. Psychiatric staff has bad attitude toward psychiatric patients	125	2.40	.111	1.244	1
C205. Psychiatric working environment is unsafe physically and psychologically	125	2.87	.114	1.270	3
C206. There is high level of alcoholism among staff members in psychiatric hospitals	125	2.33	.125	1.401	1
C207. There was limited orientation and lack of support from my clinical mentor at psychiatric hospital	125	2.24	.118	1.316	1

Table 4.28 arithmetic mean statistics of the responses pertaining to working environment impact indicate that most participants had neutral (mean ≈ 3) responses to half of the questions, and generally disagreed (mean ≈ 1) with half of the question items raised. Standard errors of mean statistics ranging from 0.108 to 0.128 suggest reliability of arithmetic mean statistics, while the analogous standard deviations ranging between 1.208 and 1.436 show that individual responses to question items did not vary sizably from their parallel arithmetic means.

Based on modal statistics, respondents strongly disagreed (mode=1) that psychiatric staff has bad attitude toward psychiatric patients, there is high level of alcoholism among staff members in psychiatric hospitals, and there was limited orientation and lack of support from my clinical mentor at psychiatric hospital. In addition, participants (mode=2) disagreed that there is no management support in the psychiatric hospital. However, participants had neutral responses about whether psychiatric environment is characterised by fear and mistrust, and unsafe physically and psychologically. However, most participants agreed (mode=4) that there is poor infrastructure and scarce facilities in the psychiatric hospital workplace.

Table 4.29 Descriptive statistics – personal attitude impact

Personal attitude impact	N	Mean		Std Dev	Mode
	Statistic	Statistic	Std. Error	Statistic	Statistic
D101. Psychiatric nursing is not my area of interest in my career	125	2.51	.129	1.440	1
D102. I have self-doubt regarding meeting the expectations in a psychiatric hospital	125	2.29	.103	1.156	1
D103. I lack experience and skills in psychiatric nursing	125	2.46	.104	1.167	2
D104. I have fear of stress or exhaustion resulting from working in a psychiatric hospital	125	2.52	.114	1.280	2
D105. Danger allowance is not sufficient for medical assistance in case of injury by psychiatric patients	125	3.74	.119	1.331	5
D106. I have fear of exposure to threat in form of being beaten by psychiatric patient	125	3.49	.118	1.317	4

Table 4.29 mean statistics results show that participants were generally neutral (mean ≈ 3) with most of the questions pertaining to personal attitude impact. Standard errors of arithmetic means ranging between 0.103 and 0.119 suggest existence of reliability of mean statistics, while analogous standard deviations ranging between 1.440 and 1.331 indicate that responses to question items did not vary substantially from mean statistics. In line with modal statistics, participants strongly disagreed (mode=1) that psychiatric nursing is not their area of interest in their career, and they have self-doubt regarding meeting expectations in a psychiatric hospital.

Participants also commonly disagreed (mode=2) that they lack experience and skills in psychiatric nursing, and they have fear of either stress or exhaustion resulting from working in a psychiatric hospital. Moreover, respondents surveyed commonly agreed (mode=4) that they have fear of exposure to threat in form of being beaten by psychiatric patient, and strongly agreed (mode=5) that the danger allowance is not sufficient for medical assistance in case of injury by psychiatric patients.

Table 4.30   Descriptive statistics – impact of experiences encountered during training

Impact of experiences encountered during training	N	Mean		Std Dev	Mode
	Statistic	Statistic	Std. Error	Statistic	Statistic
D201. Past experiences with psychiatric patients during experiential training affect my selection of community service placement	125	2.87	.109	1.218	3
D202. Poor psychiatric learning environment discouraged my choice for community service	125	2.64	.124	1.382	2
D203. Marketing of psychiatric nursing is not done during training	125	2.50	.119	1.330	2
D204. Time allocated for psychiatry practical during training is insufficient to gain confidence in psychiatric nursing	125	3.20	.139	1.550	5
D205. Staff in psychiatry hospitals are not updated with new information relating to mental health care services	125	2.58	.118	1.321	1
D205. Staff in psychiatry hospitals are not updated with new information relating to mental health care services	125	2.58	.118	1.321	1

Table 4.30 results on arithmetic mean statistics show that participants generally remained neutral (mean ≈ 3) regarding the impact of experiences encountered during training. The standard errors of arithmetic means ranging between 0.109 and 0.139 reveal presence of constancy of the mean statistics, while comparable standard deviations ranging between 1.218 and 1.550 indicate that individual responses to the questions raised did not vary substantively from their corresponding computed mean statistics.

Based on modal statistics, participants surveyed commonly strongly disagreed (mode=1) that staff in psychiatry hospitals are not updated with new information relating to mental health care services, and psychiatric nursing is emotional and tiring job. In addition, surveyed participants commonly disagreed (mode=2) that poor psychiatric learning environment discouraged their choices for community service, and marketing of psychiatric nursing is not done during training. From the other side, the participants commonly strongly agreed (mode=5) that the time allocated for psychiatry practical during training is insufficient to gain confidence in psychiatric nursing.

Table 4.31   Descriptive statistics – general factors affecting student selection

General factors affecting student selection	N	Mean		Std Dev	Mode
	Statis-tic	Statis-tic	Std. Error	Statis-tic	Statis-tic
D301. Educators' views influenced my choice to select community service placement site	125	2.09	.109	1.218	1
D302. Family experience on mental illness had an impact on my career choice	125	2.50	.129	1.440	1
D303. Stigma attached to mental health care users decreased my interest of Psychiatric nursing	125	2.26	.123	1.373	1
D304. There is no professional growth in psychiatric hospitals	125	2.66	.132	1.476	1
D305. Psychiatric hospitals are generally boring to work at	125	2.64	.133	1.483	1
D306. I would opt for Psychiatric hospitals towards retirement	125	3.06	.136	1.515	1

Table 4.31 arithmetic mean statistics of responses relating to general factors affecting student selection show that participants commonly disagreed (mean ≈ 2) with most of the factors perceived to be influencing student selection. Standard errors of mean statistics ranging from 0.109 to 0.136 suggest consistency of arithmetic means, while standard deviations ranging between 1.208 and 1.436 show that individual responses to question items did not vary greatly from their arithmetic means. As shown by modal statistics, respondents commonly strongly disagreed (mode=1) that educators' views influenced their choices to select community service placement site, family experience on mental illness had an impact on their career choices, stigma attached to mental health care users decreased their interests of psychiatric nursing, there is no professional growth in psychiatric hospitals, psychiatric hospitals are generally boring to work at, and they would opt for psychiatric hospitals towards retirement.

4.6   SCALE RELIABILITY STATISTICS

This section presents scale reliability results of items under each of the five different constructs computed based on Cronbach's alpha coefficients. Scale reliability test was conducted to statistically determine the degree to which comparable responses could be obtained from participants should the same set of questions be asked several times under similar settings to the same respondents, and results are presented in Table 4.32.

Table 4.32   Scale reliability coefficients of items per construct

Item	Cronbach's alpha if item deleted	Cronbach's alpha coefficient	No of items
Patient's conduct impact			
C101. I have been exposed to erratic behavior of mental health care users	.713	0.710	6
C102. Psychiatric patients deny mental illness and become aggressive	.656		
C103. Psychiatric patients have increased levels of aggression and violence	.635		
C104. Psychiatric patients frequently refuse medication	.659		
C105. Psychiatric patients are difficult to work with	.660		
C106. I have experienced verbal abuse, cursed, distained and belittled whilst working at psychiatric hospital	.696		
Working environment impact			
C201. Psychiatric environment is characterised by fear and mistrust	.772	0.768	7
C202. There is poor infrastructure and scarce facilities in the psychiatric hospital workplace	.720		
C203. There is no management support in the psychiatric hospital	.723		
C204. Psychiatric staff has bad attitude toward psychiatric patients	.723		
C205. Psychiatric working environment is unsafe physically and psychologically	.727		
C206. There is high level of alcoholism among staff members in psychiatric hospitals	.762		
C207. There was limited orientation and lack of support from my clinical mentor at psychiatric hospital	.741		
Personal attitude			
D101. Psychiatric nursing is not my area of interest in my career	.721	0.750	6
D102. I have self-doubt regarding meeting the expectations in a psychiatric hospital	.711		
D103. I lack experience and skills in psychiatric nursing	.707		
D104. I have fear of stress or exhaustion resulting from working in a psychiatric hospital	.658		
D105. Danger allowance is not sufficient for medical assistance in case of injury by psychiatric patients	.763		
D106. I have fear of exposure to threat in form of being beaten by psychiatric patient	.718		

Item	Cronbach's alpha if item deleted	Cronbach's alpha coefficient	No of items
Impact of experiences encountered during training			
D201. Past experiences with psychiatric patients during experiential training affect my selection of community service placement	.595	0.593	6
D202. Poor psychiatric learning environment discouraged my choice for community service	.491		
D203. Marketing of psychiatric nursing is not done during training	.531		
D204. Time allocated for psychiatry practical during training is insufficient to gain confidence in psychiatric nursing	.622		
D205. Staff in psychiatry hospitals are not updated with new information relating to mental health care services	.466		
D206. Psychiatric nursing is emotional and tiring job	.562		
General factors affecting student selection			
D301. Educators' views influenced my choice to select community service placement site	.572	0.638	6
D302. Family experience on mental illness had an impact on my career choice	.644		
D303. Stigma attached to mental health care users decreased my interest of Psychiatric nursing	.557		
D304. There is no professional growth in psychiatric hospitals	.569		
D305. Psychiatric hospitals are generally boring to work at	.573		
D306. I would opt for psychiatric hospitals towards retirement	.647		
Total items		**0.868**	**31**

Table 4.32. Overall Cronbach's alpha coefficient (α=0.868) for thirty-one items exceeded the minimum acceptable (α=0.700) reliability threshold (Cronbach 1951). Hence, the result indicates that items measured a unidimensional construct. Items under each construct had acceptable levels of scale reliability, namely the patient's conduct impact (α=0.710), working environment impact (α=0.768), personal attitude (α=0.750), impact of experiences encountered during training (α=0.593), and general factors affecting student selection (α=0.638).

4.7   CONSTRUCT VALIDITY STATISTICS

This section presents construct validity results of items under each of the constructs based on Keiser-Meyer-Olkin (KMO) measure of sampling adequacy (MSA) criterion. Specific statistics indicated are the communalities extraction, and KMO-MSA values. Communalities extraction values show the proportion of each item's variance that can be explained or accounted for by factors retained in the analysis.

Table 4.33   Construct validity of items per each construct

Item	Communa-lities – extraction	KMO-MSA value	No of items
Patient's conduct impact			
C101. I have been exposed to erratic behavior of mental health care users	.101	0.701	6
C102. Psychiatric patients deny mental illness and become aggressive	.630		
C103. Psychiatric patients have increased levels of aggression and violence	.829		
C104. Psychiatric patients frequently refuse medication	.239		
C105. Psychiatric patients are difficult to work with	.719		
C106. I have experienced verbal abuse, cursed, distained and belittled whilst working at psychiatric hospital	.297		
Working environment impact			
C201. Psychiatric environment is characterised by fear and mistrust	.124	0.783	7
C202. There is poor infrastructure and scarce facilities in the psychiatric hospital workplace	.613		
C203. There is no management support in the psychiatric hospital	.550		
C204. Psychiatric staff has bad attitude toward psychiatric patients	.448		
C205. Psychiatric working environment is unsafe physically and psychologically	.428		
C206. There is high level of alcoholism among staff members in psychiatric hospitals	.384		
C207. There was limited orientation and lack of support from my clinical mentor at psychiatric hospital	.350		
Personal attitude			
D101. Psychiatric nursing is not my area of interest in my career	.306	0.770	6
D102. I have self-doubt regarding meeting the expectations in a psychiatric hospital	.652		
D103. I lack experience and skills in psychiatric nursing	.393		

Item	Communa-lities – extraction	KMO-MSA value	No of items
D104. I have fear of stress or exhaustion resulting from working in a psychiatric hospital	.670		
D105. Danger allowance is not sufficient for medical assistance in case of injury by psychiatric patients	.402		
D106. I have fear of exposure to threat in form of being beaten by psychiatric patient	.417		
Impact of experiences encountered during training			
D201. Past experiences with psychiatric patients during experiential training affect my selection of community service placement	.183		
D202. Poor psychiatric learning environment discouraged my choice for community service	.412		
D203. Marketing of psychiatric nursing is not done during training	.510	0.649	6
D204. Time allocated for psychiatry practical during training is insufficient to gain confidence in psychiatric nursing	.140		
D205. Staff in psychiatry hospitals are not updated with new information relating to mental health care services	.515		
D206. Psychiatric nursing is emotional and tiring job	.203		
General factors affecting student selection			
D301. Educators' views influenced my choice to select community service placement site	.344		
D302. Family experience on mental illness had an impact on my career choice	.281		
D303. Stigma attached to mental health care users decreased my interest of Psychiatric nursing	.503		
D304. There is no professional growth in psychiatric hospitals	.401	0.670	6
D305. Psychiatric hospitals are generally boring to work at	.685		
D306. I would opt for Psychiatric hospitals towards retirement	.084		
Total items		0.752	31

Table 4.33 results on the KMO-MSA criterion was used to assess sampling adequacy, where a value equal to at least 0.600 is regarded as a statistically acceptable minimum threshold (Tabachnick & Fidell 2012:15). Results show that the KMO-MSA value for all thirty-one items was equal to 0.752, while KMO-MSA values for items under each of the five constructs correspondingly exceeded 0.600 required minimum threshold. In that regard, KMO-MSA scores of group items under each construct are as follows: patient's conduct impact (0.701), working environment impact (0.783), personal attitude (0.770),

impact of experiences encountered during training (0.649), and general factors affecting student selection (= 0.670). Following the assessment of sampling adequacy, factor analysis was further conducted to assess the underlying patterns and structure of the hidden dimensions within the dataset.

4.8 EXPLORATORY FACTOR ANALYSIS

4.8.1 Total variance explained

This section presents total variance explained results computed based on EFA data reduction method. The EFA was conducted to measure the underlying patterns and hidden dimensions within the dataset analysed in this study.

Table 4.34   Total variance explained – patient's conduct impact

Factor	Initial Eigenvalues			Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	2.502	41.707	41.707	2.149	35.823	35.823	1.597	26.618	26.618
2	1.086	18.093	59.800	.664	11.070	46.893	1.216	20.275	46.893
3	.933	15.546	75.346						
4	.621	10.343	85.689						
5	.441	7.349	93.038						
6	.418	6.962	100.000						
Extraction Method: Alpha Factoring									

Table 4.34 results from the final iteration show existence of two initial eigenvalues greater than 1; hence two factors were produced from the selected items in the dataset for the construct "patients' conduct impact". Rotation sums of squared loadings results show that approximately 47.0% of total variance in the dataset of the respective construct was explained by two factors. Given that more than one factor was produced from the final iteration, the structure of factor loadings was assessed in subsection 4.6.2 below.

Table 4.35   Total variance explained – working environment impact

Factor	Initial Eigenvalues			Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	2.979	42.558	42.558	2.417	34.527	34.527	1.666	23.799	23.799
2	1.006	14.372	56.930	.480	6.857	41.383	1.231	17.585	41.383
3	.887	12.671	69.600						
4	.710	10.139	79.740						
5	.578	8.252	87.991						
6	.506	7.230	95.221						
7	.335	4.779	100.000						
Extraction Method: Alpha Factoring									

Table 4.35 results from final iteration show existence of two initial eigenvalues greater than 1; thus two factors were produced from the selected items in the dataset for the construct "working environment impact". Rotation sums of squared loadings results reveal that about 41.4% of total variance in the dataset for this construct was explained by two factors. Since more than one factor was produced from the final iteration, the structure of factor loadings was assessed in the succeeding subsection 4.6.2.

Table 4.36   Total variance explained – personal attitude

Factor	Initial Eigenvalues			Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	2.754	45.901	45.901	2.267	37.783	37.783	1.826	30.434	30.434
2	1.109	18.491	64.392	.572	9.540	47.323	1.013	16.890	47.323
3	.731	12.179	76.571						
4	.551	9.184	85.754						
5	.461	7.690	93.444						
6	.393	6.556	100.000						
Extraction Method: Alpha Factoring									

Table 4.36 results from final iteration show existence of two initial eigenvalues exceeding the value 1; therefore, the items selected were grouped into two factors measuring the construct "personal attitude". Rotation sums of squared loadings results indicate that about 47.3% of total variance in the dataset of the respective construct was explained by two factors. Given that more than one factor was produced from the final iteration, the structure of factor loadings was assessed in the following subsection 4.6.2 below.

Table 4.37 Total variance explained – impact of experiences encountered during training

Factor	Initial Eigenvalues			Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	2.093	34.879	34.879	1.488	24.806	24.806	1.092	18.195	18.195
2	1.175	19.582	54.461	.476	7.936	32.743	.873	14.548	32.743
3	.869	14.483	68.944						
4	.810	13.505	82.449						
5	.574	9.567	92.016						
6	.479	7.984	100.000						
Extraction Method: Alpha Factoring									

Table 4.37 results from the final iteration indicate the existence of two initial eigenvalues greater than 1; hence two factors were produced from chosen items in the dataset for the construct "impact of experiences encountered during training". Results showing rotation sums of squared loadings indicate that nearly 32.7% of the total variance in a dataset for this construct was explained by two factors. Hence, the structure of factor loadings was assessed to determine if there were items had a complex structure.

Table 4.38 Total variance explained – general factors affecting student selection

Factor	Initial Eigenvalues			Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	2.219	36.979	36.979	1.668	27.801	27.801	1.271	21.187	21.187
2	1.185	19.754	56.733	.631	10.513	38.314	1.028	17.126	38.314
3	.883	14.715	71.448						
4	.685	11.422	82.870						
5	.589	9.814	92.684						
6	.439	7.316	100.000						
Extraction Method: Alpha Factoring.									

Table 4.38 results from the final iteration indicate existence of two initial eigenvalues exceeding the value 1. In that regard, items measuring the construct "general factors affecting student selection" were grouped into two factors. Rotation sums of squared loadings show that about 38.3% of the total variance in a dataset for this construct was certainly explained by two factors. Since more than one factor was produced from the final rotational iteration, the structure of items ordered under two factors was assessed in order to assess if there were question items that demonstrated a complex structure.

4.9   CONFIRMATORY FACTOR ANALYSIS

This section provides CFA results of observed items and associated latent variables for each of the constructs on which data was collected. The latent factor "patients' conduct impact" was measured by four items (Figure 4.1).
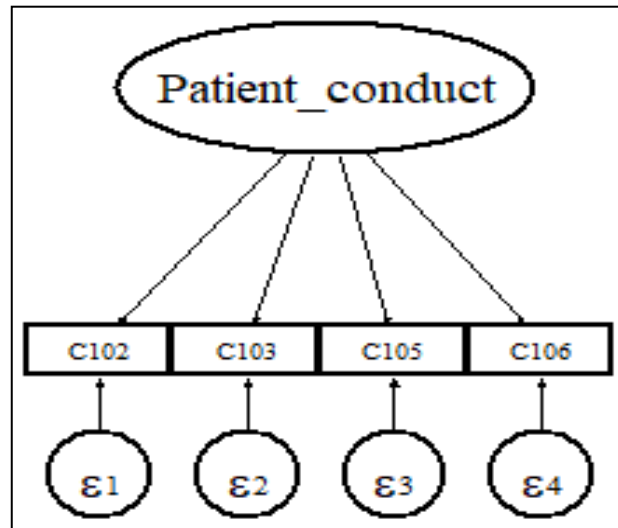
Selected observed items
C102.   Psychiatric patients deny mental illness and become aggressive
C103.   Psychiatric patients have increased levels of aggression and violence
C105.   Psychiatric patients are difficult to work with
C106.   I have experienced verbal abuse, cursed, distained and belittled whilst working at psychiatric hospital

Figure 4.1 Patient's conduct impact latent factor model

Table 4.39 below presents CFA estimates for the latent factor "patients' conduct impact" and the observed items whose variances are influenced by the respective latent factor.

Table 4.39 Patients' conduct impact CFA standardised estimates

Estimation method		= ml			No. of obs	= 125
Log likelihood		= -765.446				
	Coeff.	Std. Err.	z-stat	P > |z|	[95% Conf. Interval]	
Measurement						
C102 ←						
Patients' conduct impact	0.287	0.111	2.55	0.000	0.065	0.500
C103 ←						
Patients' conduct impact	0.379	0.104	3.63	0.000	0.174	0.584
C105 ←						
Patients' conduct impact	0.717	0.141	5.07	0.000	0.439	0.995
C106 ←						
Patients' conduct impact	0.595	0.141	4.73	0.000	0.349	0.842
var (e.C102)	0.920	0.062			0.804	1.051
var (e.C103)	0.856	0.079			0.714	1.026
var (e.C105)	0.485	0.203			0.213	1.102
var (e.106)	0.644	0.150			0.408	1.017
var (Patients' conduct)	1	.			.	.
cov (e.C102, e.C103)	0.523	0.069	7.56	0.000	0.387	0.659
LR test of model vs. saturated: chi2 (1)=0.23, Prob > chi2=0.632						

Table 4.39 results show that all the four selected indicators had statistically significant positive coefficients, and hence measured what they were intended to measure with regards to personal conduct impact. Based on relative sizes of coefficient estimates, the variables that contribute most significantly in describing personal conduct impact are those which stipulate that "psychiatric patients are difficult to work with" (coefficient=0.717; z-score=5.07; $p < 0.01$), respondents "have experienced verbal abuse, cursed, distained and belittled whilst working at psychiatric hospitals" (coefficient=0.595; z-statistic=4.73; $p < 0.01$), and "psychiatric patients have increased levels of aggression and violence" (coefficient=0.379; z-statistic=3.63; $p < 0.01$). Estimated results on goodness of fit of the "patients' conduct model are shown in Table 4.40 below.

Table 4.40   Patients' conduct impact CFA model goodness of fit statistics

Fit statistic	Value	Description
Likelihood ratio		
chi2_ms (1)	0.229	model vs. saturated
p > chi2	0.632	
chi2_bs (6)	87.147	baseline vs. saturated
p > chi2	0.000	
Population error		
RMSEA	0.000	Root mean squared error of approximation
90% CI, lower bound	0.000	
upper bound	0.185	
pclose	0.652	Probability RMSEA <=0.05
Information criteria		
AIC	1548.893	Akaike's information criterion
BIC	1574.348	Bayesian information criterion
Baseline comparison		
CFI	1.000	Comparative fit index
TLI	1.057	Tucker-Lewis index
Size of residuals		
SRMR	0.007	Standardised root mean squared residual
CD	0.641	Coefficient of determination

Table 4.40 comparative fit index (CFI)=1.000 and Tucker-Lewis index (TLI)=1.057 confirm good fit between the construct "patients' conduct" and selected observed data.

The latent factor "working environment impact" was measured by six items (Figure 4.2).
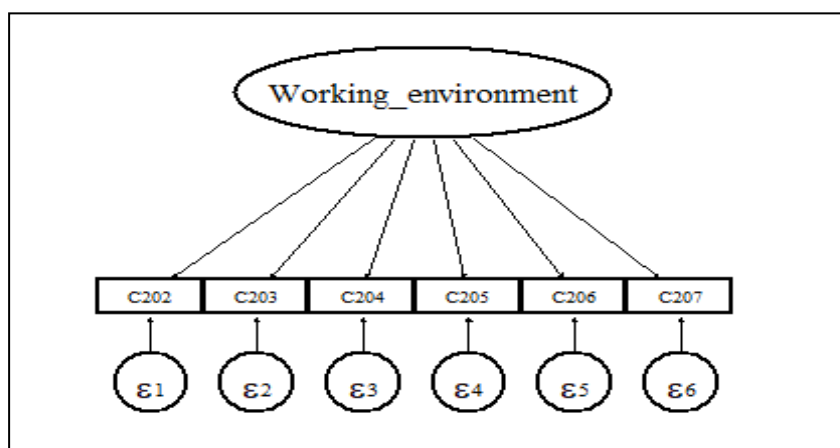
Selected observed items:
C202.   There is poor infrastructure and scarce facilities in the psychiatric hospital workplace
C203.   There is no management support in the psychiatric hospital
C204.   Psychiatric staff has bad attitude toward psychiatric patients
C205.   Psychiatric working environment is unsafe physically and psychologically
C206.   There is high level of alcoholism among staff members in psychiatric hospitals
C207.   There was limited orientation and lack of support from my clinical mentor at psychiatric hospital

Figure 4.2 Working environment impact latent factor model

Table 4.41 below presents CFA estimates for the latent factor "working environment impact" and observed items whose variances are influenced by that latent factor.

Table 4.41   Working environment impact CFA standardised estimates

Estimation method		= ml			No. of obs	= 125
Log likelihood		= -1180.317				
	Coeff.	Std. Err.	z-stat	P >|z|	[95% Conf. Interval]	
Measurement						
C202 ←						
Working environment	0.619	0.081	7.61	0.000	0.459	0.779
C203 ←						
Working environment	0.630	0.079	7.89	0.000	0.473	0.786
C204 ←						
Working environment	0.609	0.079	7.71	0.000	0.454	0.764
C205 ←						
Working environment	0.653	0.074	8.74	0.000	0.506	0.800
C206 ←						
Working environment	0.417	0.097	4.28	0.000	0.226	0.607
C207 ←						
Working environment	0.556	0.083	6.66	0.000	0.392	0.720
var (e.C202)	0.616	0.100			0.447	0.849
var (e.C203)	0.602	0.100			0.434	0.836
var (e.C204)	0.628	0.096			0.465	0.848
var (e.C205)	0.572	0.097			0.410	0.800
var (e.C206)	0.826	0.081			0.681	1.001
var (e.C207)	0.689	0.093			0.529	0.898
var (Working environment)	1	.			.	.
cov (e.C202, e.C203)	0.412	0.097	4.25	0.000	.0222	0.603
cov (e.C204, e.C206)	0.222	0.101	2.18	0.029	0.022	0.422
LR test of model vs. saturated: chi2 (7)=10.57, Prob > chi2=0.158						

Table 4.41 results show that all the six indicators chosen based on the factor analytic procedure had statistically significant positive coefficients, and thus measured what they were intended to measure with respect to working environment impact. Base on relative sizes of coefficient estimates, the top four items that had highest contributions in describing working environment impact are those which indicate that "psychiatric working environment is unsafe physically and psychologically" (coefficient=0.653; z-statistic=8.74; p<0.01), "there is no management support in the psychiatric hospital" (coefficient=0.630; z-statistic=7.89; p<0.01), "psychiatric staff has bad attitude toward psychiatric patients

(coefficient=0.609; z-statistic=7.79; p<0.01), and "there is poor infrastructure and scarce facilities in psychiatric hospital workplace" (coefficient=0.619; z-statistic=7.61; p<0.01). Goodness of fit results are shown in Table 4.41.

Table 4.42   Working environment impact CFA model goodness of fit statistics

Fit statistic	Value	Description
Likelihood ratio		
chi2_ms (7)	10.574	model vs. saturated
p > chi2	0.158	
chi2_bs (15)	195.777	baseline vs. saturated
p > chi2	0.000	
Population error		
RMSEA	0.064	Root mean squared error of approximation
90% CI, lower bound	0.000	
upper bound	0.137	
pclose	0.000	Probability RMSEA <=0.05
Information criteria		
AIC	2388.635	Akaike's information criterion
BIC	2428.231	Bayesian information criterion
Baseline comparison		
CFI	0.980	Comparative fit index
TLI	0.958	Tucker-Lewis index
Size of residuals		
SRMR	0.042	Standardised root mean squared residual
CD	0.735	Coefficient of determination

Table 4.42 comparative fit index (CFI)=0.980 and Tucker-Lewis index (TLI)=0.958 confirm good fit between the construct "working environment impact" and the observed data (Steiger 2007).

The latent factor "personal attitude" was measured by six items (Figure 4.3).
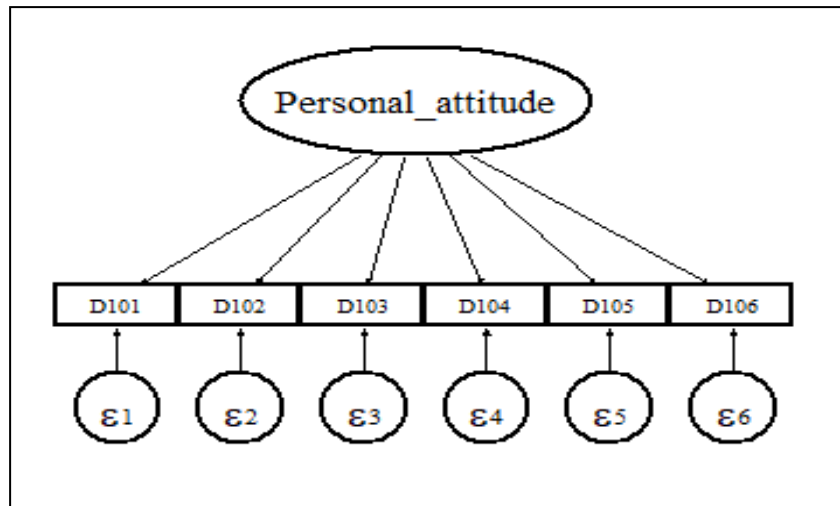
Selected observed items:

D101. Psychiatric nursing is not my area of interest in my career
D102. I have self-doubt regarding meeting the expectations in a psychiatric hospital
D104. I have fear of stress or exhaustion resulting from working in a psychiatric hospital
D103. I lack experience and skills in psychiatric nursing
D105. Danger allowance is not sufficient for medical assistance in case of injury by psychiatric patients
D106. I have fear of exposure to threat in form of being beaten by psychiatric patient

Figure 4.3 Personal attitude latent factor model

Table 4.43 below presents CFA estimates for the latent factor "personal attitude" and the observed items whose variances are influenced by the respective latent factor.

Table 4.43   Personal attitude CFA standardised estimates

Estimation method		= ml			No. of obs	= 125
Log likelihood		= -1156.24				
	Coeff.	Std. Err.	z-stat	P > |z|	[95% Conf. Interval]	
Measurement						
D101 ←						
Personal attitude	0.518	0.077	6.69	0.000	0.366	0.670
D102 ←						
Personal attitude	0.592	0.075	7.87	0.000	0.444	0.739
D103 ←						
Personal attitude	0.653	0.069	9.41	0.000	0.517	0.790
D104 ←						
Personal attitude	0.855	0.059	14.46	0.000	0.739	0.971
D105 ←						
Personal attitude	0.305	0.092	3.31	0.001	0.124	0.486
D106 ←						
Personal attitude	0.501	0.077	6.46	0.000	0.349	0.653
var (e.D101)	0.731	0.080			0.589	0.906
var (e.D102)	0.649	0.089			0.495	0.849

Estimation method		= ml			No. of obs	= 125
Log likelihood		= -1156.24				
	Coeff.	Std. Err.	z-stat	P > |z|	[95% Conf. Interval]	
var (e.D103)	0.572	0.090			0.419	0.781
var (e.D104)	0.267	0.101			0.127	0.562
var (e.D105)	0.906	0.056			0.802	1.024
var (e.106)	0.748	0.077			0.611	0.917
var (Personal attitude)	1	.			.	.
cov (e.D101, e.D102)	0.226	0.096	2.35	0.019	0.037	0.414
cov (e.D105, e.D106)	0.286	0.085	3.33	0.001	0.118	0.454

Table 4.43 results indicate that all six variables selected based on factor loadings had statistically significant positive coefficients, and measured what they were intended to measure with regards to personal attitude. In line with the relative sizes of coefficient estimates, variables that contribute most significantly in describing personal attitude are those which stipulate that respondents "have fear of stress or exhaustion resulting from working in a psychiatric hospital" (coefficient=0.855; z-score=14.46; p<0.01), respondents "lack the experience and skills in psychiatric nursing" (coefficient=0.653; z-statistic=9.41; p<0.01), and "have self-doubt regarding meeting the expectations in a psychiatric hospital" (coefficient=0.592; z-statistic=7.87; p<0.01). Results on goodness of fit of the "personal attitude" model are presented in Table 4.43 below.

Table 4.44   Personal attitude CFA model goodness of fit statistics

Fit statistic	Value	Description
Likelihood ratio		
chi2_ms (7)	9.189	model vs. saturated
p > chi2	0.229	
chi2_bs (15)	187.416	baseline vs. saturated
p > chi2	0.000	
Population error		
RMSEA	0.050	Root mean squared error of approximation
90% CI, lower bound	0.000	
upper bound	0.128	
pclose	0.433	Probability RMSEA <=0.05
Information criteria		
AIC	2340.490	Akaike's information criterion
BIC	2380.087	Bayesian information criterion
Baseline comparison		
CFI	0.987	Comparative fit index
TLI	0.973	Tucker-Lewis index
Size of residuals		
SRMR	0.039	Standardised root mean squared residual
CD	0.821	Coefficient of determination

Table 4.44 comparative fit index (CFI)=0.987 and Tucker-Lewis index (TLI)=0.973 confirm good fit between the construct "personal attitude" and observed data. The latent factor "impact of experiences encountered during training" was measured by five selected items (Figure 4) based on sizes of factors loadings (Table 4.45).
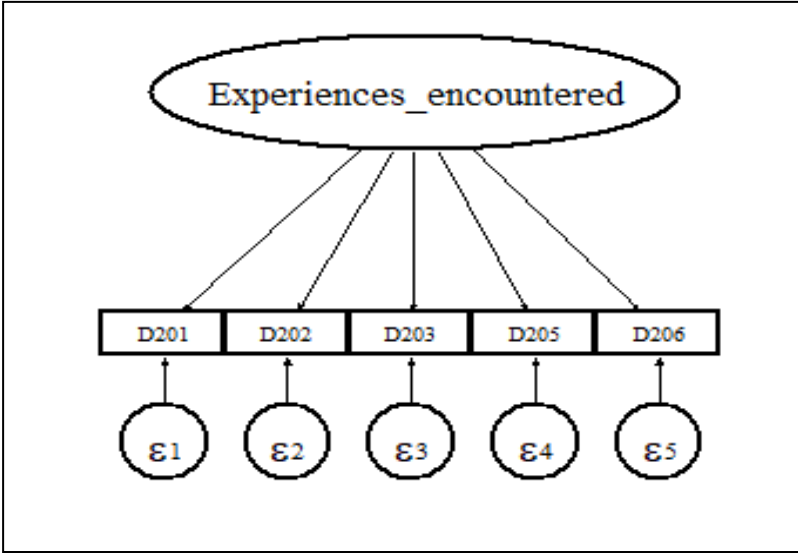
Selected observed items:

D201. Past experiences with psychiatric patients during experiential training affect my selection of community service placement

D202. Poor psychiatric learning environment discouraged my choice for community service

D203. Marketing of psychiatric nursing is not done during training

D204. Time allocated for psychiatry practical during training is insufficient to gain confidence in psychiatric nursing

D205. Staff in psychiatry hospitals are not updated with new information relating to mental health care services

D206. Psychiatric nursing is emotional and tiring job

Figure 4.4 Impact of experiences encountered during training latent factor model

Table 4.45 below presents CFA estimates for the latent factor "impact of experiences encountered during training" and observed items whose variances are influenced by the respective latent factor.

Table 4.45 Impact of experiences encountered during training CFA standardised estimates

Estimation method		= ml			No. of obs	= 125
Log likelihood		= - 1029.344				
	Coeff.	Std. Err.	z-stat	P > |z|	[95% Conf. Interval]	
Measurement						
D201 ←						
Experiences encountered	0.370	0.102	3.63	0.000	0.170	0.571
D202 ←						
Experiences encountered	0.683	0.082	8.26	0.000	0.521	0.845
D203 ←						
Experiences encountered	0.522	0.091	5.70	0.000	0.342	0.701
D205 ←						
Experiences encountered	0.621	0.084	7.35	0.000	0.455	0.787
D206 ←						
Experiences encountered	0.397	0.096	4.13	0.000	0.208	0.585
var (e.D201)	0.862	0.075			0.725	1.024
var (e.D202)	0.533	0.113			0.351	0.807
var (e.D203)	0.727	0.095			0.562	0.941
var (e.D205)	0.613	0.105			0.437	0.858
var (e.D206)	0.842	0.076			0.705	1.006
var (Experiences encountered)	1	.			.	.
cov (e.D201, e.D203)	-0.244	0.104	-2.34	0.019	-0.448	-0.039
LR test of model vs. saturated: chi2 (4)=5.03, Prob > chi2=0.284						

Table 4.45 results show that all five indicators chosen basLR test of model vs. saturated: chi2 (7)=9.19, Prob > chi2=0.239.ed on factor analytic approach had statistically significant positive coefficients, and thus measured what they were intended to measure with respect to experiences encountered during training. Base on comparative sizes of coefficients, items that had highest contributions in describing experiences encountered during training are those which state that "poor psychiatric learning environment discouraged respondents' choices for community service" (coefficient=0.683; z-statistic=8.26; p<0.01), "staff in psychiatry hospitals are not updated with new information relating to mental health care services" (coefficient=0.621; z-statistic=7.35; p<0.01), and "marketing of psychiatric nursing is not done during training" (coefficient=0.522; z-statistic=5.70; p<0.01). Results of the model's goodness of fit statistics are presented in Table 4.46 below.

Table 4.46 Impact of experiences encountered during training CFA model goodness of fit statistics

Fit statistic	Value	Description
Likelihood ratio		
chi2_ms (4)	5.028	model vs. saturated
p > chi2	0.284	
chi2_bs (10)	79.648	baseline vs. saturated
p > chi2	0.000	
Population error		
RMSEA	0.045	Root mean squared error of approximation
90% CI, lower bound	0.000	
upper bound	0.149	
pclose	0.435	Probability RMSEA <=0.05
Information criteria		
AIC	2080.688	Akaike's information criterion
BIC	2111.800	Bayesian information criterion
Baseline comparison		
CFI	0.985	Comparative fit index
TLI	0.963	Tucker-Lewis index
Size of residuals		
SRMR	0.038	Standardised root mean squared residual
CD	0.705	Coefficient of determination

Table 4.46 comparative fit index (CFI)=0.985 and Tucker-Lewis index (TLI)=0.963 confirm good fit between the construct "impact of experiences encountered during training" and analogous observed data (Steiger 2007).

The latent factor "general factors affecting student selection" was measured by five selected items (Figure 4.5) based on sizes of factors loadings.
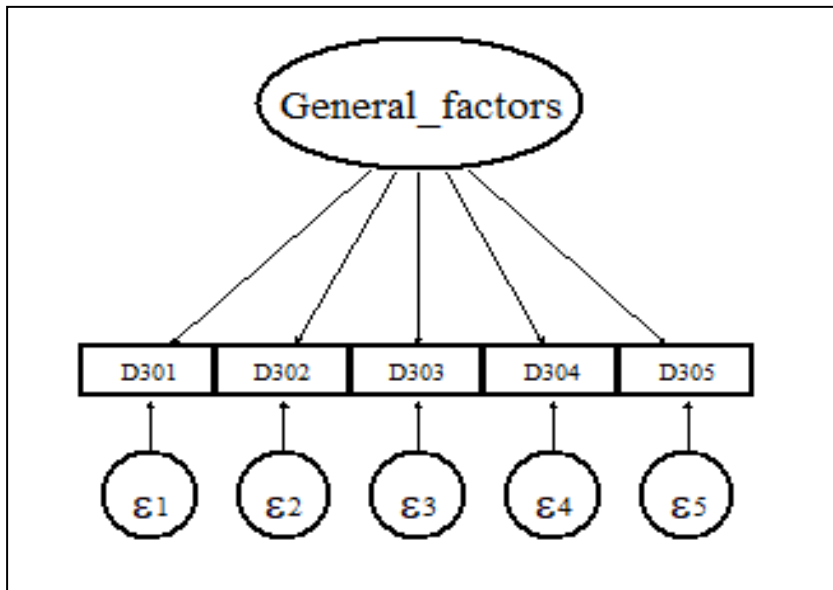
Selected observed items:
D301. Educators' views influenced my choice to select community service placement site
D302. Family experience on mental illness had an impact on my career choice
D303. Stigma attached to mental health care users decreased my interest of Psychiatric nursing
D304. There is no professional growth in psychiatric hospitals
D305. Psychiatric hospitals are generally boring to work at

Figure 4.5 General factors affecting student selection latent factor model

Table 4.47 below presents CFA estimates for the latent factor "general factors affecting student selection" and observed items whose changes are influenced by the construct.

Table 4.47 General factors affecting student selection CFA standardised estimates

Estimation method		= ml			No. of obs	= 125
Log likelihood		= -1042.797				
	Coeff.	Std. Err.	z-stat	P > |z|	[95% Conf. Interval]	
Measurement						
D301 ←						
General factors	0.661	0.091	7.26	0.000	0.482	0.839
D302 ←						
General factors	0.449	0.096	4.65	0.000	0.260	0.639
D303 ←						
General factors	0.659	0.093	7.08	0.000	0.477	0.842
D304 ←						
General factors	0.365	0.101	3.61	0.000	0.167	0.564
D305 ←						
General factors	0.414	0.103	4.00	0.000	0.211	0.617
var (e.D301)	0.563	0.120			0.370	0.856

Estimation method		= ml			No. of obs	= 125
var (e.D302)	0.797	0.086			0.644	0.987
var (e.D303)	0.564	0.123			0.368	0.865
var (e.D304)	0.866	0.074			0.732	1.024
var (e.D305)	0.828	0.085			0.676	1.015
var (General factors)	1	.			.	.
cov (e.D304, e.D305)	0.408	0.082	4.96	0.000	0.246	0.569
LR test of model vs. saturated: chi2 (3)=3.54, Prob > chi2=0.315						

Table 4.47 results show that all the five indicators selected based on the factor analysis procedure had statistically significant positive coefficients, and hence measured what they were intended to measure regarding general factors affecting student selection. In line with the relative sizes of coefficient estimates, the variables that contribute most significantly in describing general factors affecting student selection are those which stipulate that "educators' views influenced respondents' choice to select community service placement site" (coefficient=0.661; z-score=7.26; p<0.01), "stigma attached to mental health care users decreased my interest of psychiatric nursing" (coefficient=0.659; z-statistic=7.08 p<0.01), and "family experience on mental illness had an impact on the respondents' career choices" (coefficient=0.449; z-statistic=4.65; p<0.01). Results on goodness of fit statistics of the "general factors affecting student selection" model are presented in Table 4.47 below.

Table 4.48 General factors affecting student selection CFA model goodness of fit statistics

Fit statistic	Value	Description
Likelihood ratio		
chi2_ms (4)	3.543	model vs. saturated
p > chi2	0.315	
chi2_bs (10)	102.373	baseline vs. saturated
p > chi2	0.000	
Population error		
RMSEA	0.038	Root mean squared error of approximation
90% CI, lower bound	0.000	
upper bound	0.160	
Pclose	0.447	Probability RMSEA <=0.05
Information criteria		
AIC	2109.595	Akaike's information criterion
BIC	2143.535	Bayesian information criterion
Baseline comparison		
CFI	0.994	Comparative fit index
TLI	0.980	Tucker-Lewis index
Size of residuals		
SRMR	0.028	Standardised root mean squared residual
CD	0.682	Coefficient of determination

Table 4.48 comparative fit index (CFI)=0.994 and Tucker-Lewis index (TLI)=0.980 confirm good fit between the construct "general factors affecting student selection" and observed data (Steiger 2007).

4.10   SUMMARY

This chapter presented results obtained from statistical data analysis of survey data collected to assess factors affecting student nurses' selection of psychiatric hospitals for community service placement. Results given include frequencies of demographic profiles of the respondents and the impact of psychiatry theory and experiential learning, descriptive statistics of responses provided by participants on questions pertaining to patients' conduct and working environment impacts, personal attitude, impact experiences encountered and general factors affecting student selection. Results were further presented on scale reliability of items under each construct, construct validity results of the same constructs and associated items, EFA total variances explained and factor loadings, and lastly the results on CFA.

CHAPTER 5

FINDINGS, LIMITATIONS AND RECOMMENDATIONS

5.1   INTRODUCTION

This chapter concludes the study by briefly summarising the findings, stating the limitations, and making recommendations for practice and further research.

5.2   RESEARCH PURPOSE, OBJECTIVES AND QUESTIONS

The purpose of the study was to determine the factors impacting KZNCN student nurses' selecting psychiatric hospitals as their placement areas for community service.

In order to achieve the purpose, the objectives of the study were to:

- Determine the factors impacting student nurses' selecting psychiatric hospitals for community service placement.
- Assess student nurses' perceptions of psychiatric hospitals.
- Make recommendations to promote student nurses' interest in placement at psychiatric hospitals.

The study therefore wished to answer the following research questions:

- What factors prevent student nurses from selecting psychiatric hospitals for community service placement?
- How do student nurses perceive psychiatric hospitals?
- What recommendations can be made to promote student nurses' interest in placement in psychiatric hospitals?

5.3 SUMMARY OF THE FINDINGS

The findings on the factors affecting student nurses from selecting psychiatric hospital**s** as their placement area for community service are presented next.

5.3.1 Danger allowance is not sufficient in case of injury by psychiatric patients

Of the respondents, 59.2% (n=74) agreed/strongly agreed, 16% (n=20) strongly disagreed/disagreed, and 24.8% (n=31) were neutral that the danger allowance is not sufficient for medical assistance in case of injury by psychiatric patients.

5.3.2 Fear of exposure to threat of being beaten by psychiatric patients

Of the respondents, 59.2% (n=74) agreed/strongly agreed, 26.4% (n=33) strongly disagreed/disagreed, and 14.4% (n=18) were neutral that they had a fear of exposure to a/the threat of being beaten by psychiatric patients.

5.3.3 Psychiatric patients deny mental illness and become aggressive

Of the respondents, 58.4% (n=73) agreed/strongly agreed, 20% (n=25) disagreed/strongly disagreed and 21.6% (n=27) were neutral that psychiatric patients denied mental illness and became aggressive.

5.3.4 Poor infrastructure and scarce facilities in the psychiatric hospital workplace

Of the respondents, 52.8% (n=66) agreed/strongly agreed, 36% (n=45) strongly disagreed/disagreed, and 11.2% (n=14) were neutral that there was poor infrastructure and scarce facilities in the psychiatric hospital workplace.

5.3.5 Time allocated for psychiatry practical during training is insufficient to gain confidence in psychiatric nursing

Of the respondents, 50.4% (n=63) strongly agreed/agreed, 38.4% (n=48) disagreed/strongly disagreed, and 11.2% (n=14) were neutral that time allocated for psychiatry practical during training is insufficient to gain confidence in psychiatric nursing.

5.3.6 Opt for psychiatric hospitals towards retirement purpose

Of the respondents, 47.2% (n=59) agreed/strongly agreed 36.8% (n=46) strongly disagreed/disagreed, and 16% (n=20) were neutral that they would opt for Psychiatric hospitals towards retirement.

5.4 LIMITATIONS

The study was only conducted at six of the campuses of KZNCN which had final fourth-year nursing students and a sample of 125 respondents. Consequently, the findings cannot be generalised to other nursing colleges, NEIs or provinces.

5.5 RECOMMENDATIONS

Based on the findings, the researcher makes the following recommendations for practice and further study.

5.5.1 Increase danger allowance for placement in the psychiatric hospital

The DoH, nursing service managers, and head of mental institutions should increase the danger allowance for nurses working in psychiatric facilities in case of injury by psychiatric patients. This could make psychiatric nursing more attractive and improve the recruitment rate in the mental health field among nursing students.

5.5.2 Protection of nurses against exposure to threat by psychiatric patient

- Workplace violence against psychiatric nurses is a concern. Nurse and unit managers should create a process to prevent harm to nurses and implement training for prevention. This would show that they care about the welfare of nurses.
- Nurse educators should consider the approach and content carefully when lecturing students on psychiatric nurses' possible danger of violence from patients.
- An early introduction to the mental health setting could help reduce fear and anxiety for first-year students. Preparing first-year students would give them confidence to deliver nursing care to mental health care users.

- Nurse educators should present a realistic picture of mental health care users and setting in the first year of study. Nurse educators and clinical facilitators should use films, documentaries, or short videos in the classroom on mental health care and treatment, provide positive role modelling to students, and stimulate classroom discussion on topics related to mental health.

- The involvement of mental health care users in the training and education of nursing students should be considered in order to enhance their insight and empathy and reduce stigmatisation.

- These workshops can cover skills like assessment and diagnosis of a patient, coping skills, behaviour modification of aggression, stress management and therapeutic communication skills.

- Researcher recommended that workshops should consist of a theoretical course content followed by video clips, role play, case studies and lastly standardised patient simulation. These interactive workshops should enable the students to practice their acquired skills in safe environments.

5.5.3 Strengthen the assessment skills of psychiatric nurses to identify patient with for potential aggressive

- The supervision of students in clinical practice by clinical facilitators is essential to strengthen clinical facilitator-student relationships, and develop and build confidence and competence among nursing students.

- Awareness campaigns should be considered and developed to educate people, friends, family members, health care providers and society to be more accepting. A better portrayal of mental illness in the media would help to stop stereotyping and stigmatising. It would also promote a better understanding of what it feels like to experience mental illness and correct myths about mental health care users.

5.5.4 Build confidence among student nurses to care for psychiatric patients

Fear and anxiety affected student nurses from selecting psychiatric hospitals as their placement area for community service and clinical practice.

- It is essential that students have the skills set needed to work in the placement in which they are allocated, particularly in mental health settings. Students view the clinical experience positively when they spend more time with clinical facilitators, have more clinical days and spend time in community-based settings that produce less anxiety and view mental illness more positively.

- Mental health awareness workshops should be implemented for second- and third-year students before their psychiatric practical placements. The workshops should cover assessment and diagnosis of patients, coping skills, behaviour modification of aggression, stress management and therapeutic communication skills.

- The workshops should consist of theory followed by video clips, role play, case studies and standardised patient simulation. Interactive workshops would enable students to practise their acquired skills in a safe environment.

- Nurse educators should develop collaborative relationships with psychiatric and mental health facilities to assist facilities to provide an atmosphere supporting recognition of good psychiatric nurse practice.

- Nursing instructors/facilitators should suggest mentoring relationships between nursing students and the clinical staff, thus facilitating a teamwork approach.

5.5.5 Invest in proper infrastructure and recreational facilities in the psychiatric hospital workplace

The DoH should:

- Modernise mental health facilities in order to improve mental health care practice and provision and promote student nurses' selection of psychiatric hospitals and practice for CCS placement through proper recreational facilities for staff and patients, proper/modernise seclusion using of closed circuit television cameras for monitoring an aggressive patient.

- Revise the Mental Health Act to include mental health facility accreditation in order to solve the problem of poor facilities and infrastructure.

5.5.6 Adequate time allocated for psychiatric during training

- SANC should revise curriculum to extend the programme for R425 and prescribe sufficient notional hours for theory and clinical practice.
- KZNCN examination officers KZNCN should change from current model of introducing psychiatric nursing at fourth year level start module at second year.
- Subject committee members from KZNCN should revise curriculum and study guide to extend allocation of sufficient notional hours for teaching and clinical practice as prescribe by SANC
- The researcher had observed that across six KZNCN campuses psychiatric module is only introduced on the fourth-year level of study which is limited by six months, the KZNCN must change their modernity of offering an adopt the higher education system for early introduction to the mental health setting can be useful in reducing fear and anxiety about this unknown field for second-year students.
- Subject committee members from KZNCN should revise curriculum and study guide to extend allocation of sufficient notional hours for teaching and clinical practice as prescribe by SANC.
- Nursing educators should ensure that the academic demands placed on students are appropriate during clinical placement, by ensuring proper scheduling of clinical placement of students in the ward. They need to consider professional nurse student ratio when allocating students to avoid overcrowding in the clinical area which leads to lack of supervision and inability of students to meet their objectives at the end of the month.
- Counselling services should be available to students outside of normal working hours. Nursing educators should ensure that information on support services beyond these working hours is readily available to the students.
- The SANC, KZNCN examination officers, and subject committee members should revise the curriculum to extend allocation of sufficient notional hours for teaching and clinical practice.
- The KZNCN should adopt the higher education system for early introduction to the mental health setting.
- Nursing educators should ensure that the academic demands placed on students are appropriate during clinical placement blocs to avoid overwhelming students.

- Counselling services should be available to students outside of normal working hours. Nursing educators should ensure that information on support services beyond working hours is readily available to students.

5.5.7 Revise curriculum and training in advanced psychiatric nursing science

The KZNCN was accredited by the CHE and SANC to implement and offer the new programmes, namely Diploma in Nursing R171 and Advanced Midwifery in Nursing Science. However, psychiatric nursing was not considered as a programme. Only the basic concepts were included in the introduction and briefly on mental health conditions. This accounted for eight credits and was done in the first year during the second semester. However, this does not cover or address the negative impact of mental illness on society and individuals. Therefore, it is recommended that the DoH, the SANC and NEIs review and revise the curriculum and training in Advanced Psychiatric Nursing Science.

5.5.8 Further research

The researcher recommends that further research be conducted on the following topics:

- Factors to promote student nurses' selection of psychiatric hospitals as the first choice for CCS placement.
- Strategies to reduce student nurses' fear and anxiety in psychiatric units
- Nurse educators' perspectives on student nurses' reluctance to select psychiatric hospitals for CCS placement.

5.6 CONCLUSION

The researcher believes that he findings of this study will contribute towards improving nursing students' experiences of caring for mentally ill persons. The recommendations will assist the Nurse educators, clinical facilitators as well as professional nurses and the college management to develop strategies to encourage and motivate nursing students to consider mental health nursing for community service placement and as a career option.

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ANNEXURES

ANNEXURE 1
ETHICAL CLEARANCE CERTIFICATE

UNISA | university of south africa

COLLEGE OF HUMAN SCIENCES RESEARCH ETHICS REVIEW COMMITTEE

11 November 2020

NHREC Registration # :
Rec-240816-052
CREC Reference # :
64027058_CREC_CHS_
2020

Dear N.I. Mngomezulu

Decision:
Ethics Approval from 11 November
2020 to 31 October 2024

Principal Researcher(s): N.I. Mngomezulu (email: 64027058 @mylife.unisa.ac.za)

Supervisor: Dr S. Zuma (email: email :Ezumas@unisa.ac.za)

Title: Factors affecting student nurses' selection of psychiatric hospitals for
community service placement

Degree Purpose: MA Nursing

Thank you for the application for research ethics clearance by the Unisa College of Human Science Ethics Committee. Ethics approval is granted for three years.

The *Medium -Risk application was reviewed* by College of Human Sciences Research Ethics Committee, on **November 2020** in compliance with the Unisa Policy on Research Ethics and the Standard Operating Procedure on Research Ethics Risk Assessment.

The proposed research may now commence with the provisions that:

1. The researcher(s) will ensure that the research project adheres to the values and principles expressed in the UNISA Policy on Research Ethics.
2. Any adverse circumstance arising in the undertaking of the research project that is relevant to the ethicality of the study should be communicated in writing to the College Ethics Review Committee.

University of South Africa
Preller Street, Muckleneuk Ridge, City of Tshwane
PO Box 392 UNISA 0003 South Africa
Telephone: +27 12 429 3111 Facsimile: +27 12 429 4150
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3. The researcher(s) will conduct the study according to the methods and procedures set out in the approved application.

4. Any changes that can affect the study-related risks for the research participants, particularly in terms of assurances made with regards to the protection of participants' privacy and the confidentiality of the data, should be reported to the Committee in writing, accompanied by a progress report.

5. The researcher will ensure that the research project adheres to any applicable national legislation, professional codes of conduct, institutional guidelines and scientific standards relevant to the specific field of study. Adherence to the following South African legislation is important, if applicable: Protection of Personal Information Act, no 4 of 2013; Children's act no 38 of 2005 and the National Health Act, no 61 of 2003.

6. Only de-identified research data may be used for secondary research purposes in future on condition that the research objectives are similar to those of the original research. Secondary use of identifiable human research data require additional ethics clearance.

7. No fieldwork activities may continue after the expiry date **(31 October 2024)**. Submission of a completed research ethics progress report will constitute an application for renewal of Ethics Research Committee approval.

Note:

The reference number **64027058** _CREC_CHS_ 2020 should be clearly indicated on all forms of communication with the intended research participants, as well as with the Committee.

Yours Sincerely,

Signature :

Dr. K.J. Malesa
CHS Ethics Chairperson
Email: maleskj@unisa.ac.za
Tel: (012) 429 4780

Signature : PP

Prof K. Masemola
Executive Dean : CHS
E-mail: masemk@unisa.ac.za
Tel: (012) 429 2298

ANNEXURE 2

LETTERS REQUESTING PERMISSION TO DO THE STUDY

The Chairperson

The National Health Research Data Base Committee

Private Bag X 9051

Pietermaritzburg

3201

Dear Sir/Madam

REQUEST FOR PERMISSION TO CONDUCT A RESEARCH STUDY

I, Nokwanda Innocentia Mngomezulu, studying towards the Master of Arts degree in Nursing science at the University of South Africa, hereby request permission to a research to conduct a research study to the selected campuses of the KwaZulu-Natal College of Nursing.

Details of the study are as follow:

Tittle:	Factors affecting student nurses' selection of psychiatric hospitals for community service placement.
Purpose:	The main purpose for the study was to determine the factors impacting the student nurses of the KZN College of Nursing from selecting psychiatric hospitals as their placement areas for community service.
Setting:	Addington, Grey's, Bennedictine, Ngwelezane, Port Shepstone, CJM, R Khan, (Nursing Campuses).
Population:	4th year Student nurses.

The study has been approved by UNISA Department of Health Studies Research Ethics Committee (Ethical clearance certificate attached). For further information about the proposed study, I have herewith attached proposal, ethical clearance certificate, letter of information, consent form and data collection tool.

The response can be emailed to 84027058@mylife.unisa.ac.za

Yours Sincerely

Mrs. NI Mngomezulu Researcher   Signature. NI Mngomezulu

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The College Principal

KwaZulu-Natal College of Nursing

Private Bag X 9089

Pietermaritzburg

3201

Dear Sir/Madam

REQUEST FOR PERMISSION TO CONDUCT A RESEARCH STUDY

I, Nokwanda Innocentia Mngomezulu, studying towards the Master of Arts degree in Nursing science at the University of South Africa, hereby request permission to a research to conduct a research study to your selected campuses.

Details of the study are as follow:

Tittle:	Factors affecting student nurses' selection of psychiatric hospitals for community service placement.
Purpose:	The main purpose for the study was to determine the factors impacting the student nurses of the KZN College of Nursing from selecting psychiatric hospitals as their placement areas for community service.
Setting:	Addington, Grey's, Bennedictine, Ngwelezane, Port Shepstone, CJM, R Khan, (Nursing Campuses).

Population: 4th year Student nurses.

The study has been approved by UNISA Department of Health Studies Research Ethics Committee (Ethical clearance certificate attached). For further information about the proposed study, I have herewith attached proposal, ethical clearance certificate, permission letter from NHRD, letter of information, consent form and data collection tool.

The response can be emailed to 64027058@mylife.unisa.ac.za

Yours Sincerely

Mrs. NI Mngomezulu Researcher   Signature. NI Mngomezulu

The Campus Principal

KwaZulu-Natal College of Nursing

Private Bag X 9089

Pietermaritzburg

3201

Dear Sir/Madam

REQUEST FOR PERMISSION TO CONDUCT A RESEARCH STUDY

I, Nokwanda Innocentia Mngomezulu, studying towards the Master of Arts degree in Nursing science at the University of South Africa, hereby request permission to a research to conduct a research study to your selected campuses.

Details of the study are as follow:

Tittle:	Factors affecting student nurses' selection of psychiatric hospitals for community service placement.
Purpose:	The main purpose for the study was to determine the factors impacting the student nurses of the KZN College of Nursing from selecting psychiatric hospitals as their placement areas for community service.
Setting:	Addington, Grey's, Bennedictine, Ngwelezane, Port Shepstone, CJM, R Khan, (Nursing Campuses).
Population:	4th year Student nurses.

The study has been approved by UNISA Department of Health Studies Research Ethics Committee (Ethical clearance certificate attached). For further information about the proposed study, I have herewith attached ethical clearance certificate, permission letter from NHRD and permission letter from the college principal.

The response can be emailed to 64027058@mylife.unisa.ac.za

Yours Sincerely

Mrs. NI Mngomezulu Researcher   Signature. NI Mngomezulu

ANNEXURE 3

LETTERS GRANTING PERMISSION DO THE STUDY

health

Department:
Health
PROVINCE OF KWAZULU-NATAL

DIRECTORATE:

Physical Address: 330 Langalibalele Street, Pietermaritzburg
Postal Address: Private Bag X9051
Tel: 033 395 2805/ 3189/ 3123 Fax: 033 394 3782
Email:
www.kznhealth.gov.za

Health Research & Knowledge Management

NHRD Ref: KZ_202011_018

Dear Ms NI Mngomezulu
(UNISA)

Approval of research

1. The research proposal titled **'Factors affecting student nurses' selection of psychiatric hospitals for community service placement'** was reviewed by the KwaZulu-Natal Department of Health (KZN-DoH).

   The proposal is hereby **approved** for research to be undertaken at all KZN College of Nursing Campuses.

2. You are requested to take note of the following:
   a. *All research conducted in KwaZulu-Natal must comply with government regulations relating to Covid-19. These include but are not limited to: regulations concerning social distancing, the wearing of personal protective equipment, and limitations on meetings and social gatherings.*
   b. Kindly liaise with the facility manager BEFORE your research begins in order to ensure that conditions in the facility are conducive to the conduct of your research. These include, but are not limited to, an assurance that the numbers of patients attending the facility are sufficient to support your sample size requirements, and that the space and physical infrastructure of the facility can accommodate the research team and any additional equipment required for the research.
   c. Please ensure that you provide your letter of ethics re-certification to this unit, when the current approval expires.
   d. Provide an interim progress report and final report (electronic and hard copies) when your research is complete to **HEALTH RESEARCH AND KNOWLEDGE MANAGEMENT, 10-102, PRIVATE BAG X9051, PIETERMARITZBURG, 3200** and e-mail an electronic copy to hrkm@kznhealth.gov.za
   e. Please note that the Department of Health shall not be held liable for any injury that occurs as a result of this study.

For any additional information please contact Mr X. Xaba on 033-395 2805.

Yours Sincerely

Dr E Lutge
Chairperson, Health Research Committee
Date: 08/12/2020 .

Fighting Disease, Fighting Poverty, Giving Hope

14 .12.2020
Enquiries: Mrs. B.S. Simelane

Mrs. N.I Mngomezulu
C.J.M. Nursing Campus
Private Bag X5555
Nqutu
3135

Dear Madam

Permission to conduct the study.

You are hereby granted a permission to conduct a study on **FACTORS
AFFECTING STUDENT NURSE'S SELECTION OF PSYCHIATRIC
HOSPITALS FOR COMMUNITY SERVICE PLACEMENT: KwaZulu
Natal College of Nursing.**

You are hereby advised adhere to the ethical principles and Covid 19
regulations while conducting the study.

I thank you.

B.S. Simelane (Campus Principal)

DIRECTORATE:

107 Marine Drive, Shelly Beach,4265

Private Bag x719,Port Shepstone,4240

Tel: 039-3155322   **Fax:** 039-3155325 Nomantlane .Cele @kznhealth .gov.za
www.kznhealth.gov.za

KWAZULU-NATAL COLLEGE OF NURSING
PORT SHEPSTONE CAMPUS

Enquiries: NG Cele

Date: 15 December 2020

Attention: Mrs NI Mngomezulu

SUBJECT : REQUEST FOR PERMISSION TO CONDUCT RESEARCH AT PORT SHEPSTONE CAMPUS

The request for you to conduct research at Port Shepstone Campus on "**Factors affecting student nurses selection of Psychiatric hospitals for community service placement**" is hereby acknowledged.

Receipt of the approval letters from the KZN College of Nursing and DOH as well as the Ethical clearance from the UNISA for you to conduct the research is also acknowledged.

Permission is hereby granted for you to conduct your study at Port Shepstone Nursing Campus as requested. Please adhere to the conditions stated by the Kwa-Zulu Natal College of Nursing including Covid -19 protocols

Best wishes

NG Cele

 Mrs. NG Cele (Campus Principal)

KZN COLLEGE OF NURSING
PORT SHEPSTONE CAMPUS

2020 -12- 1 5

PRIVATE BAG
PORT SHEPSTONE 4240
TEL: 039 3155325 FAX: 039 3155325

1

112

KWAZULU-NATAL PROVINCE

HEALTH
REPUBLIC OF SOUTH AFRICA

Private Bag x 9001, Pietermaritzburg, 3200
201 Townbush Road, Northern Park, Pietermaritzburg, 3200
Tel: 033 897 3503   **Email:** busi.shezi@kznhealth.gov.za

KwaZulu-Natal College of Nursing
Grey's Campus
S1654

Date: 13 January 2021

Principal Investigator: Mrs Nokwanda Innocentia Mngomezulu
                Student No: 64027058
                University of South Africa

RE: Greys Campus permission to conduct research study: Data collection.
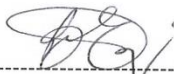
TITLE: Factors affecting student nurses' selection of psychiatric hospitals for community service placement.

Dear Madam

I have a pleasure to inform you that permission has been granted to conduct your research study: Data collection.

We request to forward us a feedback of your research study findings once you have completed.

Thank you

MRS BE SHEZI
CAMPUS PRINCIPAL

GROWING KWAZULU-NATAL TOGETHER

ANNEXURE 4

LETTER OF INFORMATION

INFORMATION TO PROSPECTIVE RESPONDENTS AND CONSENT FORM FOR STUDY ON FACTORS AFFECTING STUDENT NURSES' SELECTION OF PSYCHIATRIC HOSPITALS FOR COMMUNITY SERVICE PLACEMENT

Introduction

My name is Nokwanda Mngomezulu a master's degree student at the University of South Africa, I am conducting research on factors affecting student nurses selection of psychiatric hospitals for community service placement . The research supervisor is DR SM Zuma . The project is self funded

Purpose of the Study

The purpose of the study is to determine the factors affecting on student nurses' selection of psychiatric hospitals for community service placement

Research Procedures

A quantitative descriptive research design will be followed in the conduct of the study.

Target Population

The population will be the student nurses undergoing the 4-year nursing diploma programme at the KwaZulu Natal College of Nursing .

Sampling and Sample

The researcher will use the census sampling method. Sample will be all the 4th year student nurses qualifying for community service at the college.

Voluntary Participation

Respondents for the study will be fourth year student nurses qualifying for community service placement. The respondents are free to either accept or decline participation in this research project.

Benefits

The institution

The institution will understand what factors affect the student selection of psychiatric hospitals to be able to develop strategies to improve student interest and placement in psychiatric hospitals in future years .

Respondents

The benefits for the respondents is that they will be able to reflect on their career choices

Data Collection

Data will be collected in compliance with COVID 19 prevention guidelines using close ended questionnaires. Data will be analysed using the Statistical Package for Social Sciences (SPSS) version 26.

Risk Protection

Confidentiality and Privacy

The questionnaires will not use the actual names of the students instead unique codes will be allocated to each questionnaire. The research assistants will be asked to sign a confidentiality agreement for the study information.

Publication of the Research

The research report will be shared with the respondents for validation before publication.
The presentation of data in the research will not contain personal information.

The research report will be published in the form of conference papers and research articles.

Protection of the Participants during the COVID 19 pandemic period

The researcher will be implementing the following precautionary measures to protect the participants against COVID 19 Pandemic as well as through adherence to the guidelines provided by South African government and abide by the policy of the University of South Africa HSREC to protect participants from risk and harm :

1. Distribution of questionnaire to the participants will be done electronically via the participants' email addresses.
2. The participants will have to complete the questionnaires and return them to the researcher electronically via email.

The participants will be encouraged to complete the questionnaires in their own spare times, to reduce contact with one another.

Financial Implications for the Study Respondents

The respondents will not incur expenses for participation. There will also be no re imbursement for participation in this study.

Duration of the Study

The study will be completed within 2 years with data collection being once off through completion of research documents.

If you are willing to participate voluntarily please read and sign the attached informed consent.

Contact details for Enquiries

For   any further information or concerns you can contact   the researcher Ms Mngomezulu +27786061875 ; email on 64027058@mylife.unisa.ac.za or the research supervisor DR SM Zuma email ezumas@unisa.ac.za and the research ethics committee at UNISA email creo@unisa.ac.za , if you have any ethical concerns related to the study.

ANNEXURE 5
CONSENT LETTER

Informed Consent Certificate for the study on factors affecting student nurses' selection of psychiatric hospitals for community service placement

I .... have been invited to voluntarily participate in the study on factors affecting student nurses' selection of psychiatric hospitals for community service placement

I have read the foregoing information; I have had the opportunity to ask questions about it and any questions I have asked were answered to my satisfaction. I consent voluntarily to be a respondent in this study.

Print Name of Respondent_____

Signature of Respondent _____

Date _____

      Day/month/year

Statement by the researcher

I .... confirm that the respondent was given an opportunity to ask questions about the study, and all the questions asked have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

A copy of this informed consent form has been provided to the respondent.

Print Name of Researcher _____

Signature of Researcher _____

Date _____

      Day/month/year

ANNEXURE 6

QUESTIONNAIRE

RESEARCH QUESTIONNAIRE FACTORS AFFECTING STUDENT NURSES' SELECTION OF PSYCHIATRIC HOSPITALS FOR COMMUNITY SERVICE PLACEMENT

SECTION A: DEMOGRAPHIC PROFILE

This section aims to obtain data on your demographic profile. Please indicate your answer by putting an X on the applicable code matching to your chosen answer.

Qn. #	Demographic Profile	Answer	Code
A101	Please indicate your gender	Male	1
		Female	2
A102	Please indicate your marital status	Single	1
		Married	2
		Divorced	3
		Widow	4
A103	Please indicate your population group or race	Black African	1
		Coloured	2
		Indian/Asian	3
		White	4
A104	In which age category do you fall under?	18-25 years	1
		26-32 years	2
		33-37 years	3
		38-42 years	4
		43 years and above	5
A105	Do you have a family member with mental illness?	No	1
		Yes	2

SECTION B: IMPACT OF PSYCHIATRY THEORY AND EXPERIENTIAL LEARNING

Statement in this section aim to explore academic achievements you made in psychiatry theory, and the period and selected experiences you had during your experiential learning. Please select place an X on the response code option that corresponds to your answer:

#	Psychiatric Theory and Experiential Learning	Response	Code
B101	How can you rate your clinical performance in psych?	Below 50%	1
		50% - 60%	2
		61% - 74%	3
		75% - 89%	4
		90% - 100%	5

		Below 50%	1
B102	What was your overall performance in psychiatric nursing?	50% - 60%	2
		61% - 74%	3
		75% - 89%	4
		90% - 100%	5

SECTION C: IMPACT OF EXPERIENCES DURING TRAINING

Statements in this section aim to obtain insights regarding your experiences during your training in psychiatry. Subsection C1 explores your direct experiences regarding patients' conduct, while subsection C2 explores your experiences regarding working environment. Please indicate your answer to each statement based on the 5-point Likert scale: 1 = Strongly Disagree, 2 = Disagree, 3 = Uncertain, 4 = Agree, and 5 = Strongly Agree.
Example: There is no teamwork in hospitals. If you "**Strongly Disagree**" as your best answer, then you place an **X** in the box labelled 4 as shown herein below.

1	2	3	4	5
X				

SUBSECTION C1: PATIENTS' CONDUCT IMPACT

		Response				
Code	Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
C101	I have been exposed to erratic behavior of mental health care users	1	2	3	4	5
CC02	Psychiatric patients deny mental illness and become aggressive	1	2	3	4	5
C103	Psychiatric patients have increased levels of aggression and violence	1	2	3	4	5
C104	Psychiatric patients frequently refuse medication	1	2	3	4	5
C105	Psychiatric patients are difficult to work with	1	2	3	4	5
C106	I have experienced verbal abuse, cursed, distained and belittled whilst working at psychiatric hospital	1	2	3	4	5

SUBSECTION C2: WORKING ENVIRONMENT IMPACT

		Response				
Code	Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
C201	Psychiatric environment is characterized by fear and mistrust	1	2	3	4	5

C202	There is poor infrastructure and scarce facilities in the psychiatric hospital workplace	1	2	3	4	5
C203	There is no management support in the psychiatric hospital	1	2	3	4	5
C204	psychiatric staff has bad attitude toward psychiatric patients	1	2	3	4	5
C205	Psychiatric working environment is unsafe physically and psychologically	1	2	3	4	5
C206	There is high level of alcoholism among staff members in psychiatric hospitals	1	2	3	4	5
C207	There was limited orientation and lack of support from my clinical mentor at psychiatric hospital	1	2	3	4	5

SECTION D: FACTORS IMPACTING ON SELECTION FOR COMMUNITY SERVICE

Statement in this section aim to obtain insights regarding factors impacting on student nurses' selection of psychiatric hospitals as for community service placement . Subsection D1 explores factors relating to personal attitude, subsection D2 explores relating to the experiences you encountered during your training, while finally subsection D3 explores factors attributable to general experiences. Please select and show your answer to each statement based on the 5-point Likert scale: 1 = Strongly Disagree, 2 = Disagree, 3 = Uncertain, 4 = Agree, and 5 = Strongly Agree. **Example:** Psychiatric staff strongly care about mental health care users. If you "**Strongly Agree**" as your best answer, then you place an **X** in the box labelled 4 as shown herein below.

	1	2	3	4	X

SUBSECTION D1: PATIENTS' CONDUCT IMPACT

Code	Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
D101	Psychiatric nursing is not my area of interest in my career	1	2	3	4	5
DC02	I have self-doubt regarding meeting the expectations in a psychiatric hospital	1	2	3	4	5
D103	I lack experience and skills in psychiatric nursing	1	2	3	4	5
D104	I have fear of stress or exhaustion resulting from working in a psychiatric hospital	1	2	3	4	5
D105	Danger allowance is not sufficient for medical assistance in case of injury by psychiatric patients	1	2	3	4	5

Code	Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
D106	I have fear of exposure to threat in form of being beaten by psychiatric patient	1	2	3	4	5

SUBSECTION D2: IMPACT OF EXPERIENCES ENCOUNTERD DURING TRAINING

Code	Statement	Response				
		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
D201	Past experiences with psychiatric patients during experiential training affect my selection of community service placement	1	2	3	4	5
D202	Poor psychiatric learning environment discouraged my choice for community service	1	2	3	4	5
D203	Marketing of psychiatric nursing is not done during training	1	2	3	4	5
D204	Time allocated for psychiatry practical during training is insufficient to gain confidence in psychiatric nursing	1	2	3	4	5
D205	Staff in psychiatry hospitals are not updated with new information relating to mental health care services	1	2	3	4	5
D206	Psychiatric nursing is emotional and tiring job	1	2	3	4	5

SUBSECTION D3: GENERAL FACTORS AFFECTING STUDENT SELECTION

Code	Statement	Response				
		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
D301	Educators' views influenced my choice to select community service placement site	1	2	3	4	5
D302	Family experience on mental illness had an impact on my career choice	1	2	3	4	5
D303	Stigma attached to mental health care users decreased my interest of Psychiatric nursing	1	2	3	4	5
D304	There is no professional growth in psychiatric hospitals	1	2	3	4	5
D305	Psychiatric hospitals are generally boring to work at	1	2	3	4	5
D306	I would opt for Psychiatric hospitals towards retirement	1	2	3	4	5

Thank you for your time and participation

- 4 -

ANNEXURE 7
LANGUAGE EDITING CERTIFICATE

Cell/Mobile: 073-782-3923

53 Glover Avenue

Doringkloof

0157 Centurion

4 October 2021

TO WHOM IT MAY CONCERN

I hereby certify that I have edited Nokwanda Innocentia Mngomenzulu's master's dissertation, **Factors affecting student nurses' selection of psychiatric hospitals for service placement: KwaZulu-Natal College of Nursing** for language and content.

IM Cooper

Iauma M Cooper

192-290-4

ANNEXURE 8
TURNITIN ORIGINALITY REPORT

FACTORS AFFECTING STUDENT NURSES' SELECTION OF
PSYCHIATRIC HOSPITALS FOR COMMUNITY SERVICE
PLACEMENT: KWAZULU-NATAL COLLEGE OF NURSING

ORIGINALITY REPORT

30%	25%	14%	18%
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PRIMARY SOURCES

1	uir.unisa.ac.za Internet Source	4%
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