

**THE EXPERIENCES OF RECOGNITION OF PRIOR LEARNING NURSING
CANDIDATES RELATED TO THE FOUR YEAR COMPREHENSIVE
NURSING TRAINING PROGRAMME AT A NURSING EDUCATION
INSTITUTION IN GAUTENG**

by

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submitted in accordance with the requirements

for the degree of

MASTER OF ARTS

in the subject

NURSING SCIENCE

at the

UNIVERSITY OF SOUTH AFRICA


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OCTOBER 2015

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DECLARATION

I declare that **THE EXPERIENCES OF RECOGNITION OF PRIOR LEARNING NURSING CANDIDATES RELATED TO THE FOUR YEAR COMPREHENSIVE NURSING TRAINING PROGRAMME AT A NURSING EDUCATION INSTITUTION IN GAUTENG** is my own work and that all sources that I have used or quoted have been indicated and acknowledged by means of complete references.



SIGNATURE

Nomathemba Bridgette Mothokoa

13 October 2015

DATE

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ABSTRACT

The purpose of this study was to explore and describe the experiences of Recognition of Prior Learning (RPL) nursing candidates related to the four-year comprehensive nursing training programme at a Nursing Education Institution in Gauteng. To this end an exploratory descriptive qualitative research design was undertaken. The research sample comprised of 13 purposefully selected participants. Face-to-face individual interviews, using open-ended questions (Grand tour), were used to collect data, which was analysed using Tesch's approach. Findings from the study highlighted the challenges faced by nursing RPL candidates as adult students. These included challenges related to their theoretical learning as well as their clinical facility experiences. Based on the study results, recommendations were formulated in assisting them to successfully and timeously complete their nursing programme.

KEY CONCEPTS

Recognition of Prior Learning (RPL); Adult learner; RPL Nursing candidate; The four-year comprehensive nursing training programme (R425); Nursing Education Institution (NEI).

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DEDICATION

I dedicate this study to all the Nursing RPL candidates who shared their life stories, learning experiences and dreams with me.

May the good Lord bless them.

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ABBREVIATIONS

NEI	Nursing Education Institutions
NQF	National Qualifications Framework
RPL	Recognition of Prior Learning
SANC	South African Nursing Council
SAQA	South African Qualifications Framework
UNISA	University of South Africa

CHAPTER 1

ORIENTATION TO THE STUDY

1.1 INTRODUCTION

The apartheid system in South Africa had a negative impact on the education and training systems in the country (South African Nursing Council (SANC) 2009:1). Drastic interventions were required to redress this situation. Given the racially exclusive legacy of apartheid, many individuals did not have the undergraduate qualifications required to enter higher education studies. These individuals were only able to gain access through the process of Recognition of Prior Learning (RPL) (Cooper 2011:41). The South African Qualifications Authority (SAQA) was responsible for the development of the National Qualification Framework (NQF) which was put in place in 1996 with the aim of transforming the educational system in the country. RPL was thus one of the mechanisms employed by SAQA to promote access to education and to redress past discrimination by recognising prior learning achieved by an individual (SANC 2009:1).

RPL is a process through which non-formal and formal learning are measured and mediated for recognition and certified for credits, access, inclusion, or advancement in the formal education and training system or workplace (SAQA 2013:5). The NQF objectives relevant to RPL include the provision of access to education and training, and facilitation of redress of former unfair discrimination thereof. RPL emphasises and supports the principle of lifelong learning through encouraging individuals to continuously improve their skills.

This chapter provides an outline of the study that includes the study background and the problem statement. The aims of the study, paradigmatic foundations, research design, ethical considerations and measures of trustworthiness are also discussed in the following sections.

1.2 BACKGROUND

The concept of RPL originated in the United States of America in 1970 and was validated in South Africa by the Department of Education in 1996 as a policy of adult education. However, in practice RPL came into existence earlier than this, but it was extensively used by the non-education employment sector before it became a matter of concern in higher educational programmes (Dhungel 2011:4). The Box Hill Institute explains that RPL ensures that formal education is completed in a shorter period of time and at less cost; it is not a repetition of what a learner already knows, and it provides equal opportunities for access to education (Singh, 2011:805).

Historically nursing has been known as one of the professions that provides access to training and education to marginalised groups who has very minimal access to formal education (SANC 2013:11). Previously the requirements for the nursing training programme in South Africa were minimal and individuals with poorer grades were accepted into the profession. In South Africa, the introduction of RPL was met with much criticism and was challenged by many academics who felt it was an unfair practice. They were concerned that it would compromise the quality of education and training. Academics saw the prospect of admitting large numbers of under-qualified adult students with work related experience as a threat to the institution's reputation, or an erosion of academic standards (Osman & Castle, 2004 cited in Motaung 2009:78).

TABLE 1.1: Gauteng NEI Student affairs statistics

YEAR	TOTAL NUMBER OF STUDENTS	FAILED		TERMINATIONS	
		NON RPLs	RPLs	NON RPLs	RPLs
2010	928 (893 NON RPLs + 35 RPLs)	152 (17%)	10 (29%)	77 (8%)	4 (11%)
2011	861 (838 NON RPLs + 23 RPLs)	309 (37%)	12 (52%)	120 (14%)	7 (30%)
2012	717 (695 NON RPLs + 22 RPLs)	82 (12%)	6 (27%)	45 (6.2%)	10 (45%)
TOTAL	2426 NON RPLs 80 RPLs	543 (22.3%)	28 (35%)	242 (10%)	21 (26%)

Between 2010 and 2012, 80 RPL students were accepted to the four-year training programme at a Gauteng Nursing Education Institution. There were 28 RPL candidates who failed and repeated various levels, and 21 RPL candidates were terminated due to poor academic performance in various levels of training. Only one candidate resigned due to not coping with course demands. In 2013, 27 RPL candidates were admitted to the programme, with two resigning mid-year.

1.3 PROBLEM STATEMENT

The aim of RPL at the Gauteng Nursing Education Institutions is to create access for learners who do not qualify for admission under regular admission policies. There was, however, a concern from nurse educators as to whether nursing RPL students who did not meet the admission criteria for the comprehensive nursing programme would possess the necessary scholarly skills to cope academically with a nursing programme. As a nurse educator, I observed that despite having previous knowledge and experiences, these RPL candidates were struggling academically in both theory and practica, compared to the newly appointed students.

Nursing RPL students are often adult learners with many responsibilities such as having families. Some have not engaged in studies for an extended period of time, and their educational background may no longer be relevant to the present education system. They are also not well conversant with technology. Houlbrook (2012:559) describes student experiences of RPL in the context of work-based learning as generally being anxious and fearful about academic study. They perceive the world of academic study as alien.

Cantwell and Scevak (2004:144) commented that RPL students are often required to internalise new ways of thinking in 50% and 75% of the time given to the non-RPL students. These authors recommend that some form of support beyond mere attendance at lectures and tutorials be mandated. Motaung, Fraser and Howie (2008:1258) add that guidance and support assist students to make sense of their prior learning experience.

Cooper (2011:53) is of the opinion that success of adult learners may be facilitated by lecturers' understanding of both sides of the boundary: their understanding of the habitus, dispositions, and forms of cultural capital that students bring with them, as well as forms of knowledge that the disciplinary field of study privileges.

There appears to be a high failure rate among RPL candidates doing the four-year training programme in one of the Gauteng NEI's. If RPL is meant to be of value to these nursing candidates, why were there only a few RPL students who completed their nursing programme timeously and successfully?

It was, therefore, unclear what nursing candidates' experience of RPL at a Nursing Education Institution in Gauteng were and the possible influence on timely and successful completion of their studies. This research aimed to fill this gap.

1.4 AIM OF THE STUDY

1.4.1 Research objectives

The objectives of this research were to:

- Explore and describe the experiences of Recognition RPL nursing candidates related to a four-year comprehensive nursing training programme at a Nursing Education Institution in Gauteng.
- Propose recommendations for stakeholders involved in education and training of students to assist RPL nursing students toward timely and successful completion of a nursing programme.

1.4.2 Research questions

- What are the experiences of RPL nursing candidates related to a four-year comprehensive nursing training programme at a Nursing Education Institution in Gauteng?

- What recommendations can be made for stakeholders involved in education and training of students to assist RPL students toward timely and successful completion of a nursing programme?

1.5 DEFINITION OF KEY CONCEPTS

1.5.1 Recognition of Prior Learning (RPL)

‘Recognition of Prior Learning (RPL)’ means the principles and processes through which the prior knowledge and/or skills of a person are made visible and assessed for the purposes of certification, alternative access and admission, and further learning and development (SANC 2013:4).

In this research ‘RPL’ refers to the acknowledgement of experiential learning of enrolled auxiliary and enrolled nurses, and involves assigning a credit value to their previously obtained formal qualifications (Jooste & Jasper 2010:704).

1.5.2 Adult learner

An adult learner refers to an individual who has accumulated life experiences and knowledge, whose life situation is characterised, multiple roles such as worker, spouse, parent and learner (Gravett 2001:6).

In this research “Adult learner” referred to PRL nursing candidates who had previous nursing education and experience which they had to connect to their four-year comprehensive nursing training programme.

1.5.3 RPL Nursing candidate

An ‘RPL nursing candidate’ refers to a nursing student who has formally challenged the RPL process and have obtaining credits in a particular course with the intention of gaining access to a nursing programme and employment with the Department of Health (Gauteng Nursing Colleges 2003:5).

In this research a 'nursing candidate' refers to enrolled nurses and enrolled auxiliary nurses who have been awarded credits for access to a four (4) year nursing programme in one of the Gauteng NEI's.

1.5.4 The four-year comprehensive nursing training programme (R425)

The course of study means a programme of education and training approved in terms of section 15(3) leading to obtaining a qualification which confers on the holder thereof the right to registration as a nurse (General, Psychiatric and Community) and midwife (SANC Regulations 1988).

In this research a 'nursing course' referred to any nursing programme which can be accessed through Recognition of Prior Learning.

1.5.5 Nursing Education Institution (NEI)

A 'NEI' refers to any institution that is accredited by SANC in terms of the Nursing Act, 2005 (Act No. 33 of 2005) for education and training intended to qualify a person to practise as a nurse or midwife (SANC 2013:3).

In this research, 'NEI' referred to a public accredited NEI in Gauteng in which different nursing training programmes are offered.

1.6 THE PARADIGMATIC FOUNDATION OF THE STUDY

1.6.1 Research paradigm

A paradigm is a set of assumptions about the basic kinds of entities in the world, about how these entities interact, and about the proper methods for constructing and testing the theories of these entities (Brink, Van der Walt & Van Rensburg 2012:24). Paradigms include a set of assumptions or beliefs about fundamental aspects of reality (Niewenhuis in Maree 2013:47), and provide philosophical frameworks that guide research enquiries.

Research investigations can be placed within various paradigms. Lincoln and Guba (in Maree 2013:56) suggests four research paradigms, namely positivism, post-positivism, critical theory, and constructivism. In this study, the constructivism/naturalistic paradigm was used to capture, explore and understand the RPL candidates' experiences. This was done through collection and analysis of rich and subjective data. Constructivism is associated with a qualitative research method, which is discussed in Chapter 2. The voices and interpretations of RPL candidates were crucial in understanding the phenomenon of interest through subjective interactions (Polit & Beck 2012:12).

The benefits of constructivism are that constructivist studies yield rich, in-depth information, and their findings are grounded in real-life experiences of people with first-hand knowledge of a phenomenon (Polit & Beck 2012:15). I had an opportunity to gain an authentic understanding of the RPL candidates' experiences of the RPL process during their nursing training.

1.6.2 Theoretical framework

This research utilised Malcolm Knowles' principles of andragogy in that RPL candidates are usually adults who bring accumulated life experiences with them to their learning encounters (Knowles 1980:44). Adults enter education events with a large quantity of experience that varies from individual to individual. The heterogeneous life experiences of adults hold several implications for teaching (Knowles 1980:50). Adults like to be given an opportunity to use their existing foundation of knowledge gained from life experience and apply it to their new learning experience (Malone 2014:11).

The experiences that nursing RPL candidates bring to their training can assist them to connect the current learning experience to what they have learned in the past. This may contribute to making the learning experience more meaningful and probably more understandable. Educators need to facilitate reflective learning opportunities which can assist these learners to examine existing biases or habits based on life experiences and move them towards a new understanding of information presented (Knowles 1980:50; Lieb 2012:12).

As adult learners, nursing RPL candidates prefer to voice their own opinions and have a role in directing their learning. This implies that, where possible, educators should involve them when designing learning outcomes. It is also important to note that adult learning is unique and that each individual learns at their own pace and in their own way. Background information about these learners should be obtained beforehand in order to assess their level of education and determine their limitations. This information can assist educators to design and apply a variety of teaching strategies.

Older learners may take longer to acquire new knowledge or skills as they tend to be more careful about learning something so as to do it right (Lieb 2012:12). The learning environment should, therefore, provide support and encouragement. Some may find it difficult to transfer what they have learnt due to short-term memory, and educators should come up with strategies to improve the learners' memory retention.

1.7 RESEARCH DESIGN

This study utilised a qualitative design with an exploratory, descriptive and contextual approach in which I focused on describing and understanding the RPL phenomena with the intention of developing an understanding of the meanings imparted by nursing RPL candidates (Nieuwenhuis in Maree 2013:51). In using the exploratory, descriptive, qualitative approach, I identified the need to understand the experiences of nursing RPL candidates through seeking their personal viewpoints (Burns et al 2013:66). A full discussion will follow in Chapter 2.

1.7.1 Population

The population consisted of seventy-two (72) RPL candidates (53 current students and 19 students who have discontinued their studies) who applied for credits to gain access to a four-year nursing programme in Gauteng between 2011 and 2013.

1.7.2 Sample and sampling strategy

Purposive sampling, which is a non-probability sampling method, was used. Thus, I deliberately considered which students would be able to provide the required experiences and should therefore be included in the study. Thirteen (13) nursing RPL candidates took part in the study.

1.7.3 Data collection

Data were collected by means of individual face-to-face interviews with nursing RPL candidates and with those participants whose studies had been terminated. Participants were also requested to provide personal documents in which written descriptions of their experiences were recorded (Strydom & Delport in De Vos, Strydom, Fouché & Delport 2011:387). I used field and reflective notes to document my personal experiences, reflections and progress while in the field (Polit & Beck 2012:548). Data were collected until data saturation was achieved. Saturation of data occurred when additional sampling provided no new information, only redundancy of previously collected data (Burns, Grove & Gray 2013:371). A full discussion will follow in Chapter 2.

1.7.4 Data analysis

Schurink, Fouché and De Vos (in De Vos et al 2011:397) explain data analysis as the process of bringing order, structure and meaning to the mass collected data. Individual interviews and the participants' personal notes were transcribed and analysed using Tesch's descriptive analysis technique (in Creswell 2014:198). A full discussion will follow in Chapter 2.

1.8 ETHICAL CONSIDERATIONS

Ethical clearance for this study was granted by the University of South Africa (HSHDC/251/2013, Annexure A) and the organisation (Annexure B).

Researchers and reviewers of research have an ethical responsibility to recognise and protect the rights of human research subjects (Burns, Grove & Gray 2013:163). The following human rights were taken into consideration during the research.

1.8.1 Right to self-determination

According to Strydom (in De Vos et al 2011:119), the right to self-determination implies that individuals have the right and competence to evaluate available information, weigh alternatives against one another, and make their own decisions. To adhere to this ethical principle all RPL candidates participating in the research were issued information leaflets, with detailed information on the purpose and objectives of the study, the participants' rights and expectations, the benefits and risks of the study, and the researcher's responsibilities.

The participants were allowed to voluntarily choose to participate in the study or not. Participants were informed that they were at liberty to withdraw at any time during the study should they wish, without being discriminated against and at no penalty. No participant was coerced into participating in this study. A research assistant (colleague from another institution) who was neutral and not involved with the RPL candidates being studied, assisted with the handling of consent forms. These consent forms were issued to participants to go through on their own (Annexure E). Research participants were treated fairly, honestly and with respect.

1.8.2 Obtaining informed consent

The research proposal was approved by the Departmental Higher Degrees Committee (UNISA) for ethical clearance (Annexure A). Permission to conduct the research study was obtained from the Gauteng Department of Health (Annexure C). Permission to conduct the research study at the chosen Nursing Education Institution was asked and attained through the institution's Research Committee (Annexure B and Annexure C).

The purpose of the study was explained in a detailed, accurate and understandable manner to all participants in the study and a participation information leaflet was

issued. Following this, written informed consent was requested from these participants to confirm that they are voluntarily participating in the research study and that the interviews could be audio recorded (Annexure E).

1.8.3 Right to anonymity and confidentiality

Data collected were kept confidential, and de-identification measures were applied to protect the participant's privacy for the interviews.

Code numbers were used and a master list of the participants was kept. Consent forms and audiotapes were locked in a safe place to maintain anonymity and confidentiality. The supervisor and I had access to these documents. The college in which the study was conducted was not divulged to anyone other than the supervisor.

1.8.4 Right to privacy

Privacy is an individual's right to determine the time, extent and general circumstances under which personal information is shared with or withheld from others. This information consists of one's attitudes, beliefs, behaviours, opinions and records (Burns et al 2013:169). To ensure privacy in this research study, no data were gathered without the consent and knowledge of the participants. Data were only collected for the purpose of the study and participants decided the extent of the information that they were prepared to share.

All the data collected were kept confidential, and de-identification measures were applied to protect the participants' privacy. Interviews were conducted in a medium-sized classroom within the institution when not in use. This venue was chosen as it was easily accessible by participants and free from noise since it was away from the other larger venues used for lectures.

1.8.5 Right to fair treatment

The right to fair treatment is based on the ethical principle of justice. This principle holds that each person should be treated fairly and should receive what he or she is due or owed (Burns et al 2013:173). At the end of the research study, findings were communicated to all participants. Activities entailed in the participation information leaflet regarding their involvement were adhered to, with no unnecessary changes made. Appointments were kept as scheduled and changes were communicated to the participants.

1.8.6 Right to protection from harm and discomfort

Human research should never injure the people being studied, regardless of whether they volunteer for the study (Babbie 2014:65). RPL students were thoroughly informed beforehand about the impact of the investigation, and this information offers them the opportunity to withdraw from the study if they choose (Strydom in De Vos et al 2011:115). Reassurance and support were given to participants during data collection. I demonstrated sensitivity when asking questions that might have caused discomfort to the participants by portraying empathy and carefully observing their reactions. Those who had intense reactions and experienced psychological discomfort were referred appropriately to the Nursing Education Institutions' Counselling department for debriefing sessions and support at no cost.

1.9 MEASURES OF TRUSTWORTHINESS

Lincoln and Guba (in Polit & Beck 2012:584) suggest four criteria for developing the trustworthiness of qualitative inquiry: credibility, dependability, confirmability, and transferability. This section will be fully discussed in Chapter 2.

1.10 STRUCTURE OF THE DISSERTATION

Chapter 1 – Orientation to the study

In this chapter an overview of the study is provided and the introduction and background to the research problem is covered. The aim of the study and research questions is outlined. Concepts are defined and a summary of the methodology is provided.

Chapter 2 – Research design and methods

In this chapter the in-depth design and methodology of the study is discussed.

Chapter 3 – Findings of the study and literature control

In this chapter the findings of the study are presented and validated within related study findings.

Chapter 4 – Recommendations, limitations and conclusion of the study

Implications of the study, limitation of the study, suggestions for further studies and final conclusion are discussed in this chapter.

1.11 SUMMARY

In this chapter an orientation and introduction to the study was presented, and the rationale and purpose of the study were also described. The research objectives were to explore and describe nursing candidates' lived experience of RPL at a Nursing Education Institution in Gauteng and to describe guidelines for nurse educators to assist RPL nursing candidates toward timely and successful completion of a nursing programme. The research paradigm and theoretical foundation of the study were stated, followed by the research design which included the population, sampling, data collection and analysis.

CHAPTER 2

RESEARCH DESIGN AND METHODS

2.1 INTRODUCTION

With this chapter, the research design and methodology of the study are substantiated and discussed through elaborating on the design, population, sampling and data collection methods. An overview of how the data were managed and analysed is provided. The chapter concludes by addressing trustworthiness measures in qualitative research.

2.2 RESEARCH DESIGN

Fouché, Delport and De Vos (in De Vos et al 2011:143) define a research design as all the decisions we make in planning the study, which includes decisions about sampling, sources and procedures for collecting data, measurement, and data analysis plans. It is the process of focusing one's perspective for the purposes of a particular study (Babbie 2014:65). Research designs are types of inquiries within quantitative, qualitative, and mixed methods approaches that provide specific direction for procedures in a research design (Creswell 2014:12). The type of design directs the researcher's selection of a population, sampling procedure, a plan for data collection, and analysis (Burns, Grove & Gray 2013:43). This is implemented in a way that is most likely to achieve the intended research objectives. A qualitative explorative, descriptive and contextual research design was chosen to enable me, the researcher, to explore and describe nursing candidates' experience of RPL, emphasising the quality and depth of information obtained from the RPL nursing candidates, and not on the scope or breadth of the information provided, as in quantitative research (Nieuwenhuis in Maree 2013:51). The problem and purpose of this study determined the research design.

2.2.1 Qualitative design

Burns, Grove and Gray (2013:23) describe qualitative research as a systematic, subjective approach used to describe life experiences and give them significance. It refers to research that elicits participant accounts of meaning, experience or perceptions, and produces descriptive data in the participant's own written or spoken words (Fouché & Delport in De Vos et al 2011:65). One of the greatest strengths of the qualitative approach is the richness and depth of explorations and descriptions it yields (Nieuwenhuis in Maree 2013). I was therefore enabled to describe the actions and experiences of RPL candidates in great detail, and I was also able to have a deeper understanding in terms of their own beliefs, history and context (Babbie & Mouton 2014:271). The emphasis was on the quality and depth of information provided by participants (Nieuwenhuis in Maree 2013:51).

Another advantage of qualitative research was the use of open-ended questions during face-to-face individual interviews as it allowed participants to use their own words when responding, describing the phenomena in their own words (Nieuwenhuis in Maree 2013:51). This assisted me to achieve the research objectives.

Qualitative researchers attempt to study human action from the perspective of the social actors themselves with the primary goal of describing and understanding rather than explaining human behaviour (Babbie & Mouton 2014:270). This human action is studied by the researcher with participants being in a natural setting. Babbie and Mouton (2014:271) suggest that when studying phenomena in a natural setting, qualitative researchers should make a deliberate attempt to put themselves in the shoes of the people they are studying and try to understand their actions, decisions, behaviour, practices and so on, from their perspective. The nursing RPL candidates' perspectives were considered and not the researcher's personal biases.

The qualitative design can further be defined in terms of describing its core characteristics. The features of qualitative research include the following (Creswell 2014:185-186):

Qualitative researchers tend to collect data in the field at the site where participants experience the issue or problem under study. With regard to this study, information from the participants were collected by myself, as researcher, on site. Interviews were conducted at the nursing college in which RPL candidates were registered.

Qualitative researchers typically gather multiple forms of data; they are the key instruments and collect data themselves through examining documents or by interviewing participants. With this research, I conducted face-to-face individual interviews, and participants were also requested to provide personal documents in which descriptions of their experiences were recorded. I also used my own personal field and reflective notes.

Throughout the qualitative research process, the researcher keeps a focus on learning the meaning that the participants hold about the problem or issue, not the meaning that the researcher brings to the research. In this research, the focus was on learning the nursing RPL candidates' experiences of the studied phenomena.

In qualitative research, the inquirer reflects on how their role in the study and their personal background, culture and experiences holds potential for shaping their interpretation, such as the meaning they ascribe to the data. As researcher, I began with a full description of my own experience of the phenomenon. This was an attempt to set aside my personal experiences so that the focus could be directed to the participants.

The research process for qualitative design is emergent in that the initial plan for research cannot be tightly prescribed and some or all phases of the process may change or shift after the field is entered.

Qualitative researchers try to develop a complex picture (holistic account) of the problem or issue under study. This involves reporting multiple perspectives, and identifying the many factors involved in a situation. In exploring and describing nursing candidates' experience of RPL, I conducted interviews with RPL candidates from various groups, which included those who have never repeated a year of study

and those who have repeated. The study also included RPL candidates whose training was terminated due to poor performance.

Qualitative analysis involves inductive and deductive data analysis in that researchers build their patterns, categories and themes from the bottom up by organising data into increasingly more abstract units of information. Deductively, they look back at their data from the themes to determine if more evidence can support each theme or whether they need to gather more information. With this study, data were inductively analysed using Tesch's protocol.

The above stated core characteristics of qualitative research provide evidence to support that the qualitative design was the most suitable for answering the stated research questions related to developing a support programme to assist RPL nursing candidates toward timely and successful completion of a nursing training programme.

2.2.2 Exploratory, descriptive approach

This study was conducted with the purpose of exploring and describing the experiences of RPL nursing candidates related to a four-year comprehensive nursing training programme, without identifying a specific qualitative approach and is therefore regarded as a generic exploratory descriptive qualitative approach (Burns, Grove & Gray 2013:66). Exploratory descriptive qualitative research was used to identify a particular lack of knowledge that can be addressed only through seeking the viewpoints of the people most affected (Burns et al 2013:66).

These studies are conducted to address an issue or problem in need of a solution (Burns et al 2013:66). In this study, the researcher identified that there was a high failure rate among RPL candidates doing the four-year programme in one of the Gauteng NEI's. An exploratory, descriptive qualitative research was therefore conducted with the aim of exploring and describing the RPL candidates' experiences, with the intention of describing guidelines to assist them to complete a nursing training programme timeously and successfully. The RPL nursing candidates were

the source of information during data collection as they were regarded as persons living the experience.

2.2.3 Contextual

Qualitative studies are always contextual as the collected data are only valid in a specific context. Themes and categories emerged from the data leading to context-bound information explaining the phenomenon under study, resulting in a more subjective data analysis (Fouché & De Vos in De Vos et al 2011:64). This study's data is valid in the specific context of one of the Gauteng Nursing Education Institutions and the findings thereof will not be generalised (Botma, Greef, Mulaudzi & Wright 2010:195). It is important to note that the four year comprehensive programme at this NEI is managed through a block system in which students attend theoretical blocks and are also placed as clinical facilities according to the South African Nursing Council (SANC) requirements.

2.3 RESEARCH METHODS

2.3.1 Research setting

Polit and Beck (2012:49) define research settings as the specific places where information is gathered. In this study I engaged in fieldwork in a natural setting as I was interested in understanding the study phenomena in context, that is, the RPL nursing candidates' experiences. A Provincial Government Nursing Education Institution in Pretoria, Gauteng was used as a research setting for this study to ensure time, resource and cost-effectiveness.

2.3.2 Selection of participants

I engaged in a purposive sampling method in that I consciously selected information-rich participants who possess characteristics that assisted me in obtaining essential data for the study (Burns et al 2013:365). Strydom and Delport (in De Vos et al 2011:391) explain that the overall purpose of the relevant sampling technique in qualitative research is to collect the richest data with a wide and diverse range of

information. Recognition of Prior Learning (RPL) candidates were purposefully selected from the college student enrolment registers. The 2011, 2012 and 2013 registers were used to ensure diversity of the target group. These candidates included auxiliary and enrolled nurses who were registered at a Gauteng NEI between 2011 and 2013 for the four-year diploma in nursing. I believed that these participants had rich information and possessed the characteristics relevant to the studied phenomenon. Some of these RPL nursing candidates did not meet the requirements for access into the four-year nursing diploma but managed to gain access through the RPL process.

2.3.3 Sampling criteria

Sampling criteria involves selecting cases that meet a predetermined criterion of importance and has the potential for identifying and understanding cases that are fertile with experiential information on the phenomenon of interest (Polit & Beck 2012:519).

The inclusion criteria for this study included:

- RPL candidates who applied and were awarded credits on one or more four (4) year nursing programme subjects between 2011 and 2013 and who were at their first, second, third or fourth level of training.
- These RPL candidates were either enrolled nurses or enrolled auxiliary nurses who did not meet the admission requirement for access to the four-year nursing diploma course and followed the RPL access programme.
- RPL candidates whose nursing training was terminated due to poor academic performance.

The exclusion criteria included:

- All other students training for the four-year nursing diploma who met the admission requirements for access into their diploma studies.

These included students who were either enrolled nurses or enrolled auxiliary nurses and did not apply for credits through the RPL programme.

- Requisition for participation was issued to all the participants for fairness and those who responded were included in the study. A total of 13 RPL students took part in the study. Data saturation occurred after interview 10.

2.3.4 The researcher as instrument

In this qualitative study, the researcher used the “self” to collect rich descriptions of human experiences and to develop relationships in intensive interviews with a small number of people (Polit & Beck 2012:496). The relationship I had with the participants enabled me to build rapport with them and this led to a successful data collection process. I made a deliberate attempt to put myself in the shoes of the participants and tried to understand their actions, decisions and behaviour from their perspective (Babbie & Mouton 2014:270). As their former nurse educator, I had to guard against personal bias and prevent my previous experiences with them from influencing data collection and analysis. I then relied on reflexivity by making use of a reflective diary in which I reflected critically on myself and on analysing and making note of personal values that could affect data collection (Polit & Beck 2012:179).

During data collection I gathered information myself through interviewing participants, using their personal documents in which written descriptions of their experiences were recorded, and by using field and reflective notes in which my personal experiences, reflections and progress while in the field were documented. I was neither objective nor detached but rather engaged and willing to understand the participant’s response (Greeff in De Vos et al 2011:348). I also did not use or rely on questionnaires or instruments developed by other researchers (Creswell 2014:185).

2.3.4.1 Bracketing

Polit and Beck (2012:495) define ‘bracketing’ as a process of identifying and holding in abeyance preconceived beliefs and opinions about the phenomenon under study.

They further explain that bracketing can never be fully achieved, but that researchers strive to bracket out the world and any presuppositions in an effort to confront the data in pure form. As a novice researcher, I encountered challenges regarding this aspect. Maritz and Jooste (2011:983) suggest that students need to be assisted to bracket their personal epistemological beliefs and the boundaries of their role as researchers through introducing bracketing interviews before data collection. The debriefing interviews and coaching conversations I had with my supervisor before and during data collection assisted me in this regard.

I was assisted to set aside my own preconceptions in order to enter the RPL nursing candidates' life-world and to make sure that they are not influenced in any way (Fouché & Schurink in De Vos et al 2011:318). All personal past knowledge and theoretical knowledge were bracketed so that full attention could be given to the phenomenon which currently appeared in my consciousness (Giorgio 2008:3). This was achieved by attempting to withhold all knowledge and past experiences which would contaminate the studied phenomenon by keeping and using a reflective journal. The reflective journal served as a strategy to facilitate reflexivity where my experiences, opinions, thoughts and feelings were made visible and acknowledged (Ortlipp 2008:703). By becoming aware of my personal biases, I was more likely to be able to pursue important issues as stated by the RPL nursing candidates rather than leading them to issues that I deemed important (LoBiondo-Wood & Haber 2010:104).

2.3.4.2 *Intuiting*

Intuition occurs when researchers remain open to the meanings attributed to the phenomenon by those who experienced it (Polit & Beck 2012:496). I attempted to use intuition to get a sense of the lived meaning of each description through applying deep listening skills to myself and to my participants. I made a conscious effort to quiet myself by listening deeply to my own internal processes and to external information from the candidate and the environment (Brescia 2005:85). By using self-awareness, I attempted to clear my mind of distracting thoughts, and maintained an inner clarity, creating a stage of openness to receive my participants' description of experiences (Brescia 2005:84).

2.3.4.3 Facilitative communication techniques

During the interview process, effective communication, as well as listening skills, were applied appropriately. Communication was conducted in English and both parties were comfortable with the language. I used responsive listening skills such as maintaining eye contact and being conscious of body language and posture. I also portrayed empathy, concern, as well as acceptance of my participants' responses which assisted me in establishing rapport. Following the grand tour question, subsequent questions were asked in which probing was applied in a friendly and non-threatening and reassuring manner, with the aim of obtaining more information (Polit & Beck 2012:536).

Paraphrasing of questions was used for clarification. I was patient and encouraged those participants who were slow to understand posed questions. They were also provided with emotional support when I portrayed understanding and a positive attitude. In an attempt to focus and understand the content of the interview, the participants' statements and responses were clarified. To ensure that the interviewee's concerns and point of view were understood, I reflected on their feelings and on aspects that needed emphasis. Participants were given an opportunity to verbalise their own experiences without my interference.

2.4 DATA COLLECTION

Method triangulation involves using multiple methods of data collection to develop a comprehensive understanding of a phenomenon, which provides an opportunity to evaluate the extent to which a consistent and coherent picture of the phenomenon emerges (Polit & Beck 2012:590). Data were collected by means of individual face-to-face interviews with nursing RPL candidates and with those participants whose studies had been terminated. Open-ended questions (Grand tour) were used in order to gain a deeper understanding and explore the RPL candidates' experiences and challenges (Greeff in De Vos et al 2011:348). The supervisor sat in during the initial interviews. This was done to provide support and feedback, as well as to eliminate coercion. Participants were also requested to provide personal documents in which

written descriptions of their experiences were recorded. Additionally, I used field and reflective notes to record my personal experiences, reflections and progress while in the field (Polit & Beck 2012:548).

2.4.1 Qualitative interviews

The aim of qualitative interviews is to see the world through the eyes of the participant, with the intention of obtaining rich descriptive data that helps with understanding the participant's construction of knowledge and social reality (Nieuwenhuis in Maree 2013:87). During the process of learning and constructing new meaning of the lived experience of nursing RPL candidates, I had intensive dialogues with these candidates. These intensive dialogues required thoughtful presence on my part, since my goal was to understand the meaning of the experience as it is lived by the participants, that is, the nursing RPL candidates (LoBiondo-Wood & Haber 2010:102).

In achieving the research objectives, I aspired to obtain in-depth descriptions from different aspects of the participants' life-worlds, striving to get uninterrupted descriptions. Qualitative researchers use "self" to collect rich descriptions of human experiences and to develop relationships in intensive interviews with a small number of people (Polit & Beck 2012:533). During qualitative interviews my perspective was bracketed in that I identified personal biases about the phenomenon of interest, which enabled me to pursue issues of importance as introduced by the participants themselves (LoBiondo-Wood & Haber 2010:104). To accomplish bracketing I had to return to participants at critical interpretive points to ask for clarification and validation (LoBiondo-Wood & Haber 2010:118).

Ethical issues were considered during these interviews in that participants were informed about the nature and purpose of the study as it appeared on the consent form and on the participant information leaflet. I confirmed their willingness to participate in the study and they were reminded that they could withdraw from the study at any stage during the investigation. Interviews were conducted in a classroom at the chosen nursing education institution and some participants preferred to be interviewed in their own homes. These venues were selected as they

were comfortable, easily accessible, provided privacy and a non-threatening environment (Greeff in De Vos et al 2011:350). A high-quality voice recorder was placed strategically to record the interviews with permission from participants. These recorded interviews were later transcribed verbatim.

2.4.2 Field notes

Field notes are a written account of the things the researcher hears, sees, experiences and thinks about in the course of interviewing (Greeff in De Vos et al 2011:359). I wrote field notes during and after the interviews with the aim of trying to produce meaning and understand the true phenomenon being studied. This was also used as a triangulation measure. During each interview I kept field notes containing a comprehensive account of the RPL nursing candidates themselves, and the events that took place, including the actual discussions and communication (Strydom in De Vos et al 2011:335). These also included aspects like emotions, gestures, uncertainty, as well as enthusiasm portrayed during the interviews.

2.4.3 Reflective notes

I also used reflective notes to document my personal experiences, reflections and progress while in the field (Polit & Beck 2012:549). I made notes to record how I experienced each interview, explicitly explaining my feelings in that regard. The goal was to provide a research trail of gradually altering methodologies and reshaping analysis (Ortlipp 2008:696). Challenges encountered during the study were also recorded including any improvements that the researcher felt needed to be implemented. During the research, I was prompted to change my approach, such as abandoning the use of focus groups. I had to discard some aspects of my pre-planned research proposal and all of these were recorded in my reflective notes. The reflective notes also included a reflection of how my role in the study and my personal background, culture and experiences hold potential for shaping the meaning she ascribed to the data (Creswell 2014:186). I, therefore, used these reflective notes in an effort to bracket (Polit & Beck 2012:495).

2.4.4 Debriefing interviews

Maritz and Jooste (2011:983) recommend the implementation of debriefing interviews and coaching conversations. The authors suggest that debriefing interviews promote students' self-awareness and methodological awareness, transformation, learning and support during the research process. This results in the student's ability to act and react more quickly to research challenges. As a novice researcher, I was anxious and unsure of myself, particularly before collecting data. The conversations and interviews I had with my supervisor before and during the initial interviews provided me with the emotional support needed to improve my confidence. The debriefing interviews served as self-correcting measures during the research process, as they illuminated challenges emerging during the research process and allowed for appropriate adjustments to be made (Maritz & Jooste 2011:982).

2.5 DATA ANALYSIS

The purpose of data analysis is to organise, provide structure to, and elicit meaning from data (Polit & Beck 2012:556). In analysing qualitative data, I tried to establish how participants make meaning of the RPL phenomenon by analysing their perceptions, attitudes, understanding, knowledge, values, feelings and experiences in an attempt to approximate their construction of the phenomenon (Nieuwenhuis in Maree 2013:99). Qualitative data analysis entails organising and preparing the data, coding the data, and developing a description and thematic analysis from the codes (Creswell, 2014:212). Data is categorised, summarised and described in more meaningful terms.

2.5.1 Organising the data

Qualitative data collected from individual interviews and field notes and personal notes was found to be very lengthy and required intensive examination, understanding and reading (Nieuwenhuis in Maree 2013:104). An appropriate method to organise data was used to ensure easy retrieval when necessary. In this way data was converted to smaller manageable segments (Polit & Beck 2012:562).

Files were used to store the same batch of data and identification numbers were attached to each file.

2.5.2 Transcribing the data

Audio taped data were transcribed verbatim (rewritten word for word). I involved a professional transcriber following an agreement as to how data should be transcribed and how confidentiality would be maintained. The accuracy of the transcribed data was checked and continuous communication with the transcriber was maintained telephonically and via emails.

2.5.3 Coding the data

This was best achieved by beginning with a full description of my own experience of the phenomenon in an attempt to set aside my personal experiences so that the focus could be directed to the participants. Lists of significant statements were developed. Each statement was treated as having equal worth and worked to develop a list of non-repetitive, non-overlapping statements. Composite descriptions of the experience were written, which investigated how the studied phenomenon was experienced by participants. I then looked at all possible alternative meanings and different perspectives. Significant statements were taken and then grouped into larger units of information, called 'meaning' units or themes.

All data, including interview transcripts, field and reflective notes, were analysed using the descriptive analysis technique by Tesch (in Creswell, 2014:198). Tesch's approach proposes eight steps to engage a researcher in a systematic process of analysing textual data:

1. The researcher obtains a sense of the whole by reading through transcriptions carefully. Ideas that come to mind may be jotted down.
2. The researcher selects one interview, for example the shortest one, the one at the top of the pile or the most interesting one, and goes through it asking: "What is this about?"

3. When the researcher has completed this task for several respondents, a list is made of all the topics. Similar topics are clustered together and formed into columns that might be arranged into major topics, unique topics and leftovers.
4. The researcher now takes the list and returns to the data. The topics are abbreviated as codes and the codes are written next to the appropriate segments of the text. The researcher tries out this preliminary organising scheme to see whether new categories and codes emerge.
5. The researcher finds the most descriptive wording for the topics and turns them into categories. The researcher endeavours to reduce the total list of categories by grouping together topics that are related to each other. Lines are drawn between categories to show interrelationships.
6. The researcher makes a final decision on the abbreviations for each category and alphabetises the codes.
7. The data belonging to each category is assembled in one place and a preliminary analysis is performed.
8. If necessary, existing data is coded by the researcher.

A set of clean data were provided to an independent coder who has experience in qualitative data analysis. After the independent coder and I had completed the data analysis, we met for a consensus discussion. The findings, as agreed by both myself and the independent coder, are fully disclosed in Chapter 3 of this research study.

2.6 MEASURES OF TRUSTWORTHINESS

Lincoln and Guba (in Polit & Beck 2012:584) suggests four criteria for developing the trustworthiness of a qualitative inquiry: credibility, dependability, confirmability, and transferability.

2.6.1 Credibility

Credibility refers to confidence in the truth of the data and the interpretations thereof (Polit & Beck 2012:585). Data quality was enhanced by practising intensive listening and concentration during individual face-to-face interviews. Sufficient time was allocated for data collection so as to obtain an in-depth view of participants regarding

their experience and also to improve the relationship with participants (prolonged engagement). The total time of the recorded interviews was 405 minutes, 95 seconds.

To demonstrate reflexivity, I used a reflective diary to reflect on potential biases that may influence data collection, analysis and interpretation. Frequent debriefing sessions (Maritz & Jooste 2011:972) between myself and my supervisor were maintained. I used this opportunity to discuss ideas and interpretations related to the study.

A peer review process was applied to evaluate the quality of the study. Individual interviews, naïve sketches, field and reflective notes (Data triangulation) were used in this study. Member checking was applied by conducting a follow-up interview with participants and providing them with an opportunity to comment on the findings (Creswell 2014:202).

2.6.2 Dependability

Dependability refers to the stability of data over time and over conditions (Polit & Beck 2012:539). To enhance dependability, the research was audited by checking the accuracy of transcriptions and the relationship between the research questions and the data (Creswell 2014:203). Thick, rich descriptions of the methodology were provided.

2.6.3 Confirmability

Confirmability is maintained if there is objectivity or congruency between two or more independent people's data in relation to accuracy, relevance or meaning (Polit & Beck 2012:585). The researcher ensured that the whole research project was reviewed by an independent objective auditor. This was an expert in qualitative research with a qualification in nursing and experienced in qualitative research.

The participants' interviews were tape recorded with their permission. This data were transcribed verbatim (Annexure D), analysed and coded. It was then handed to an

independent co-coder who was a qualified and experienced qualitative researcher for co-coding.

I ensured that accurate and thorough record keeping was maintained. This included all material and documentation used during data collection, including field and reflective notes and transcripts. These records were kept safely and could be made available should they be requested at a later stage.

2.6.4 Transferability

Transferability refers to the generalisability of the data, that is, the extent to which the findings can be transferred to or have applicability in other settings or groups (Polit & Beck 2012:585). The research findings cannot be generalised, however, thick descriptions will be provided of the methodology in order to assist in the possible transferability of the findings to other contexts.

2.7 SUMMARY

In this chapter all the research design components, which included the research methods, data collection, data analysis and measures of trustworthiness were discussed. As previously stated, the chosen research design and procedures enabled the researcher to explore the lived experiences of nursing RPL candidates. An exploratory, descriptive and contextual qualitative research design was employed. During data collection, triangulation was ensured as multiple means of data collection were used to collect data and two people analysed the data. The research results of the experiences of nursing RPL candidates are discussed in Chapter 3.

CHAPTER 3

FINDINGS OF THE STUDY AND LITERATURE CONTROL

3.1 INTRODUCTION

The aim of this study was to explore and describe nursing candidates' experience of RPL at a Nursing Education Institution in Gauteng with the intention of describing recommendations for nurse educators to assist students toward timely and successful completion of a nursing course.

With this chapter the findings of the data analysis of this study are presented and discussed. By reporting on the findings of the investigation, answers to the research questions outlined in Chapter 1 (paragraph 1.4.2) are provided. The research questions explored in this study were:

- What are the experiences of RPL nursing candidates related to a four-year comprehensive nursing training programme at a Nursing Education Institution in Gauteng?
- What recommendations can be made for stakeholders involved in education and training of students to assist RPL students toward timely and successful completion of a nursing programme?

3.2 DESCRIPTION OF THE DEMOGRAPHIC PROFILE OF THE PARTICIPANTS

Table 3.1 below summarises the biographical data of the nursing RPL candidates who participated in the study.

Data were collected during October to November 2014 from a Nursing Education Institution in Gauteng. The study comprised of thirteen (13) nursing RPL candidates who participated in the study. This included two (2) males and eleven (11) females. It was important for the purpose of this study to acquire views from both genders on what their experiences were in order to obtain a balanced view of the impact the RPL

has in their lives. It was also crucial for the study to source participants of a variety of groups in order to obtain rich data which is fully representative. During the interviews two participants were in their third level of study, five participants were in their fourth year and had recently obtained their final year results. Four participants were excluded from the course due to poor academic performance (terminated). One participant received credits for all his first year subjects and completed the course within three years.

TABLE 3.1: Participant's demographic profile

VARIABLE	PARTICIPANTS
Gender	Male=2 Female=11
Level of training	D4 L3= 3 D4 L4= 5 Completed training within 3 years= 1 Terminated/excluded from training= 4
Age breakdown	20-29= 1 30-39= 2 40-49= 8 50-59= 2
Racial breakdown	African= 13
Date of interviews	October - November 2014

All participants were Africans and their age breakdown was as follows: one participant was between the ages of 20-29, two were between the ages of 30-39, eight were between the ages of 40-49, and two were between the ages of 50-59. All participants participated voluntarily in the study and were free to withdraw from the study at any time if they so wished.

According to SANC (2014:1), of the 47955 nurses appearing on their registers as at 31 December 2014, 41 774 were females and only 6 181 were males. The South African nursing professional profile reflects that nurses are predominantly female, although male numbers are beginning to increase. Nursing is also an ageing profession (Breier, Wildschut & Mqgqolozana 2009:22). SANC statistics indicate that younger nurses (age 20-29) enter the nursing profession at the auxiliary level and

this might result in the country facing a dire shortage of professional nurses in the future (Breier et al 2009:22).

As previously stated, RPL students also fall within this category of nurses who entered the profession either as enrolled nurses or auxiliary nurses. What adds to the challenge facing the nursing profession is that the RPL nurses in this study commenced their comprehensive nursing training as adult learners. Table 3.1 reflects their age breakdown, indicating that most of them are between the ages 40 to 59, which show that they will be reaching their (60 years) pension age soon.

More females were interviewed in this study compared to males and all participants were African. Research shows that males are often unable to engage in lifelong learning due to a lack of desire and typically men involved in lifelong learning are deeply influenced by work-related factors, such as improving professional development and achieving their career goals (Chang, Wu & Lin 2012:331). In this study more females than males engaged in academic studies while still shouldering most of the responsibilities for raising children and maintaining households (Chang et al 2012:330). It is presumed that Africans form the overall majority of nurses in South Africa (Breier et al 2009:28).

3.3 DESCRIPTION OF THE FINDINGS

Four main themes emerged from the analysis. The students faced certain realities as adult learners which caused them distress. They also referred to the theoretical learning experience which added additional layers of burden. The clinical environment was equally perceived as stressful. The last theme refers to their experiences of the outcomes of their study, be it positive or negative. What follows is a discussion of the themes, categories and codes as they emerged from the data analysis of interviews conducted with nursing RPL candidates. Table 3.2 provides a summary of these findings.

TABLE 3.2: Themes, categories and codes generated from the study

THEME	CATEGORY	CODE
The realities faced by the RPL student as an adult learner	Prior experiences and expectations	
	Issues of self-efficacy and determination to achieve their goal	
	Interpersonal relationships as a source of strain	Family and social responsibility and issues of balance
		Younger students
		Peers
	The use/absence of coping mechanisms in stressful situations due to a lack of support	Physical stress and emotional stress
Financial struggles and adjustments due to giving up working overtime		
Theoretical learning experience	Curriculum matters	Course overload, depth
		Assessment issues
	Orientation programme	Insufficient information given within a short period
	Language challenges	English proficiency
	Limited or lack of Information Technology (IT) knowledge	
Value of supportive learning structures	Lecturers Administration Employer Colleagues	
Clinical facility experiences	Clinical staff engagement and expectations	
	Negative attitudes	
	Lack of support from clinical staff	
	Lack of appropriate practical exposure	
	Theory-practica gap	
	Clinical placement	Travelling long distances to clinical facilities

THEME	CATEGORY	CODE
Experiences of outcomes	Successful outcomes	Experiencing mixed feelings: Happiness and guilt
	Failed outcome	Issues of blaming
		Pleading for assistance

3.3.1 The realities faced by the RPL student as an adult learner

As stated in the previous chapter, this study applied Knowles' theory of andragogy as a theoretical framework which is based on the following assumptions:

1. Adult students' self-concept moves from one of being dependent towards being self-directed human beings.
2. They accumulate a growing reservoir of experience that becomes an increasingly rich resource for learning.
3. Their readiness to learn becomes oriented increasingly to the developmental tasks of their social roles.
4. Their time perspective changes from one of postponed application of knowledge to immediacy of application (Knowles 1980:44).

These assumptions are applied in the following sections, based on the applicable themes, categories and codes.

3.3.1.1 *Prior experiences and expectations*

The first theme identified (Table 3.2) relates to the RPL student as an adult learner. Snyman (2013:28) defines mature adults or adult learners as those learners who have left education and gained life and work experience prior to entering education again. This applies to the RPL students because after obtaining basic qualifications, they gained experience at various health institutions and are now re-entering the education system.

One of the assumptions of Knowles' Theory on Adult Learning (1980:44) refers to the adult learners' accumulated experience as the foundation of and a rich resource for

learning. They are, therefore, themselves rich resources for learning. In this study, RPL students reported having contributed to the learning of younger students through using their experience, stating:

“We are on study leave and during group study we use our own experiences and the younger ones are quicker to understand in class, so we mix with them. I understand more practically most of the things, so we are able to explain to each other” (I P 141105-0012).

Knowles (1980:50) elaborates that since adults have a richer foundation of experience, they are able to relate new learning encounters to their experience base. In this study RPL students as adult learners, indicated being able to refer to their past experiences in their learning process. The following was stated:

“As an RPL, I did have light and unlike the people coming straight from home who did not have any knowledge about the subjects. I had to match the things that I am doing at work and the things that the college taught” (I P 1406-0013).

Phipps, Prieto and Ndinguri (2013:13) acknowledged that ability, age and self-efficacy are all factors that contribute to an individual’s perception of how easy or difficult learning would be for them, thus affecting their learning intentions.

Several participants experienced advancing age as negatively affecting their learning process. They felt that should they have been given an opportunity to study at a younger age, they would have coped better. These participants felt it was unfair and difficult for them to compete with the younger students academically since they were coping better.

“Another problem is that they allow you to come to school when you are older and you have more responsibilities. They shouldn’t allow people to wait for a long time before coming to school. It’s difficult to cope with a class full of young ones” (I P 141105-00012).

This was reiterated by another participant who mentioned the following:

“Now I believe that from our studies here you...they taught us that sometimes the more you grow older, your memory degenerates, the brain cells also degenerate” (I P 141106-0017).

“As an old person at the college, they mix us with the younger ones. You can just imagine being fifty two attending class with an eighteen year old, the eighteen year old will grade better than the fifty two year old” (I P 141105-0011).

Madden (2001 cited in Phipps et al 2013:15) observed age-related declines in a variety of ability measures including efficiency of current processing (such as spatial and reasoning abilities).

When RPL students compared themselves with these younger students, they felt that with advancing age, their learning habits changed and they were less likely to adapt to maximum facilitation of the learning process (Phipps et al 2013:15).

One of the older RPL students reported:

“So, you’ve got to struggle, some of us must read ten times before you understand because the brain are [sic] also aging, but I think it’s a good thing because being in a [sic] for the rest of your employment is not good. You can just imagine being an assistant nurse for 36 years, going pension, being an assistant nurse is not good” (PN 141105-0011).

RPL students had preceding expectations about the four-year programme and had certain beliefs that they would experience the programme in a particular way. Before starting with the programme, some students believed that based on their experience, everything would be easy.

One participant stated:

“I thought it was going to be easy because I’ve been a nurse for twenty eight years, so I thought I was just going to knock it out simply” (I P 141105-0011).

Other participants shared the same sentiments and claimed:

“I thought it would be easy because I was a nurse. I thought I know everything, it’s just going to be revision.....only to find it was a different story” (I P 141106-0016).

“I thought it was going to be more practical than theoretical, only to find that they concentrate more on theory part” (I P 141106-0017).

According to Cantwell and Scevak (2004:143), RPL students perceived the theoretical structure of their courses to be much simpler, because of their acquired work experience.

The above statement clearly indicates that participants did not fully understand that they had to adjust to a higher level of conceptualisation compared to their previous level of study, meaning that they had to put additional effort in acquiring a specified learning standard.

“When I came here, I thought that we were going to be taught those things that I was doing at the hospitals. Coming here...I found things are difficult now and it is as if I am in another world of nursing not in nursing anymore” (IP 141105-0011).

Cantwell and Scevak (2004:143) raised concern about the students’ perception and underestimation of the course content and the relationship between this belief and less functional learning dispositions and poorer academic outcomes. As previously stated, this was also my concern earlier as evidenced by the high failure rate of RPL

students doing the four-year nursing programme. Most of the students had vast amounts of prior knowledge and experience, but were struggling academically.

3.3.1.2 Issues of self-efficacy and determination to achieve their goal

Self-efficacy refers to a student's belief in their capability to successfully regulate their own learning, master academic activities, and determine their aspirations, motivation and academic accomplishments (Bandura 1993:117).

According to Sitzmann and Ely (2011:422), individuals with high self-efficacy engage in positive discrepancy creation by setting goals that are higher than their previous performance levels, exerting more effort, and persisting in stressful situations. They approach difficult tasks as challenges to be mastered, they set challenging goals for themselves and maintain commitment to them (Bandura 1993:144). The majority of participants in this study have displayed self-efficacy in that they were not content with their previous achievements and were determined to improve their status within the nursing profession.

Knowles (1980:43) refers to 'self-concept' as a process of maturation in which a person moves from dependency towards increasing self-directedness, for example, being able to make their decisions and face the consequences thereof. RPL students as adult learners independently identified their own learning needs with the aim of acquiring a higher qualification of being professional nurses. They therefore experienced learning readiness and felt that they needed to achieve the following goals they had set for themselves:

"Ya yes, I did have to tell myself that I'm not going back or anything because I was a staff nurse. I have to achieve more; I had to work hard for that" (I P 141105-0008).

"You must work hard, you must bring that certificate, you always remember when you are studying... you say, I can't disappoint matron, I can't disappoint myself, I can do it" (I P 141105-0008).

The above statements clearly indicate that the participants are determined and self-driven. They are motivated to engage in learning to the extent that they feel the need to learn and perceive a personal goal that learning will help them to achieve, and therefore invest their time and energy to ensure that they achieve these goals (Knowles 1980:56).

O'Neill and Thomson (2013:165) suggest that the student's personal effort plays a major role along the journey from being motivated to achieving their goal. It was vitally important that participants took initiatives to achieve their set goals.

O'Neill and Thomson (2013:165) cautions that the level of an individual's motion, the personal value of their goal, and the amount of effort the individual is willing to apply towards achieving the goal and the urgency thereof, are at times affected by external stimuli. Most participants were motivated by external factors (which differs from Knowles in that Knowles states an internal motivation should be prevailing) to ensure that they achieved their goal of successfully completing the programme. This was indicated in the following quote:

"Yes I did have pressure for myself also because I have children. So coming to the college, doing this D4, I know that if I make it my salary will be a little bit more than what I was earning" (PN 141105-0008).

Since all participants were auxiliary and enrolled nurses, they aimed to achieve higher qualifications and not return to their respective hospitals with the same qualification. They realised that they had to motivate themselves to put greater effort in their studies.

Bandura (1993:128) explains that most human motivation is cognitively generated; people motivate themselves and guide their actions anticipatorily by forming beliefs about what they can do. They set goals for themselves and plan courses of action designed to realise them. In this study, participants verbalised having to motivate themselves and engage in self-regulatory mechanisms in ensuring that they achieve their set goals. This statement was evident in the following quote:

“Motivate yourself and tell yourself that I’m not going to...I’ve not come here to fail, no I’m going to do it” (IP 141104-0008).

“Yes, but I try and I will try. I will get it because I need it even though it’s tough” (I P 141105-0009).

Goal setting is more effective when the goal is specific and when individuals are committed to reaching the goal and possess task knowledge (Sitzmann & Ely 2011:422).

“You must identify yourself, what do you want...when I say identify yourself out of a group of people, who you are, what do you want. What are your dreams?” (IP 141121-0018).

3.3.1.3 Interpersonal relationships as a source of strain

Close relationships are called interpersonal relationships. The closest relationships are most often shared with spouses, children and family. Secondary relationships include friends and peers. Each of these relationships has their own unique demands and balancing these may be a challenge.

3.3.1.4 Family and social responsibility and issues of balance

Adult learners are often challenged by having to balance the needs of study with the needs of family, home, partners and children (Stone 2008:275). Participants in this study related particular challenges in this respect.

“Studying is difficult because you’ve got family. You have to travel home, before you can study, you have to prepare for your children and husband and sometimes he doesn’t understand that you are studying” (I P 141106-0013).

“You find that you are here in class worrying about your child and about what’s going on at home, you see that it shifts your mind from your lessons, you don’t concentrate so much” (I P 141106-0015).

“My child was supposed to start Grade R, so I had to help her with school work and all things, my husband works till late. My son it was his first year at tertiary, he started to be out of order. I also had to look after my sick mother, who later died” (I P 141106-0016).

“My in laws are like, how can a wife go to school? She is a nurse, what does she want? She wants to get more money so that she can play with you” (I P 141106-0016)

“The other day, I asked my sister to take care of my one year old child, I remember my child was having diarrhoea by that time and then I phoned her to make sugar and salt solution for him. She didn’t until that time she said no, the child is very weak now and I have to go and fetch him. When I saw my child I nearly quit the college...the studies, because it was not easy for me” (I P 141106-0015).

Participants raised concerns of having to maintain a balance between their studies, their work challenges and their family responsibilities. Lee, Choi and Kim (2013:330) also confirm the need for adult learners to balance their work, family and study responsibilities. If this need is not met, other important aspects of their lives are compromised. A participant’s family members felt neglected as they believed she concentrated more on her studies:

“Even the husband, sometimes he feels like I don’t ...I ignore him, I don’t attend to him, even my kids...The first priority is my books” (I P 141105-0009).

Another participant involved his family and was therefore able to gain their co-operation:

"I sat my family down, I needed their support. I told them that I need this and you also need this. My wife was behind me" (I P 141121-0018).

Another participant stated:

"Then from there me and my husband started to have fights...Ja! You're on the books, you are always not there, you are always at school" (I P 141106-0015).

"He would always complain, look at this glass, look at the house, look at the children, he would point at everything, everything was wrong and in a mess" (I P 141106-0015).

Stone (2008:276) reported that in her study on mature students' experiences, some women encountered considerable resistance from their partners, to the point where they decided to end the relationship. This same phenomenon was witnessed among the participants of this study:

"Some husbands don't want us to come to school, they become jealous and they fight with you. Now I encounter challenges because of the divorce, but I verbalised it to my lecturers and counselling department and they helped me a lot" (I P 141105-0010).

"Yes, I remember at some stage early...somewhere this year, I said to my husband, you know what I will kill you, and I said, oh my God, because I found that this stress, ma'am, is too much...it's too much. I said to him, I will kill you and then from there I said no...no, but I had that thing I even called my friend have you ever had that feeling of killing somebody and she said why, I said I can't handle this man any longer I feel like just taking him away from me" (I P 141106-0016).

The students perceived the inability to manage their time based on the demands between their family and professional life as an additional stressor. Time

management plays a major role in creating a balanced and harmonious lifestyle for adult learners, and they need to be able to prioritise to accommodate all other responsibilities in their lives.

One participant stated:

"It's difficult for us this course. We have got so many responsibilities as we are. I'm a wife, I'm a mother, so I have my kids and husband and the house chores and we've got some burial societies that we have to attend. You find that it's Monday...you are writing a test and you were forced to attend a funeral during the weekend. You don't have much time to study" (I P 141105-0009).

Castle (2003:43) reports that amongst the barriers identified by adult students in his study, they all mentioned a lack of time to meet other commitments, either at work or more particularly at home. They felt that a lack of time called for sacrifices and compromises in their personal lives, and the lives of their partners and children.

The same sentiment was shared by one participant who said:

"Because I didn't have a life, in these past four years, I didn't have a life because even a funeral I can't attend because it was just a waste of time. Especially being an older person there are many responsibilities that you need to attend but you can't, plus the school work here it was... I think too much for me to speak the truth" (I P 141105-0011).

Other participants had to make sacrifices and re-adjust their lifestyles:

"I stopped doing...giving myself time to entertainment, like watching TV all day. I did a time table and thought ok this time I can watch TV and this time balance my work according to my needs as a person" (I P 141106-0017).

“I have to cut my social life so...but most of my friends I prepared them before that this time I’m going to be far from you” (I P 141105-0009).

Wu, Wu and Le (2014:1135) recommend that adult learners should coordinate their family relationships and manage their time efficiently for both working and learning.

3.3.1.5 Younger students

The older students often found it difficult to cope with their younger counterparts. They also compared themselves to the younger students.

“It’s difficult to cope with a class full of young ones, you have to compete with them...they catch up faster and you are slow”. (I P 14110016).

Wu et al (2014:1135) recommend that adults should consider this competition as a motivation to encourage them to study harder, rather than feeling embarrassed. They are more experienced and knowledgeable in diverse areas of their lives, compared to the younger learners. Some RPL adult students pointed out that:

“The younger ones are impatient, they can’t persevere. When you ask a question, they say...I want to finish now” (I P 141126-0021).

“Some of them they pass matric and come here the following year, they were from multi-racial schools. They grasp easier, and they don’t have many responsibilities” (I P 141105-0009).

“They are better because of, most of them I think they are still young, they are straight from high school so there is...they are still eager to learn, they are not tired, they don’t have families, they don’t have stressful things, you’ll find that he is still young at the age nineteen/twenty so that person is still fresh, so they perform better because they don’t have any problems” (I P 141106-0017).

Kasworm (2010:155), in his study on adult learners, reports that some adult students noted their admiration for the lucid knowledge, intellectual strengths, and communication skills of younger students. Most RPL students in the study also shared the same sentiments, which is evident in the following descriptions:

“They are so intelligent. They...we fail more than them. So I think they understand their...they understand things because when you ask her where you don’t understand she will explain exactly what ma’am said or exactly what the book said” (I P 141105-0009).

“Because I studied with the RPLs, the...like me so then I see them, if I study with the RPL I got low marks, but when I mixed with the young ones it is then when I understand the context better than” (I P 141105-0010).

However, not all adult RPL students had positive relationships with the younger students. A few reported negative experiences with younger students and felt they were excluded through distancing interactions and social discrimination (Kasworm 2010:155). This was observed by some adult students who claimed:

“Our English...though it is the same but it differ, the pronunciation...sometimes we will find it difficult to present in the classroom, because this young ones they will laughing [sic] at you, so we feel very slow...small. That is why some of us end up not continuing with the course, being ashamed to be laughed at” (I P 141105-0011).

“The younger ones they are fast because they know and understand they know English so it is easy for them. That’s why when in class when you want the lecturer to repeat, they will be grumbling the younger ones, they’ll be grumbling because they understood already so they want to move on and we want the lecturer to go back, so it’s a bit difficult” (IP 141126-0021).

“We are very different because we...the RPLs we are sort of more responsible and more committed to studying and passing and going on and these ones, the ones from home, they are...most of them they are not that much...it’s like they keep telling themselves they still have a chance. They can repeat. For them repeating it’s no problem and failing it’s no problem because they’ll be telling you, no”. (I P 141105-0012).

Even though the participants in this study reported experiencing difficulties as adult students, they came to college with a lot of experience that they used as a resource during their new knowledge acquisition (Knowles 1980:44, Malone 2014:11). Snyman (2013:34) emphasises that, because of age and experience, adult learners have different orientations and emphases than students who have recently completed their high school and are therefore considered as mature non-traditional learners.

This experience benefited some of the RPL students during their learning process as stated below:

“We are on study leave and during group study we use our own experiences and the younger ones are quicker to understand in class, so we mix with them. I understand more practically most of the things, so we are able to explain to each other” (I P 141105-0012).

3.3.1.6 Peers

Adult RPL students experienced that the visual presence of adults on campus and the experience of classroom learning and discussions with other adult’s, enriched their learning and created a more supportive collegiate environment (Kasworm 2010:156). Participants mentioned:

“so we were close because we came here before the new learners came so we bonded firstly when we started from the RPL from June, we were only...we are few and we make it a group and say okay, we

are RPLs, here are the new learners we don't know them, they know each other, we don't know each other then that's where we bonded" (I P 141106-0017).

Most adult RPL students identified who they believed accepted them as themselves, who valued them as students, and with whom they negotiated more meaningful personal interactions and support (Kasworm 2010:153).

"The four of us we have done it, the four of us we were on the same RPL group knowing that we can't cope with the other young ones. So we decided no, because with the four, we see we are old and then these people they just go blah...blah...blah...blah so we go step by step, so we have make [sic] it, together with [VERNACULAR], we are studying, the three of us, even at home we phone each other so, what [VERNACULAR] we have been studying alone" (I P 141105-0011).

According to Boore and Deeny (2012:270) peer support is particularly important while students are on clinical placement. They should know each other and be made aware of the importance of peer support and their responsibility to each other.

"The support is only that we...mostly in my group from first year the people who I'm working mostly they are on study leave. Most...half of them I can say that they are on study leave. So we manage...we just tell ourselves that we came here [INDISTINCT] to make. So we support each other" (I P 141105-0012).

However, not all adult RPL students had positive experiences with their peers. Some preferred to associate with the younger students for both psychological and academic support. Participants commented:

"As RPLs we don't give each other support, that's my experience in this college. It's better to mix with the young ones" (I P 141106-0013).

“In second year...in first year we mixed, second year we were only RPLs and unfortunately on that group it’s only me who did it, and we were five so, the whole four, they failed and have to be expelled because they failed...they were repeating second year” (I P 141106-0016).

“Some of them may not regard themselves as falling in the peer of the students, they may continue to be isolated, and they click together as the RPLs. So if they’ve got a negative perception about a particular course, they will share the negativity” (I P 141121-0018).

Positive interpersonal relationships form the foundation for learning and development. It would seem that participants who realised this and harnessed this potential, had an improved learning experience.

3.3.1.7 The use/absence of coping mechanisms in stressful situations due to a lack of support

Nursing education institutions provide opportunities for students to participate in support programmes that improve their success in completing their studies (Burruss & Popkess in Billings & Halstead 2012:20). Student counselling departments provide professional counselling and therapy for students who may be experiencing academic challenges caused by personal, physical as well as emotional problems. They also provide students with study and life skills so as to ensure that they cope better with academic life. Boore and Deeny (2012:261) maintain that the role of student support is to help students obtain their qualifications while at the same time not compromising on the standards of patient care.

“I went for counselling, fortunately my family was very supportive, and it really helped me because they could show me that it is not the end of the world. I am not the first one, there are still opportunities out there, just go and work and my answer [INDISTINCT] don’t resign...don’t resign, just go back, work be calm and something will

come and it did ultimately come, here am I bridging” (I P no 141126-0021).

Some students made use of other available coping mechanisms.

“I looked at myself and told myself that I have to have a study group where we can come together and discuss. And the other thing that helped me a lot is through consultation, I was following our lecturers now and then consulting” (I P 141105-0015).

“I did consult with the lecturers, and that helped me a lot” (I P 1411060016).

“I go to church and talk to the pastor, I didn’t go to psychologist.” (I P 141105-0010).

“Coping mechanisms, make friends with the young ones, and they will call me Mamma [INDISTINCT] you must come and sleep in college then I will arrange someone to come and sleep at my home, I am sleeping with colleagues or arrange them to come to my home” (I P no 141105-0010).

“I gave myself time to also consult with the lecturers where I doubt things because as a person, you can have a doubt from your other group members...that study group members but they say it’s right like this, but once you doubt it, that’s where I gave myself time and say no I’m gonna make an appointment with the lecturer so she can clarify this better” (I P 141106-0017).

Gopee (2011:227) suggests that specific communication skills are needed for helping students who are struggling with their nursing programme and are in danger of failing. During consultation with adult students, nurse educators need to ensure that appropriate communication skills are utilised.

3.3.1.8 Physical and emotional stress

Research suggests that many adult learners experience significant anxiety regarding their ability to perform academically (Kasworm 2008:28). In this study it was evident that a number of participants were not coping due to stress and anxiety related to fear of failure.

Houlbrook (2012:559) also found his RPL study participants to be anxious and fearful about academic study, and perceived the world of academic study as alien. Quotes, such as the ones below, demonstrate the tension and complexities experienced by RPL students:

“The course was very stressful, I felt like leaving as I was not coping at all. I don’t know how I survived” (PN 20141120).

“It was hard especially during exams, it was not easy...it was not easy. My husband would come home with stories, He will always complain, look at this glass, look at this, look at the house, look at the children, and you’ve been on the books for too long”. (I P 141106-0016).

“There was pressure, there was anxiety. Ja all those things”. I had to go to a Doctor, and then he referred me to a psychologist, I ended up being physically not well; my BP (Blood pressure) was uncontrollable...I am taking medication...” (I P 141122-0019).

“Yes, because of as an RPL student they have more pressure than somebody from not being and RPL because of there are so many things contributing to that stress, so they need more support” (I P 141106-0017).

Phipps et al (2013:17) are of the opinion that strong intentions to learn can override certain fears and anxieties associated with the learning process and motivate individuals to engage in appropriate behaviours that facilitate learning.

3.3.1.9 Financial struggles and adjustments due to giving up working overtime

Castle (2003:43), in his study on mature students, reported that all participants used the word “sacrifice” to describe the adjustments which they, together with their families, had to make in order to improve their academic standing. Consistent with earlier research, Stone (2008:275) confirmed that for these mature-age students, life was a juggling act as finding enough time and enough money were their worst challenges.

In this study, RPL students raised the following concerns:

“Sometimes financially you have to be placed at different and distant clinics, so it has financial constraints to the family” (I P 141105-0012).

“So when you come to school, you don’t have the chance to do overtime to make money for transport and to give children money for bread...you see, when we are here that money is not there anymore so now you struggle” (I P 141106-0013).

“As nurses, we make money by doing overtime, so now I am a student I can’t do overtime, so it was tough” (I P 141106-0016).

“They are better because they are fresh...Fresh from school, now we are old and we have family problems and financial problems” (I P 141106-0015).

Wu et al (2014:1134) also confirm that adult students experience financial constraints which impact negatively on their family relationships, to the extent that spouses may end up having strained relationships.

3.3.2 Theoretical learning experience

Learning is a process of understanding, clarifying and applying the meanings of knowledge acquired (Candela in Billings & Halstead 2012:203). Adult RPL learners experience learning differently compared to the younger traditional student nurses, and they therefore benefit if adult learner's principles are applied during their learning processes. They see themselves as independent and self-directed, preferring to take responsibility for their own learning (Knowles 1980:45). Therefore, the process of learning should be student-focused in that they want to become actively involved in their own knowledge construction and not be passive. For effective learning to take place, teaching methods should also promote learning in student groups of mixed ability, motivation, diverse academic and social backgrounds (Boore & Deeny 2012:117).

3.3.2.1 Curriculum matters: Course overload, depth

Scheckel (in Billings and Halstead 2012:170) points out that the purpose of the curriculum is to present students with a cohesive body of knowledge, attitudes and skills that are necessary for professional nursing practice. The curriculum should be student-centred in that students should be able to connect the learning outcomes to specific content and learning activities to enhance learning. Knowles (1980:53) cautions that adults tend to have a perspective of immediacy of application towards most of their learning and their orientation toward learning shifts from subject-centeredness to performance-centeredness. This, therefore, implies that curriculum organisation for RPL adult learners should be problem-centred instead of subject-centred.

As students' progress through the academic programmes, demands increase until they are able to perform both theoretically and practically at a professional level (Boore & Deeny 2012:72). Participants expressed concern regarding the course-load and felt the time allocated for content was insufficient. These quotes support this concern:

“They will tell you that this course is too heavy, they can’t go on with it. The other one just resigned, she said no I can’t cope with this heavy load of HD Lawrence [SP] studying, no, it’s enough she resigned last year” (I P 141105-0015).

“No ma’am I didn’t. I did expect that it will be easier, but when I’m...I was here, that’s the time I realised that this course is so heavy. I remember when we were at first year, by...during that three weeks of orientation I told my friend that you know what I think I have to quit and then said to me go, you’ll find [INDISTINCT], you’re gonna regret, so I decided to...okay let’s see if maybe June can come with performing maybe improving” (I P 141105-0015).

“Yes, as we see...because the method of teaching here ma’am, everything is done for a specific time, they have to finish a certain chapter by a certain time, so if they can maybe make extra classes as...I think it will be better” (I P 141105-0015).

“the content that they’ve given them and then they are going to teach us thoroughly but found that the work is too much from one lecturer, and then we as the students we must grasp whatever he is teaching us and then the other lecturer comes with his content, we must also know it and then we found that there are too much” (I P 141122-0019 and 141122-0020).

“Some were coping some it was difficult for them, and some went back home because they didn’t cope, because the standard of HD Lawrence [SP] is too high ma’am when coming to learning, the standard is too high so if you don’t pull your socks being and RPL is not easy” (I P 141106-0015).

“Even if it was not a new content, but because they are going deeper and then it becomes...you’ll find that other times you have just started

to hear them, it's got some other terms that you don't know so, if they've gone deeper" (I P 141122-0019 and 141122-0020).

"Yes, and determined and if you want it and you are determined to get it, then you'll work hard to get it, but the workload, you'll find that it gives you pressure, it created too much pressure of workload, too much pressure at home but we want it, you find that others they do not get that chance [VERNACULAR] but it's too much" (I P 141122-0019 and 141122-0020).

"I would say my expectations...I expected the course to be a lot easier, but to my surprise there was too much workload it was not easy there were many challenges, clinical area when you go to the hospitals even at school it was just too much workload" (I P 141126-0021).

Duboviciene and Gulbinskiene (2014:143) caution that adult students should not be overloaded, and nurse educators should strike a balance between pre-existing and new knowledge. Overburdening adult students might result in superficial learning, such as rote learning.

Ong (2014:164) suggests that education institutions should design curriculums that incorporate deep learning strategies in relation to their mastery goal orientation. These deep learning strategies will engage students in their own learning construction, thus stimulating critical and creative thinking (Eison 2010:1).

Phipps et al (2013:22) caution that in order to achieve the best learning results, motivational strategies must be integrated into the learning process and the instructional design must be suitable for the age group of learners as well as their ability level. Nurse educators should therefore integrate adult learning principles in all their teaching strategies used for RPL students.

3.3.2.2 Assessment issues

Snyman (2013:93) defines 'assessment' as a structured process for gathering evidence and making judgements about students' performance. According to literature, adult learners expect and need assessments for feedback, motivation, and evaluation purposes, and they need to be involved in these assessments (Caruth 2014:30). Self-evaluation is therefore more appropriate for adult students in that they get evidence for themselves about the progress they are making towards achieving their educational goals (Knowles 1980:49).

In this study participants were not involved in their assessments and they felt the assessments were unfair and tricky:

"Now I encounter the challenges? I think the matter...after all they teach about...so most of us that are RPLs we left school many years ago, then when we come here the method of teaching...I think they use OBE so especially when they ask the questions, some question...when we study...I'm talking about myself, when I'm studying I'm using the study guide, so I'm expecting the question from the study guide whereas they twist the questions, but they took the questions from the study guide but they twisted them" (I P 141105-0010).

Feedback at appropriate intervals and learning from feedback gives adult students a sense of achievement and personal growth (Malone 2014:13). It is important that adult students be praised for what they are doing right and are made aware of what they are doing wrong so that they are able to learn from their mistakes. This should be done at the right time.

"Sometimes we write too many tests in a short period and when we fail, we are scared to collect our test scripts from our lecturers" (PN 20141120).

*“Our tutors take time to do remediation on test that we have written and we wish they could do remediation as soon as the test scripts are handed out so that we can see our mistakes and make corrections”
(PN 20141116).*

Ong (2014:164) recommends that adult classes be conducted in curriculum assessments with deep learning methods such as flexible learning and problem-based learning. This will ensure that learners are actively involved in their learning process and take responsibility in achieving their own learning outcome.

3.3.2.3 Orientation programme

Nursing Education Institutions (NEI's) are responsible for ensuring that information about RPL is available and accessible to all interested parties. They should also provide adequate advice and support in terms of outcomes that can be challenged via an RPL system (SANC 2013:13).

a) Insufficient information given within a short period

Caruth (2014:30) is of the opinion that orientation programmes should be designed at convenient times and locations for older students. The following statements serve as evidence that participants did not view the orientation programme as beneficial, and as a result they were not effectively prepared for the course.

“I didn't get the opportunity to attend classes because I didn't know what was happening. I didn't know what RPL meant. We only came here and they told us you...if you want to challenge the exam you can write...these are the subjects, that was all, but they didn't explain to us what it actually means to challenge the exams. If I knew that I have to attend classes at times when I get the chance I could have attended classes. It was going to help. I could have come [sic] to the lecturers to consult, all those things. So we didn't know all those” (I P141106-0012).

“Myself I didn’t know this course is so too much. I think if they can have introduction, what are you expecting from them before they come with other, this new coming from school so that they can maybe at the workplace they can be together and then you show what you expect from them I think would be better because they...we don’t expect so too much of work. I thought I’ve been a nurse for thirteen years, I know everything. I didn’t know it’s so demanding. I thought I know GNS but when I came into this college my GNS was a little bit different that I was taught here” (I P141105-0008).

In contrast, NEI’s are expected to duly provide information to potential applicants via brochures, on websites and so forth (SANC 2013:15). RPL students should be equipped with all the necessary information to make informed choices regarding the outcomes they would like to challenge. They should also know what to expect in the academic studies they wish to embark on.

Ong (2014:164) argues that adult students’ involvement in the learning process should be of sufficient duration and intensity to ensure positive learning outcomes and excellent knowledge acquisition. Knowles (1980:48) concurs that adult students expect to be involved in the process of planning their own learning. This will ensure that they take ownership of their own learning. Participants stated being unsure of what was expected of them:

“Yes, the study guide. So on my side, because I didn’t...not familiar...I was not familiar with the tertiary level things, I took that bundle and just put it away but I continued to study, not knowing that I have to follow the bundle. So only to find out when I write exam it was difficult for me and then the work was too much and then I didn’t know...all...I have to study the whole book. So that’s why I didn’t manage to pass my RPL exam until I started the following year” (I P 141106-0013).

Phipps et al (2013:22) propose that pre-training and pre-instructional practices to aid in preparation for learning should be investigated as these may provide necessary information and set the proper tone for effective teaching and successful learning. A

few participants stated that based on their experience, they recommend a special orientation programme for adult RPL students to ensure that they are well prepared for their studies. They said:

“Maybe upgrading for four months or six months and then get it from there, at least to prepare one to know what is expected because when you go straight to school it’s new things...things changes from time to time” (I P 141126-0021).

3.3.2.4 Language challenges

One of the SAQA (2012) critical cross-field outcomes related to the comprehensive diploma in nursing includes communicating effectively using language skills in the modes of oral/written persuasion. RPL students are therefore expected to be well conversant with the English language in terms of oral and written communication as it is the medium of instruction for nursing courses. Learning assumed to be in place includes being able to effectively communicate at NQF level 4 (SAQA 2012). For many RPL nursing students, English is an additional language and most of them speak other African languages at home and are expected to master the English language at school (Billings & Halstead 2012:19).

a) English proficiency

Most participants in this study verbalised having experienced difficulties in mastering the English language, and yet Sandberg and Anderson (2011:775) caution that for participants to accurately present and apply their prior learning in relation to the curriculum, their language proficiency needs to be well developed. The following was mentioned:

“Yes, because of sometimes you...the English part can be difficult because of you can interpret things wrongly in your own way, so the English also and you can see that English to RPLs, especially when you get to the ward, maybe the work as black people only, they don’t use English as often as when you get to the college, they only use

maybe their language because yes, they can see now, we are only blacks here then they get used to that. So, once you get to the English part that's where maybe you can find things difficult especially in communicating and especially in reading because of you can interpret things wrong, even in a test you can interpret a question in a wrong way because of English, not just because you don't know, maybe you studied it but you can't relate that question to what you know" (I P 141106-0017).

"we have attended the Bantu education so, in Bantu education their English and our English...though it is the same but it differ, the pronunciation...sometimes we will find it difficult to present in the classroom, because this young ones they will laughing [sic] at you, so we feel very slow...small. That is why some of us end up not continuing with the course, being ashamed to be laughed at" (I P 141105-0011).

This view is similar to that of Wu et al (2014:1134) who report in their study on the challenges of adults in learning English as a second language, that participants indicated adults often find it stressful when they are unable to express themselves clearly and correctly in a second language.

Huifang (2002 in Wu et al 2014:1134) elaborates that adults often feel embarrassed and ashamed of making mistakes, an experience shared by a participant who reported:

"Sometimes when you want to ask a question you feel like what if I say something wrong and they (other students) laugh at you, you end up not asking that question and its bad for you" (PN 20141120).

"My first day here at the college I go...I came from Tshwane District Hospital. When we finished I go there to the matron and say...told the matron that I am coming back because there they talk only English. I

can't understand. I can't even go forward to participate. When they say come and present I even hide" (I P 141105-0009).

"I experienced lots of challenges, and then as I'm an adult and I went to school by that time where we were doing Bantu education, for me English it was a challenge because they use a [sic] fluent English not just like us by that time. And then sometimes I find myself not understanding some of the content due to the English that they're using at the college and even the technologies that they use in the college, you may find that I was...I didn't understand firstly" (I P 141106-0015).

3.3.2.5 Limited or lack of Information Technology (IT) knowledge

The use of computerised information systems for nursing care plans, patient result management, discharge planning, duty rosters and a range of other activities has become a central focus in nursing practice as well as nursing education (Boore & Deeny 2012:176). Nursing is in the process of transforming and nursing students and practitioners are under pressure to master evidence-based practices, clinical decision support tools, and continually evolving electronic health records (Maxon 2015:11).

According to SAQA (2012), computer literacy at NQF level 3 is a prerequisite for one to be accepted to the four-year comprehensive nursing diploma. One of the SAQA critical cross-field outcomes includes using science and technology effectively and critically. Students therefore need the necessary Information Technology (IT) skills and competencies to ensure effective learning and function optimally.

The use of IT resources in nursing education has various advantages in that nursing education institutions are burdened with large numbers of students and the use of these resources (IT) can assist in the provision of high quality and consistent opportunities for learning (Boore & Deeny 2012:177).

Participants in this study realised the importance of IT skills but verbalised lacking this skill, which resulted in finding it difficult to handle certain aspects of their learning process. They felt disadvantaged when comparing themselves with the younger students who had mastered the IT skills and benefited from that.

“Mm, I think they’re coping better and then also their understanding and then also their using of the technology things, they are...they can Google everything fast and then unlike me, even if I do have the technology, so it takes me a long time. I’ll ask them, why...where must I go, what must I do? Sometimes I’m boring them but with them they can do...let me say, like the time we were doing the practical, the diagnosis of the diseases and then they will do that...the work using their phone and then it’s easier for them. Unlike me, I have to carry all the books all the time and then it’s time wasting but to them it’s easy” (I P 141106-0013).

“Yes, because most of them they are so exposed to technology, they go Google so many things they gather information from the internet meanwhile somebody who is an RPL, you find that that person cannot even use a computer. So, you’ll find that she or he does not have the knowledge the younger one have because of that one studied from the internet, the one only has just general knowledge. So, internet also helps to younger people, because they get more informed about everything, how to do things, methods of studying they Google them” (I P 141106-0017).

With the rapid expansion of electronic learning environments, the need to bridge the gap among the generations of learners is critical (Maxon 2015:11). RPLs as adult learners need to be supported on how to integrate technology into their learning experiences.

“It was difficult because with me I was not that computer literate I had to give my son to type for me, as I’m saying, with the RPLs we need to have at least training to do a computer course just to prepare us so

that when we are studying you know what to expect and we know what to do...we do not rely on other people to type things for us, you are able to do those things on your own” (I P 141126-0021).

Some participants valued the computer lessons offered at the college and felt these assisted them.

“Ja, regarding the computer literacy that we have been given by Ms Foley, it has helped me a lot because at the hospitals we didn’t use the computers and we have never been trained for the computer literacy, so...but at least for now, I was typing my assessment...my assignments with my own laptop, though I was just picking them up one by one, but I can now type, so I’m happy about that, it has helped a lot” (141105-0011).

The use of these IT resources through e-learning has obvious potential to make adult learning more effective, efficient and pervasive in that it provides greater flexibility regarding methods of learning, pace, time, space, and content (Dinevski & Radovan 2013:64).

3.3.2.6 Value of supportive learning structures

Many students, particularly adult students, present with personal as well as social problems during their training. They therefore need to be assisted in facing challenging situations and at the same time, strive to successfully complete their studies. All Gauteng nursing institutions have supportive structures such as counselling departments, which play a major role in providing support and encouragement for these students. Lecturers, college administration and the employer can all provide support for students.

a) Lecturers

Research has shown that adult learners of any age can learn and succeed in their pursuits if they are afforded the opportunity, assistance and support they need

(Falasca 2011:587). Consistent with earlier research, Knowles (1980:47) highlights that adults should be made to feel accepted, respected and supported; a spirit of mutuality between teachers and students as joint enquirers should exist.

Caruth (2014:27) considers the provision of a supportive environment critical for learning success and encouragement of adult learners, arguing that an environment that lacks support or offers negative responses impedes learning. This is supported by Malone (2014:12), who recommends that educators should create a learning environment that is supportive, collaborative and non-threatening, rather than competitive.

Most participants in this study acknowledged that they were supported by their lecturers and believe that this contributed towards their academic progress:

“Support at the college that one I feel it’s good because of they are always around, the lecturers are always around, the students whenever you do the group work, they’re always around especially if you stay around in the same place. Whenever you have a problem you can go to somebody who are...you work together to solve problems so the support at the college is very, very, very, nice, it’s good”. (I P 141106-0017).

“And the other thing that helped me a lot is through consultation, I was following our lecturers now and then consulting, I remember the other one for CNS, I said to her that ma’am, even in Tswana we can discuss, and she did so that is why I’m here ma’am” (I P no 141106-0015).

“Okay, what I’ve experienced in this college for us, the RPLs, there is a lot of support. The lecturers here are very, very supporting [sic] us they are not harsh at us, they even go to such extent that they explain each and every details that we struggle with. As for me, I was struggling with a lot of the things, but most of the lecturers who have time to can [sic] explain for me so that I can understand well, that is

why I'm to the forth level it's because of the support that I got from this college, from all the lecturers, from first level until to the forth level lecturers" (I P 141105-0011).

"It was for [sic] good the lecturers was so busy with...they will go out for you and they will make sure that you understand and she will never leave you so confused, never. Always they were there for us...they were there supporting us and motivating us and encouraging us so, it was good from the lecturer's side" (I P 141106-0015).

Educators are advised to remember that the majority of adult learners encounter at least one educational barrier in their lifetime, therefore providing an inviting environment will help offset the challenges of educational barriers (Caruth 2014:27).

The following quote supports the above statement:

"To encourage...encouragement from our lecturers and they must understand us because we are old. We've got so much responsibilities. So when we came to them and consult about the other things that they taught they must understand that we don't understand. They must explain to us." (I P 141105-0009).

Topala (2014:232), in her study on adult students' satisfaction, reported that adult learners who were satisfied with the relational and educational climate created by the educator were found to be interested and enthusiastic about learning. Therefore, this emphasises the role played by supportive educators in enhancing the learning experience of adult learners. Caruth (2014:27) confirms that in order for learning to be effective, the focus should be on the adult learner gaining self-confidence, and a confident adult learner will subsequently be motivated to continue learning. Educators should thus employ strategies that will build the self-confidence and self-esteem of adult learners (Malone 2014:12). This was suggested in the following quote:

"it does, support it really plays a major role as well, even from our lecturers we need to have that support system, we need to be reassured from time to time but if there are problems it is difficult for one to cope". (P N 20141120).

Conversely, some participants described situations where they felt unsupported and judged:

"Encouragement, you should encourage us, not to let us down, if you can't...let me say maybe you have a difficulty with something, when you go to the lecturer and say ma'am, I'm having this difficulty with this subject some lecturers judge you and belittle you" (N P 141202).

"Here at the college there is but it's very minimal because the lecturers sometimes they would say come and consult or in class sometimes and you can't consult because school starts at 07h00 to 16h00, by then everyone has to go home" (I P 141105-0012).

Participants felt that as adult learners, they were often not respected and this impacted on their interpersonal relationships:

"One other thing is respect, they [Lecturers] did not respect us. They treated us as we are nothing" (I P no 141202-0022).

Kasworm (2008:32) also highlighted the importance of faculty respect and differentiated responsiveness to adult learners in ensuring that their intellectual as well as their emotional worlds of learning is connected. Once positive interpersonal relationships are maintained, mutual trust is developed, leading to adult learners feeling free to present their uncertainties to their educators.

b) Administration

College administrators should ensure that services and programmes consider the needs of diverse students. This should include assigning advisors who are familiar

with the needs of older students, to RPL students (Caruth 2014:30). Kasworm (2008:29) confirms that structures and programmes offering special instructional environments, support services as well as adult friendly cultures, are effective in providing support for adult students. Conversely, these study participants had negative experiences with the college administration and felt they were not supported.

“Ja, the regulation...this thing of you are given...we are giving you chance once...you get one chance only I think it is unfair. And the bridging they get chance and chance and chance” (141122-0019 and 141122-0020).

“And some of them...let us say you do not challenge them, you do not pass you go in next year still they fail. Hence, I am saying it’s only a few, it is one out of ten that would make it, not everyone and considering the age as well...age...and with the government...normally they do not give us studies at a very tender age, they will wait for you when you are 45 or 50 it is then that they give you study leave” (PN 141126-0021).

Kasworm (2010:156) also described negative experiences reported by her study participants, who regarded their institutional structures and functions, including policies and personnel, as being problematic in that they suggested that the institution was a youth-exclusive institution. Some of this study’s participants also had the same experiences:

“They do not treat us as others...as people who are having families. When they say we can meet you, they do not give us chance separately, they give us a chance like those younger students. I, for one, I think they should have given us chance because we are employees of the government, they must not terminate us...give us one chance like those little” (141122-0019 and 141122-0020).

c) Employer

Singh (2011:814) reports in his study that participants described being motivated by the fact that they had their employer's support for their studies. In this study most participants reported a lack of support from their managers and from the people they reported to:

"At the workplace, there is no support at all there is no support because they are just waiting for us to come back and laugh at us" (I P 141105-0010).

"At work I believe they all wanted to see if you can do it, so they don't give you support instead they discourage you. The matron gives you pressure and say "I have given you a study leave if you come back without the certificate know that you have wasted someone's time and that is unfair" (I P 141106-0017).

Many RPL students were faced with life challenges including personal and family issues. Student support services should provide support and help these students to successfully complete their programmes (Boore & Deeny 2012:265). Participants reported:

"They don't, they just give you the course, they say go and then you'll see to finish, they don't give support" (I P 141122-0019 and 141122-0020).

"No, they don't once they've given you study leave you are on your own; you have to study and come back with what you went out for" (I P 141126-0021).

"I saw it that it was difficult, I even go to the management to the office there and ask them whether is it...whether will it be possible that I can squeeze and be on the bridging course and leave this one, because

you see they say we can't do that, it is not possible" (141122-0019 and 141122-0020).

"No support, because of [sic] at work I believe they all...they wanted to see if you can do it so they don't give you support instead they discourage you, then the matron give you pressure, you know what I gave you a study leave, if you come back without the certificate know that you have wasted somebody's time because of...maybe if I have sent somebody, somebody would've come with the certificate so to me it was a stress" (I P no 141106-0017).

RPL students suggested the following:

"So the government officials must be able to go to the hospitals and evaluate these people who's got potential to go for training before they can go for RPL, these people must be evaluated, their age must also come so that the people cannot be spared for a long time" (I P 141121-0018).

"Because actually RPL students they are the ones who are supposed to pass because they've been exposed to nursing, compared to these ones that are only fresh in the school. I would like to government actually not to spare people for a long time, because people are spared for a long time when they are going to go for pension maybe Because these people may just be left with only four or five years before they can go for pension, so sometimes they don't have motivation, it's obvious when I come back I will go for pension. And there are still younger brains who are trapped inside. So, the system of selecting people must be re-visited so that...especially in Hospital A, because when I see the people in the courses, many of them, Hospital A you'll find there are three or four, the rest of people, RPL are from [INDISTINCT] so other hospital they are pushing, at Steve Biko, when the person comes here he is old already" (I P 141121-0018).

Outcome studies give evidence of the fact that access to counselling can be a key factor in enabling a student to complete a course of study (Boore & Deeny 2012:265). Employers should provide support for RPL students as their employees and ensure that counselling services are available when needed.

d) Colleagues

The use of gatherings as a support strategy for students to openly discuss issues and concerns in a supportive non-academic environment has been reported to be beneficial (Stokes & Flowers in Billings & Halstead 2012:301). Boore and Deeny (2012:267) suggest that peer groups can be helpful in providing emotional support for students as well as to assist them with group study arrangements.

“Yes, we did have the study groups and they helped a lot especially in that second year, yes, because of most of them they were people who had the very same problem that I had with the midwifery part. It helped a lot and then you realise that so many questions are answered in a study group settings before you can take the matter to the lecturers” (I P 141106-0017).

This is supported by Boore and Deeny (2012:270), who propose that students benefit more from peer group support as members of the group go through the same experiences during training and it is easier to discuss their fears, disappointments and achievements with their own colleagues who will understand it better.

“Yes, the support was enough for me, like my seniors they will always call me, how is the course and everything like when the results are out they will call me, is it going fine others they gave me their books. Even my colleagues they were happy because some of my colleagues anyway, they went for bridging course, and others went for staff nurse” (I P 141106-0016).

“Being in the same group as RPLs really made me feel better because we shared the same problems. Just seeing other RPLs succeeding meant a lot to me, it really motivated me and I felt that I can do it also”(N P 20141204).

The presence of fellow adult students was viewed as an important psychological support system by some adult students (Kasworm 2010:156).

3.3.3 Clinical facility experiences

Clinical facilities provide opportunities for student nurses to interact with patients and families with the intention to acquire cognitive, psychomotor, as well as affective skills (Billings & Halstead 2012:311). Bruce, Klopper and Mellish (2011:253) maintain that clinical placements enable students to integrate theoretical knowledge and practical skills which equips them with the art and science of nursing practice. For traditional and non-traditional RPL students, a supportive and conducive environment should be created to ensure effective learning.

Nursing literature assumes that belonging is important for a positive clinical placement experience (Levett-Jones, Lathlean, Higgins & McMillan 2009:317). The types of relationships that RPL students had with the clinical staff, impacted on their sense of belonging.

Participants in this study expressed a diverse range of sentiments regarding their experiences at various clinical facilities. A participant described how the supportive relationship she had with clinical staff enhanced her confidence and improved her self-directed learning.

“I have never had any problem with the practical facilities they were all nice and willing to can teach me because I didn’t come there, and I was not judging, even though I got there they tell me, you’ll meet with sister [INDISTINCT] and she is like this and this. No, when I come there, I just came out now I’m old enough so there is nobody who is going to look after me, I can do my job...for you it is just to

assist me and supervise me as my superior, then I just go to work regularly, never be absent, participate whenever necessary, when I see [VERNACULAR] that side, there is a shortage I just go and [INDISTINCT] then they are very...everybody...everything, they are very happy with you, yes they are very, very happy with you, even the hospitals, I didn't even have a problem" (I P 141105-0015).

Some participants experienced clinical facilities as unsupportive, discouraging and threatening environments, which leads to a lack of confidence and failure to achieve learning objectives.

"No, another thing at hospitals, the people which we met with them, they have a lot of attitude If they saw the student, they're relaxed they don't want to work, and if we talk they say no I'm going to call the college, it makes us to lose hope. They don't teach us, they don't assist us" (I P no 141105-0010).

"And another thing that threatens them, some of the sisters in that side in the employer's side, they've got some sort of relationship with the tutors on this side, so they are always informed about these people's performance, then when they come back, you have just stressed yourself, why did you apply in the first place, in your age, you see these kinds of remarks are demotivating" (I P 141121-0018).

"There is no support system at all, even if we don't understand some of the things you cannot go to them, some of the sister they say no I don't understand here...better go to you lectures [sic]. And then again, I realised that better to go to your lecturers and consult and get help" (I P 141105-0010).

The above statements clearly point out that most participants in this study had negative clinical experiences which adversely affected their learning encounters. Levett-Jones et al (2009:323) argue that clinical facilities providing environments that facilitate positive placement experiences, allow students to progress in their learning

with confidence and motivation, thus assisting students to experience a sense of belonging. This study's participants lacked the necessary support and ended up being demotivated and lacking confidence in striving to achieve their learning outcomes.

3.3.3.1 Clinical staff engagement and expectations

During clinical placement, both students and clinical staff have expectations of each other. Clinical staff expect students to be punctual, make an effort to integrate with the multidisciplinary team, and seek out learning experiences and opportunities (Gopee 2011:117). Most clinical facilities have orientation programmes which are used to direct students on what to expect. Students are also guided on how to perform certain duties according to their learning outcomes. Some participants reported having lacked this guidance due to their prior experience.

“Also in practical because in clinical immediately they know you are RPL or you are on study leave they regard you as you are working, you know what to do. So they don't expect you to be like those who are from home or matric. So you have to...they expect you to be a working force unlike be...them coming after you [INDISTINCT]”. (I P 141105-0012I).

“Ja, at the hospital, when they see you as an elder person, sometimes if they can find out that they're from work, they don't want to treat you like a student you are an RPL, no, they won't...they don't want...they're not willing to help you because they know that you...they think that you know everything and yet, as an RPL, the thing that you were doing at work, most of them, they were wrong and then, like at school now, we have to adapt to the things that you know but in a different way, in the correct way” (I P 141106-0013).

“That's how we feel...I feel like at work if...all the time I try to hide myself as if I'm...I don't know anything because if they find out that I'm

a staff nurse, the other staff nurse, they won't teach me anything" (I P 141106-0013).

Participants' experiences were shared by Koch, Everett, Phillips and Davidson (2014:20) who reports that older students felt there were higher expectations placed on them and if they had previous nursing experiences, they were used as resources in assisting their less experienced colleagues.

Levett-Jones et al (2009:321) point out that, while some students value being challenged, they sometimes feel overwhelmed by the degree of responsibility they are given. In this study, some participants felt overwhelmed by the duties delegated to them based on their RPL status.

"In other words, when they see that you are a Staff nurse they delegate duties that are above your scope forgetting that you are now a student and need supervision" (N P 20141203).

As stated above and supported by Koch et al (2014:20), it is common practice that students, particularly experienced adult students, are delegated responsibilities beyond their competence.

3.3.3.2 Negative attitudes

When RPL students were placed at various clinical facilities for practica experience, they expressed a diverse range of experiences. Most participants explained how clinical staff members expected them to do all the work without supervising them and threatened them when they objected. Attitudes towards learning that are considered unfavourable and threatening become objective in statements such as these:

"Sisters at clinical facilities are busy with their own things and don't have time for students. They just expect all the work to be done without supervising students. If you tell them to assist, they scare you and say when your tutors come we will tell them that you don't want to work" (N P 14112822).

“No, another thing at hospitals, the people which we met with them, they have a lot of attitude If they saw the student, they’re relaxed they don’t want to work, and if we talk they say no I’m going to call the college, it makes us to lose hope. They don’t teach us, they don’t assist us” (I P no 141105-0010).

This is consistent with Levette-Jones et al (2009:320) who reports how staff members’ negative attitudes diminished their study participants’ confidence and negatively affected their enthusiasm for learning. Some participants explained how some staff members pressurised them simply because they were granted study leave before their counterparts, who were employed before them.

“So, it was my challenge, one...two there was a pressure because according to the system that side the person who has to go for the course, according to a mentality of many people that person must be safe he must have served the hospital for a long period. So, there are those who claim they’ve been there for 20 years, now you just took this stress to us, so they created some sort of a turmoil situation, some said no, you won’t...he won’t make it” (I P no 141121-0018).

Such experiences made participants feel unaccepted and it negatively impacted on their sense of belonging, in which they were regarded as not fit to be in the group (Levette-Jones et al 2009:322). Participants had to work harder in striving to achieve their goals and prove the clinical staff members wrong.

Some participants were regarded by their colleagues as having negative attitudes, thinking that they knew better than their peers. This is in line with Knowles (1980: 50) who argues that adults have acquired a large number of fixed habits and patterns of thought and, therefore, tend to be less open-minded. They have confidence in their prior experience which sometimes negatively affects their learning experience.

“Some of them they even have this attitude of saying, no, even though we are very young, you are very old, we have the experience we have done all these things. So they don’t like to be told what to do, most of them. That’s the attitude they have and it’s not helping them at all” (I P 141105-0012).

“And then the RPLs they must know when they are here they are not already sisters, they must strive to study hard to reach their goal that’s all, that’s how they achieve, but if you came here [VERNACULAR] when now you have come here, then complete with the mental thing that you are old enough, then you’ll do what you want now [INDISTINCT] you know nothing, you are a student, be a student, act like a student [INDISTINCT] like a student, exactly” (I P 141105-0011).

“Ja, poor working performance, not attending well because we, the adults, sometimes we think we know better [VERNACULAR]. They place you at Mamelodi, you go today tomorrow you don’t go and then you go for signature you...so you are used for funny things then the college doesn’t take it, you just” (I P no 141105-0011).

“No, I can say ma’am, it depends about the student again, we are different some students they came here having an attitude because we are adults, you can find that when I look at Ms Mothokoa I have attitude towards her so that then...other students they suffer a lot because we differ ma’am. You can try to help us as RPLs but some when they came here they...I’m talking about my experience, the husband rich ones, you cannot tell me anything because I am from a rich family, you understand? They took their personal life to school” (I P 141105-0010).

3.3.3.3 Lack of support from clinical staff

Students experience various challenges and traumatic situations during clinical placement and mentors, being the people most in contact with them, play a crucial

role in supporting students (Boore & Deeny 2012:269). Nursing staff at clinical facilities often display reluctance to support student nurses during their clinical placement, complaining that they are short-staffed and overburdened with the patient workload, leading to burnout and stress (Levett-Jones et al. 2009:322). They feel that the responsibility to teach and support students add to these challenges. For adult students to develop professionally, supportive relationships are necessary as they come to learning encounters with a lot of burdens. Courtney-Pratt, FitzGerald, Ford, Marsden and Marlon (2011:1386) maintain that staff-student relationships are important influences on placement experiences and are perceived by students as having made a difference on how confident they felt in seeking advice and getting help.

A participant reported having had positive experiences with clinical mentors, saying:

“Clinical facilities, they need you as an RPL they’re respectful. Don’t...for example, maybe people are being nursing assistants and being the [INDISTINCT] nurse, then coming there with your four stripes thinking you are already a sister, then dodging, not attending...just do your work, those people are very nice they will even teach you more. I have never had any problem with the practical facilities they were all nice and willing to can teach me” (I P 141105-0011).

Levett-Jones et al. (208:323) confirm that positive staff relationships are crucial for students to feel accepted, included and valued. Contradictory, in this study some participant stated the following:

“There is no support system at all, even if we don’t understand some of the things you cannot go to them, some of the sister they say no I don’t understand here...better go to you lectures [sic]” (I P 141105-0010).

“Some of the ward sisters did not help us with our procedures saying that they are busy with patient care. They expected us to do the ward

duties even though they did not teach us. We even got help from nursing assistants and staff nurses” (N P 1411260021).

This is supported by Gopee (2011:116) who points out that in the past, various research studies revealed weakness of practice settings as learning environments and argues that clinical facilities must embody an ethos that nurtures and supports learning and not deter it.

Courtney-Pratt et al. (2011:1386) suggested that clinical facilitators can be instrumental in providing support to students in the presence of heavy loads and time constraints that might impact on the ward sister's ability to teach students. The presence of clinical facilitators who will mainly focus on the students, can provide a democratic, participatory and collaborative environment for RPLs who are adult learners (Knowles1980:48). This will enable them to be actively involved in determining how and what they will learn as the clinical facilitator will mainly be responsible for facilitating their learning.

3.3.3.4 Lack of appropriate practical exposure

This study's participants who previously worked as auxiliary and enrolled nurses verbalised lacking appropriate practical exposure. This might be due to the fact that in their earlier posts they did not see the need to learn about duties associated with professional nursing. This is supported by Knowles (1980:44), proposing that people are motivated to learn something when they experience a need to learn it in order to cope more satisfyingly with real-life tasks or problems. Participants, therefore, did not see the relevancy to learn some of their practical skills.

“I was a staff nurse, there are many things that we need to know like I knew to give the medications, but I did not know the indications and all those things about the medications and then I've realised that four year course it's more knowledge to us than doing auxiliary and staff nurse” (I P 141106-0016).

“Ma’am, if you come here things are different, when you look your experience for assistant nurse, it is so little. It just help when we’re doing what practical...practical for first years those vital signs and urine testing, it was easy there, but it ended there, when you go to second year, things changed” (I P 141106-0015).

Gopee (2011:69) suggests the use of Ausubel’s theory of assimilation, which refers to activating the relevant knowledge that the student already has so as to assimilate new knowledge. This could be useful for RPL adult students as they come with substantial knowledge to their learning encounters. In assisting RPL adult students to be competent in their practical skills, mentors can build self-directed learning into practice placement programmes for students by allocating time for further relevant clinical experiences (Gopee 2011:74). In this way, adult students can take control of their own practical learning.

3.3.3.5 Theory-practical gap

Adult students’ ability to translate the knowledge learned at college setting into practice at clinical facilities is shaped by personal, social as well as environmental factors (Newton, Billett, Jolly & Ockerby 2009:319). These factors involve both clinical and theoretical settings and directly have an impact on the richness of the learning experiences. As previously stated, adults have accumulated life experiences and come to learning encounters with experience and knowledge from diverse areas (Knowles 1980:44). Despite having accumulated experience, this study’s participants found the transition from theory to practice problematic as the experiences they had gained over years of practice was found to be inappropriate and insufficient. Comments such as these confirm the above statement:

“Sometimes these people from RPL, they will know lots of things practically and then when you come this side we become...we meet strange terms, so people must be able to study, not focussing only on the books” (I P 141121-0018).

“What we learned here was different from what we learnt in hospitals because procedures were done in detail here. Lecturers went into details step by step, in the hospitals we just do short cuts so we don’t know the right things. Most of the procedures seem new” (N P 20141121).

“Now personally I believe in hospital settings they do shortcuts, when you come to the college they teach you procedures from scratch and then those procedures they become challenging because of [sic] it’s something new to you” (I P 1411).

“Ma’am, if you come here thing are different, when you look your experience for assistant nurse, it is so little. It just help when we’re doing what practical...practical for first years those vital signs and urine testing, it was easy there, but it ended there, when you go to second year, things change” (I P 141106-0015).

It appears that the level of theoretical and practical knowledge that this study’s participants acquired in their previous training, did not adequately equip them with the necessary knowledge required for the comprehensive programme. Hatlevic (2011:876) draws attention to the students’ acquired reflective skills that are connected to both acquired practical skills and theoretical knowledge and act as a mediator between the students’ acquired practical skills and theoretical knowledge. Good experience without good reflection and vice versa are likely to result in ineffective learning (Boore & Deeny 2012:125). In preventing the theory-practical gap students need to have a balance between experience and reflection.

3.3.3.6 Clinical placement

The purpose of clinical placement is to provide an environment where students interact with patients and families for purposes of acquiring cognitive skills that facilitate clinical decision-making as well as psychomotor and affective skills (Stokes & Kost in Billings & Halstead 2012:311). Students are accompanied by health care

facility staff members who are skilled and experienced professionals. They get an opportunity to apply their theory into practice in real situations.

a) Travelling long distances to clinical facilities

Being on placement generated additional costs for some participants who experienced it as adding to their challenges. The following quotes demonstrate this sense of being overburdened:

“Mm, a lot. And also the fact that when I’m working at the clinic I have a place of where I’m staying. It’s closer to work. So now I have to travel to all these hospitals and we have children as well. So the responsibilities become too much. For me it was too much because I was having...my daughter was still very young so I had to manage looking after her and then there’s [INDISTINCT] and then I come back from work very late. So it becomes a lot” (I P 141105-0012).

“And also the placements, the placements sometimes, as an adult, having children to look after, a house to look after, everything, for instance me coming from Brits, near [INDISTINCT] then being placed at Mamelodi, so travelling for me it’s a lot because I have got to travel from Mamelodi to Brits every day. I can’t even study when I get home” (I P 141105-0011).

Koch et al (2014:22) also confirm that clinical placements place financial strain on some students as they are placed far from their place of residence and therefore have to incur travel expenses.

A participant suggested that in addressing their financial challenges relating to their long travelling distances, it would be preferable if they could be placed closer to their place of residence.

“The placements, they must place you according to your staying [sic] [INDISTINCT] so that you can travel less because being at the college as an adults these student [sic] they are making noise, you can’t even start you’re just forced to study. So if we, the RPLs, can be placed nearer to our stay [sic] or especially...let me say most of the time we are spending at our hospitals where we come from, like those who come from Jubilee, they can be placed in Jubilee and clinics like that except psych, because it’s only Weskoppies. So, I think...and forth level it’s not so difficult as these other levels” (I P 141105-0011).

Participants expect that Nursing Education Institutions will facilitate placements that meet their multiple commitments to family and work, while benefiting from quality practical learning exposure (Maidment & Crisp 2011:44). Meeting this expectation will not always be possible as there are only limited accredited clinical facilities with a large number of students.

3.3.4 Experience of outcomes

Participants expressed differing emotions when receiving their study outcomes. Those who were successful had positive emotions compared to those who were unsuccessful.

3.3.4.1 Success outcomes

Participants who were interested and enthusiastic about learning at higher levels of intensity also found satisfaction in aspects regarding their learning performance results (Topala 2014:232). These students were grateful and excited about their success outcomes and stated:

“That is why I say I need and I want to say thanks God because looking back we came here being eleven, but for now we are only four, which means God is...was on my side, and I still want to thank this college” (I P 141105-0011).

“Yes, you know, ma’am, now I’m a professional nurse because I passed yesterday, I will encourage whoever to come and study here at HD Lawrence [SP]...HD Lawrence [SP]...the other college that is very strict and it sharpens your life, it make [sic] you somebody who is very, very different, I’m very different now I’m well-disciplined I’m everything I am a professional someone now, I can feel it” (141106-0015).

Ong (2014:164) is of the opinion that students who succeed in their academic undertakings are those that apply motivational, cognitive and deep learning strategies towards their lifelong learning over time. Sitzman and Ely (2011:421) also confirm that those who succeed in their academic studies, are persons with high self-efficacy, who set higher goals for themselves and exert more effort persisting in stressful situations. These students possess high levels of mastery goal orientation and strive to achieve their goals through displaying high levels of commitment as well as motivation.

They were also aware that success is accompanied by responsibility, stating:

“Now that you’ll be under supervising, you’ll be supervising yourself, then it highlights lots of things lots of responsibilities, role model, punctuality, accountability” (141121-0018).

3.3.4.2 Experiencing mixed feelings: Happiness and guilt

One participant experienced mixed feelings in that she felt guilty about having neglected her children, despite having succeeded in her academic endeavour.

“Ja it was tough, yesterday after I found the results I really cried, I cried and my kids were saying mommy why are you crying? I said I’m not sure if I’m happy or what, but think of the past what I went through” (I P 141106-0016).

Parents feel guilty about being unavailable for their children when they needed them, especially if their children are younger than thirteen years (Terrell 1990 cited in Fairchild 2003:12).

3.3.4.3 Failed outcomes

Lee, Choi and Kim (2013:334) report that students with external locus of control and insufficient metacognitive self-regulation skills are more likely to drop out of courses due to poor performance. When these students are not awarded a pass they feel disappointed or emotionally distraught, and should be referred appropriately for support (Gopee 2011:225). Participants who failed and were terminated expressed the following emotions:

“It was the worst nightmare that one, I thought it was the end of the world. I didn’t know how to face the outside world, the people...what was frustrating is coming back where you are working, you have to face people and they have to ask you what happened and you don’t know how to answer them, what really happened you failed, it’s like I just went there to play, I wasted two years. I mean I could have done something better, but it’s one of those things” (141126-0021).

This view was supported by my field notes where I described the sadness and bitterness verbalised by some participants who had their training terminated for various reasons. These participants were disappointed and saddened by this experience.

“Some people when they fail they do not try and trying is the best because you do not know what might come up, because with me maybe it was denial, even after I was terminated, after first year, I think I did apply but knowing that they won’t take me...they will not grant me another study leave...but I kept on applying. I said, ultimately, my time will come and it did, I kept on” (I P 141126-0021).

“Yes, we felt bad because we were a group, we were studying together. It felt bad, and then we just told ourselves that we will do the bridging and then...but that one we do wish to do it, but the hospitals where we are they are the one who take control of those things because study leave was given by them...you do not just do things on your own, you are waiting for them to say you can go or not, even if you [VERNACULAR] you want to get the chance again this time but they will tell me but you already get your chance, give other chance” (I P 141122-0019 and 141122-0020).

“It was stressful, unhappy because we were aiming high” (I P no 141202-0022).

Not all participants who were unsuccessful experienced dejection, as some still had the will and courage to continue with their studies.

“I just tell myself that there’s no one who’ll close the door for me while they prosper and go on with their studies while I feel that I am not good enough, I feel that I am also good, nothing’s gonna stop me” (141126-0021).

“I went back to the hospital to work for a year to pay for the study leave that I was granted and I never lost hope, I kept on applying and fortunately 2014 I was accepted” (141126-0021).

Boore and Deeny (2012:221) caution that failing students have considerable implications on education institutions in terms of time and cost of support needed and a range of support services provided by these institutions.

3.3.4.4 Issues of blaming

Some participants who were interviewed were terminated due to reasons such as poor academic performance and not adhering to college and programme regulations. They blamed their failure on the negative relationships they had with their lecturers

who they believed were uncaring and threatening. Henson (2010:108), in her study on students' academic successes and failures, pointed out that some participants viewed teachers' attitude as having an impact on their academic performance. They believed that when teachers have a bad or negative attitude, students were not willing to put more effort on their work. Consistent with her research, this study's participants also reported the following:

"It was something else concerning the files. There were two lecturers at Steve Biko, one of the lecturers took my register and then the other one came and said I must bring the register, so I told her they already took it, we quarrelled there and then, I do not know what was happening, she is threatening me you're not gonna repeat that level" (I P 141202-0022).

Another participant believed her circumstances at the time contributed to her failure:

"I was not sure...yes, because I was on leave I thought I was going to be phoned and reminded, unfortunately nobody did that" (I P no 141126-0021).

"Yes, I was not aware of the day and the date because I was on leave, so when I pleaded no one was on my side, they decided to terminate me" (I P no 141126-0021).

Individuals with external locus of control attribute the outcomes of their actions to fate and other external circumstances and believe that their actions are beyond their personal control (Lee, Choi & Kim 2013:330). This was portrayed by some of this study's participant as they blamed other circumstances on their academic failure. This is in contrast with Henson (2010:107), who reported that some students believed they had to take ownership and responsibility for their academic success and failures based on the amount of effort they exerted on their studies.

3.3.4.5 Pleading for assistance

Students seek assistance, with the belief that engaging in help-seeking behaviour is likely to have a favourable effect on their future academic success (Banner 2010:224). RPL students who were terminated pleaded for assistance as they believed that something had to be done in rectifying their situations. Despite failure, they felt that they were still capable of furthering their studies if given other opportunities.

“No, I just want to ask if perhaps is there anything that they can do for the...especially those who are willing to continue to be a registered nurse...is there anything they can do for us to can...especially even those who pass and those who were given the staff nurse course [VERNACULAR] those who were assistant nurse but they reached the staff nurse course because” (I P 141122-0019 and 141122-0020).

“I think in the near future, like I said before if you have incidents you should consider you know the age look into the matter intensely check the profile of the students and you take it from there, that’s how they should operate” (I P no 141126-0021).

“I tried I pleaded with them trying to show them but they made up their minds already, I could not change them” (I P no 141126-0021).

Banner (2010:224) highlights that when individuals are faced with a real dilemma, seeking help may be necessary for improving their chances of success in the future, resulting in improved self-worth, but at the same time it may risk loss of self-esteem from having tried and failed again.

3.4 SUMMARY

In Chapter 3 the nursing candidates’ experiences of RPL at a nursing education institution in Gauteng was outlined. The key findings of the study related to the students facing certain realities as adult learners which caused them distress. They

also mentioned the theoretical learning experience which added additional layers of burden. The clinical environment was equally perceived as demanding. They experienced the outcomes of their study as either positive or negative and made a call for assistance and further support. These findings are the departure point for describing recommendations for nurse educators to assist RPL students toward timely and successful completion of their nursing programme in Chapter 4. In Chapter 4 the focus will also be on the general conclusion of the study, recommendations, suggestions for further research, as well as the limitations of the study.

CHAPTER 4

RECOMMENDATIONS, LIMITATIONS AND CONCLUSION OF THE STUDY

4.1 INTRODUCTION

RPL is one of the interventions instituted by SAQA to promote access to learning and development and redress past imbalances (SANC 2009:1). Gauteng Nursing Education Institutions also use the RPL process to create access for students who do not qualify for admission under regular admission policies. Despite the above-mentioned intervention by SAQA, the failure rate has remained high amongst the nursing RPL candidates.

In the previous chapter I discussed findings that emerged from the analysed data related to nursing candidates' experience of RPL at a Nursing Education Institution. Themes, categories and codes that emerged were discussed and complimented with literature control. The purpose of this chapter is to determine whether the research aim, as stated in Chapter 1, has been achieved. The chapter bears conclusions regarding nursing candidates' experiences of RPL at a Nursing Education Institution, which answers the first objective in Chapter 1. The summary, general conclusion of the study, recommendations (objective 2), suggestions for further research, as well as the limitations of the study are also presented in this chapter.

4.2 SUMMARY OF THE STUDY

4.2.1 Research objectives

This study was undertaken with the objective of exploring and describing the experiences of RPL nursing candidates related to a four-year comprehensive nursing training programme at a Nursing Education Institution in Gauteng. This was done in order to describe recommendations to be made for stakeholders involved in education and training of students to assist RPL students toward timely and successful completion of a nursing programme.

4.2.2 Research questions

To achieve the aim of the research, the following research questions were asked within a qualitative framework.

1. What are the experiences of RPL nursing candidates related to a four-year comprehensive nursing training programme at a Nursing Education Institution in Gauteng?
2. What recommendations can be made for stakeholders involved in education and training of students to assist RPL students toward timely and successful completion of a nursing programme?

4.2.3 Research methodology

The study was conducted within a qualitative design following an exploratory descriptive qualitative approach. Nursing candidates' experiences of RPL at a Nursing Education Institution were explored and described with the intention of coming up with recommendations for nurse educators to assist RPL students toward timely and successful completion of a nursing programme.

The researcher used a purposive sampling technique in selecting participants. The sample consisted of thirteen participants who were all RPL nursing students awarded credits for one or more subjects between 2011 and 2013 and who were at their second, third and fourth level of training. Data were obtained through thirteen face-to-face individual interviews with RPL candidates and with those participants whose studies had been terminated. Participants' personal documents in which written descriptions of their experiences were recorded, as well as the researcher's reflective and field notes were also used to collect data.

Ethical issues were taken into consideration and measures of ensuring trustworthiness were adhered to. All data (that includes interviews transcripts, field and reflective notes) were analysed using the descriptive analysis technique by

Tesch (in Creswell, 2014:198). Four themes emerged from the analysed data and they are discussed in the following section.

4.3 SUMMARY OF RESEARCH FINDINGS

This section contains the summary of the research findings that led to answering the research questions which articulated into the following:

4.3.1 The realities faced by the RPL student as an adult learner

RPL nursing students in the study revealed the realities they faced as adult learners. They reported coming to the nursing training programme with experience and knowledge in diverse areas, however they verbalised being unable to link new learning to their prior knowledge and experience. They came to the course with certain expectations but were faced with challenges related to coping with the academic demands of the nursing course. As adult learners, they also reported being determined and self-driven. They were motivated to engage in learning and worked hard to achieve their personal goals.

Participants in this study also reported their closest relationships with their spouses, children and family, as well as their secondary relationships with friends and peers, as a source of strain. These relationships at times had a negative impact on their studies. They also felt they were at times forced to compete with the younger students who, according to them, had better opportunities. Some participants reported having had the opportunity to effectively utilise coping mechanisms in stressful situations but a few students had difficulty with these and this led to physical and emotional stress. Participants also reported experiencing financial constraints which led to family problems.

4.3.2 Theoretical learning experience

Participants reported struggling with the academic demands of the course as they found it to be too overburdening. They felt that the work was too much and that the time allocated for different content was insufficient for them as adult students. Some

found the course and assessments to be extremely difficult and they were terminated for poor academic performance. They stated that the method of teaching used now is not the same as what they were exposed to previously and this led to poor performance.

The orientation programme at the beginning of the course was also reported to be of less value as it did not properly equip them for their studies. They felt that the duration allocated for the orientation programme was insufficient and as a result they did not get enough information necessary to prepare them for the course. Some suggested that this should be done in the form of an upgrading course, lasting four to six months prior to starting with their nursing course.

English as a medium of instruction and an additional language was found to be difficult by the majority of participants as most of them spoke other African languages at home. They also lacked IT skills as compared to their younger peers who had mastered the skill. The lack of IT skills resulted in participants finding it difficult to handle certain aspects of their learning process, such as searching for information on the internet and typing assignments.

Most participants experienced a supportive learning environment with regards to their lecturers and a few clinical mentors. They verbalised the need for their lecturers to understand that they are adults with many responsibilities and therefore need to be supported. Some colleagues were viewed as a source of support, especially in the form of study groups. Most students benefited from engaging in support groups. On the other hand, they felt that their employers and course administrators did not provide them with the necessary support they required as adult students in a predominantly young nursing college population.

4.3.3 Clinical facility experiences

Participants generally lacked staff role models and mentors in the wards. They found some clinical staff members were not supportive and not compassionate toward them. As enrolled nurses and enrolled nursing assistants, they were expected to be competent despite being students who needed guidance. They were also subjected

to clinical staff's negative attitudes and threats. As previously stated, some participants were regarded by their colleagues as having negative attitudes thinking that they knew better, which is in line with Knowles (1980:50) who argues that adults have acquired a large number of fixed habits and patterns of thought and therefore tend to be less open-minded. They have confidence in their prior experience which sometimes negatively affects their learning experience.

RPL students verbalised lacking appropriate practical exposure which might be related to the fact that in their previous posts, they lacked interest in learning those duties that are associated with professional nursing and just focussed on what they had to do at the time. This is supported by Knowles (1980:44) proposing that people are motivated to learn something when they experience a need to learn it in order to cope more satisfyingly with real-life tasks or problems. Participants therefore did not see the relevancy to learn some of their practical skills.

Despite having accumulated experience, this study's participants also found the transition from theory to practice problematic as the experiences they had gained over years of practice was found as inappropriate and insufficient. A gap between their theory-practice experiences existed. Participants viewed being on placement as generating additional costs for them and experienced it as adding to their challenges in that they had to travel long distances.

4.3.4 Experiences of outcomes

Participants expressed differing emotions when receiving their study outcomes. Those who were successful had positive emotions as compared to the ones who were unsuccessful. Those who were unsuccessful blamed their lecturers for the negative outcomes. Some pleaded for assistance with the belief that something would be done to rectify their situations.

4.4 RECOMMENDATIONS

Research has shown that adult learners of any age can learn and succeed in their pursuits if they are afforded the opportunity, assistance and support they need

(Falasca 2011:587). The more we know about adult learners, the barriers they face and how these barriers interfere with learning, the better we can structure learning experiences that engage all learners and stimulate both personal growth and reflection (Falasca 2011:589).

Figure 4.1 illustrates factors that will contribute towards assisting RPL nursing candidates to complete their nursing course timeously and successfully. These include stakeholders involved in ensuring that the students succeed, the processes involved in their success, as well as the environmental factors conducive to their learning. This study recommendations are aligned to the factors illustrated in Figure 4.1 (page 95).

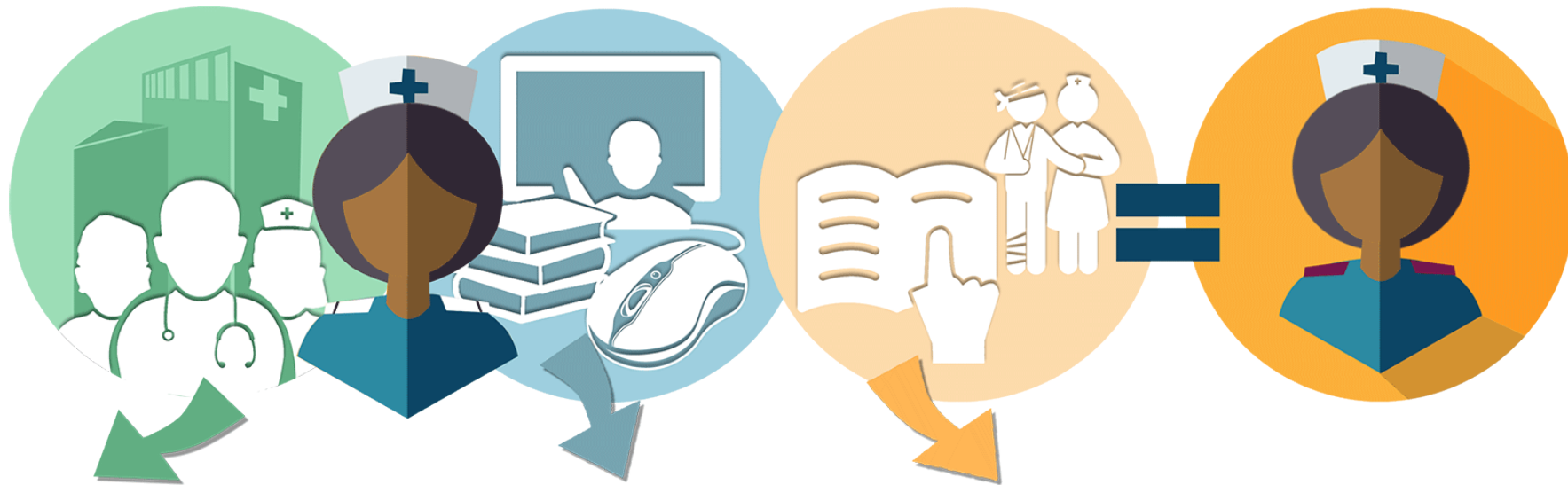
Based on the thematic findings of the study and literature the researcher proposed the following recommendations for the stakeholders involved in the education and training of RPL nursing candidates and the academic processes thereof. Recommendations of this research are made to assist RPL nursing candidates as adult learners to improve their theoretical as well as practical learning experience and assist them to complete their nursing course successfully and timeously.

4.4.1 Recommendations made for stakeholders involved in the education and training of nursing RPL students

4.4.1.1 Recommendations for nurse educators

- Since adult learners see themselves as self-directed and independent, they prefer to be responsible and take control of their own learning (Malone 2014:12). It is therefore recommended that RPL nursing candidates should be given opportunities to participate in all aspects of their learning, from planning and directing the learning process, to incorporating their past experiences (Caruth 2014:270). They should be provided with opportunities to search for information on their own rather than being spoon-fed. A mutual relationship should exist between nurse educators and RPL nursing candidates in which they function as joint enquirers to achieve learning outcomes.

- Nurse educators should attempt to find ways to instil confidence in the RPL nursing candidates before and during learning activities; they should strive to boost their perceived self-efficacy to motivate them to effectively engage in their learning process (Phipps et al 2013:23).
- Since RPL nursing candidates as adults have accumulated experience, it is recommended that nurse educators utilise teaching strategies that stimulate the use of their experience, such as group discussion, role playing, seminars, demonstration and so forth. These will actively involve students in their own knowledge construction and help in linking new knowledge to prior existing knowledge.
- RPL nursing candidates can be utilised for peer group teaching in areas that they have enough experience in. This will boost their self-esteem and assist them to feel that their previous experience is valued. Caruth (2014:30) suggests the establishments of mentoring relationships in which RPL adult students are encouraged to act as mentors or role models for traditional younger students for the mutual benefit of both students.
- When planning academic activities such as lesson plans, nurse educators should take adult learning principles into consideration and apply them particularly when deciding on teaching strategies. They should focus on assessing the RPL nursing candidates individual learning styles, motivation, relative past experiences, level of engagement, and willingness to apply learning (Russell 2006:352).
- In addressing the theory-practice gap, nurse educators must accompany students in real clinical settings so as to encourage professional nurses to perform their clinical skills techniques correctly. This will also give them an opportunity to observe the equipment that is in current use at clinical facilities.



The stakeholders who are responsible for ensuring that this outcome is achieved are:	The processes that are involved in achieving this outcome are	This student should operate within a supportive learning environment within the following:
The student herself	The orientation programme	Theoretical component and clinical practice component (with all the supportive learning structures)
The nurse educators	The curriculum	
The clinical staff at the hospitals and clinics	The official language of instruction (English)	
The employer	IT skills	
The course administrators		

FIGURE 4.1: Factors that will assist RPL nursing candidates to complete their nursing course timeously and successfully

4.4.1.2 Recommendations for clinical staff to enhance student learning in the clinical environment

- The researcher suggests that the National Strategic Plan for nurse education and training and practice 2012/2013-2016/2017 should be adopted and implemented by all Nursing Education Institutions and clinical facilities. A designated clinical teaching unit or clinical teaching department must be established at each clinical facility which will be responsible for clinical training of students (Department of health Republic of South Africa 2013:89). The implementation of this strategic plan will address the RPLs negative experiences related to their clinical practice exposure such as negative attitudes and lack of support from clinical staff and theory-practice gap.
- There should be a strong collaboration between Nursing Education Institutions and clinical staff/mentors. Regular meetings should be held in which clinical learning outcomes and other issues related to student clinical accompaniment are discussed. Concerns raised by students, such as negative attitudes of clinical staff and lack of interest in teaching students, should be addressed at these forums. This can result in Nursing Education Institutions and clinical staff members working as a collective in improving quality in nursing education and training.
- Clinical staff should be encouraged to realise that their teaching function includes teaching and supervision of students; this should be done with the aim of improving quality nursing care within clinical areas (Mabuda, Potgieter & Alberts 2008:25).
- Professional nurses at clinical facilities should be knowledgeable and act as positive role models for all students, including RPL candidates. This will enhance professional attitudes and behaviour amongst students. They should provide continuous support and develop positive working relationships with students, including encouraging them and giving them constructive feedback.
- Professional nurses at clinical facilities who are interested in clinical teaching can be allocated as clinical preceptors to facilitate clinical teaching and learning for all students (Mabuda et al 2008:25). These professional nurses can collaborate with nurse educators regarding the students' learning outcomes according to the clinical area.

- Participants expect that Nursing Education Institutions will facilitate placements that meet their multiple commitments to family and work, while benefiting from quality piratical learning exposure (Maidment & Crisp 2011:44). Meeting this expectation will not always be possible as there are only limited accredited clinical facilities with a large number of students. Where possible the researcher recommends that RPL candidates should be placed closest to their place of residence in order for them to maintain the balance between their studies and their family commitments.

4.4.1.3 Recommendations for the RPL student to learn effectively

- For RPL nursing candidates to positively benefit from their learning encounters, they should portray the following characteristics within both the theoretical and clinical areas: they should be keen, enthusiastic and motivated to learn, should always be punctual for duty, communicate effectively and be open to feedback and constructive comments, should reflect on experiences, and effectively utilise learning opportunities (Gopee 2011:117).
- RPL nursing candidates should accept responsibility for identifying their learning needs, pace their learning and monitor their own progress towards achieving their goals. They should actively participate in their own learning experiences (Candela in Billings & Halstead 2012:222). This will meet their need for independence and self-directedness.
- RPL candidates should coordinate their family relationships and manage their time properly for both learning and work-related issues (Wu, Wu & Le 2014:1135). These should be integrated to prevent them from clashing with one another, thereby increasing their stress levels resulting in poor academic performance. These students should also be encouraged to involve their family members in their study activities, to get the necessary support and motivation during their studies.
- Struggling students should be encouraged to develop action plans stipulating specific steps they will take to improve their performance (Hansen & Beaver 2012:249). Commitment to these action plans should be re-enforced by nurse educators who should also support the students.

4.4.1.4 Recommendations for administrators within Nursing Education Institutions

- Phipps et al (2013:22) propose that pre-training and pre-instructional practices to aid in preparation for learning should be investigated as these may provide necessary information and set the proper tone for effective teaching and successful learning. The researcher therefore recommends a special bridging or upgrading course/programme for adult RPL students prior to commencing with their courses to ensure that they are well prepared for their studies and know what to expect.
- Orientation programmes should be designed at convenient times considering the time constraints and locations for RPL nursing candidates. This will ensure that all students are able attend and not miss out on any information.
- Adult students should be assigned advisors who are familiar with the needs and challenges of adult students (Caruth 2014:30). These advisors should be available and accessible to them, to clarify any misunderstanding related to the RPL process.
- All Nursing Education Institutions should adhere to the RPL process as entailed in the SANC guide for implementation: pre-entry/pre-application phase, advisory phase, facilitation phase, assessment phase, moderation phase and feedback phase (SANC 2013:13). Ensuring that all RPL candidates undergo these phases will address some of the negative experiences raised by the study participants.

4.4.1.5 Recommendations for the employer

- The maximum age for admission of RPL candidates into further nursing courses should be looked into and this should be specified in the selection criteria. There should be a policy document issued by the Department of Health regulating the age of candidates who would be considered for RPL.
- Granting of study leave by employers to RPL candidates away from their place of employment should be considered at an earlier stage of their careers.

- RPL nursing candidates as adult students should be given opportunities to partake in less demanding courses such as the bridging course, depending on their mental capabilities. This will enhance their confidence as they will be able to direct their own learning.

4.4.2 Recommendations to improve the nursing RPL nursing candidate's academic processes (theoretical learning experience)

For these students to successfully complete their training, nurse educators need to have a better understanding of the crucial role that the instructor and the instructional environment play in supporting adult learner achievement (O'Neill & Thomson 2013:162).

4.4.2.1 Recommendations related to curriculum matters

- RPL candidates as adult students are intrinsically motivated by their desire to learn and the relevance of the course material to their needs and prospects of achieving their goals (Malone 2014:11). It is therefore recommended that to motivate these students, the curriculum should be relevant and well structured. The learning outcomes thereof should be expressed in behavioural terms so that RPL candidates know how they will benefit from learning. Motivational strategies should also be integrated into the learning process to enhance the learning experience.
- Nurse educators should design curriculum that incorporates deep learning strategies and conduct deep learning assessment methods such as problem-based learning which emphasise the understanding of real-life problems. These deep learning strategies will engage students in their own learning construction thus stimulating critical and creative thinking (Eison 2010:1).
- Knowles (1980:53) cautions that adults tend to have a perspective of immediacy of application towards most of their learning and their orientation toward learning shifts from subject-centeredness to performance-centeredness. This, therefore, implies that curriculum organisation for RPL adult learners should be problem-centred instead of subject-centred.

- The degree of learning content difficulty should be high enough to challenge RPL nursing candidates, but not so high that they become frustrated by information overload (Falasca 2011:588). At the same time it should be noted that adult students need to be sufficiently motivated so that their intent to learn would be at the necessary level that drives them to invest time and exert effort to ensure learning (Phipps et al 2013:21).
- Credits allocated to content should be based on the depth of the content and match the periods allocated. This will ensure that students are given enough time to internalise new content, thereby being assisted to achieve their learning outcomes. It should be ensured that adult students' involvement in the learning process is of sufficient duration and intensity to ensure positive learning outcomes and excellent knowledge acquisition (Ong 2014:165).
- Nurse educators should vary teaching strategies such as multiple intelligence strategies, to accommodate the variety of students in class. This will ensure that even the non-traditional student is able to also achieve expected learning outcomes. Teaching strategies should accommodate the different comprehension rates of students (Phipps et al 2013:22).

4.4.2.2 Recommendations for the orientation programme

- Clear written guidelines should be provided for nursing RPL candidates to follow and this should be in line with SANC RPL guidelines for Nursing Education Institutions. It should include a comprehensive RPL process which involves the pre-entry/pre-application phase, advisory phase and facilitation phase (SANC 2013:13).
- The orientation programme should commence early enough to enable the RPL candidates to acquaint themselves to all academic issues before starting with their training. Pre-instructional practices should be effective to aid in the preparation for learning, provide necessary information and set a proper tone for effective teaching and successful learning (Phipps et al 2013:22).
- Course administrators should ensure that when designing orientation programmes, RPL nursing candidates as adult students are accommodated. They should ensure that orientation programmes are carried out at convenient times and locations to ensure that these students attend and get all the

necessary information (Caruth 2014:30). The times and locations thereof should be communicated in advance and it should be ensured that such information reaches all students concerned.

4.4.2.3 Recommendations to address language challenges (official language of instruction)

- English language enrichment courses and communication skills should continue to form part of the curriculum in order to enhance the language and comprehension skills of these students (Nxumalo 2011:292). For RPL candidates, if possible these courses should not only end in the first level of training but should be extended to other levels of training.
- RPL candidates should be encouraged to participate in mixed study groups that meet regularly. These groups should be as small as possible and consist of stronger students who are fluent English speakers (Hensen & Beaver 2012:246). They should also be encouraged to immerse themselves in English language by speaking the language at all times during their interactions with group members.
- RPL nursing candidates who are frequently hesitant to speak in public should be gradually introduced to making oral contributions in class. Brown (2009 in Hensen & Beaver 2012:247) suggests using the pair-share technique in which two students sitting next to each other exchange information until they are more comfortable to contribute in small groups and eventually move on to class presentations.
- Nurse educators should ensure that test results are reviewed during remediation periods as this can identify failure related to language problems (Hensen & Beaver 2012:248). RPL candidates with language problems should be identified early and referred to language support programmes such as English enrichment programmes.
- During the setting of tests and examination papers, nurse educators should reduce linguistic complexity, for example using short, simple sentences, stating information directly, and using common words rather than less frequently used terms (Olson 2012:30).

4.4.2.4 Recommendations for IT skills

- With the rapid expansion of electronic learning environments, computer lessons should be offered throughout the RPLs nursing training to equip them with the necessary up-to-date IT skills.
- Every nurse, student, lecturer, researcher or practitioner must help create education and work environments that support the adoption and use of the latest technology (Maxon 2015:11). They should be equipped with the necessary knowledge of integrating technology into evidence-based practice during execution of nursing care.
- E-learning should be introduced in all nursing training programmes as the traditional classroom setup is no longer conducive to learning; particularly adult learning. The use of these IT resources through e-learning has obvious potential to make adult learning more effective, efficient and pervasive in that it provides greater flexibility regarding methods of learning, pace, time, space, and content (Dinevski & Radovan 2013:64).

4.4.3 Recommendations to create a supportive learning environment in both theoretical and clinical learning components

For long-term success in nursing programmes, academic support services should be commenced as soon as candidates enrol in pre-nursing courses. Torregosa, Ynalvez, Schiffman and Morin (2015:8) suggest that high pre-nursing academic skills and interaction with academic networks have a collective influence on academic performance. If RPL students are exposed to these academic support services earlier, they tend to be more confident and do not hesitate to seek information to achieve their academic goals.

4.4.3.1 Theoretical component

- A supportive environment is critical for learning success of adult learners. Nurse educators should create a supportive environment for the RPL candidates in which opportunities for asking questions and making mistakes free from criticism and time constraints are provided (Caruth 2014:29). A

friendly, open atmosphere should be established in which these students feel accepted and participate in a meaningful educational experience.

- Nurse educators should attempt to enhance interest and enthusiasm in their students through creating a positive educational and relational climate for example, paying attention to their students' needs, providing feedback, giving support and showing respect to their students, particularly RPL students (Topala 2014:232).
- RPLs as adult learners students need a boost in their perceived self-efficacy to motivate them to exert more effort during their learning process. Nurse educators should therefore attempt to find ways to instil confidence in these students, both before and during learning activities (Phipps et al 2013:23).

4.4.3.2 Clinical practice component

- Since RPL adult students are self-directed and independent, clinical mentors should expose them to programmes that create opportunities for them to explore relevant further clinical experiences and stimulate them to consult relevant learning resources. A wide range of strategies can be implemented for this purpose, such as clinical scenarios, case studies, use of role play scenarios, drawing of nursing care plans and compiling portfolios.
- As soon as these RPL candidate's study leave has been approved, they should attend structured clinical upgrading courses to update them with the relevant, current and up-to-date skills. Staff development departments, together with the clinical departments and clinical lecturers, should be responsible to facilitate these courses.
- Clinical managers should organise in-service training for clinical staff, nurse educators, as well as students on interpersonal relationships and other topics aimed at improving relationships and creating a conducive working and learning environment in the facilities. Mabuda et al (2008:25) caution that poor relations between staff and students contribute to the creation of non-conducive learning environments, and should be prevented.

- Clinical nursing staff who are supportive and teach students at clinical facilities play a pivotal role in socialising students to the workforce and to their learning environment (Levett-Jones et al 2009:323).

4.5 IMPLICATIONS OF THE STUDY

This study will contribute towards both the improvement of the implementation of the RPL system in Nursing Education Institutions, and to the nursing education knowledge base. It may provide insights into these Nursing Education Institutions on the experiences of RPL candidates, which may assist them to better prepare, equip and support these candidates. This may lead to the improvement of academic performance of these students during their training, ensuring that they benefit from the RPL programme, successfully and timeously completing their nursing training programme.

4.6 LIMITATIONS OF THE STUDY

As with any research, there are limitations to the current study. This study was limited in that it mainly focussed on only one government Nursing Education Institution (NEI) in Gauteng which is a single setting. This may decrease the generalisability of the findings.

4.7 SUGGESTIONS FOR FURTHER STUDIES

In order to get a more balanced perspective of the experiences of RPL nursing candidates during their nursing training programme, a study needs to be conducted across all South African NEI's. Since the findings of a qualitative contextual research cannot be generalised to other situations, it is recommended that the same study be extended to other Nursing Education Institutions to assist these candidates toward timely and successful completion of a nursing course. RPL candidates doing other nursing programmes can also be included in the future study to compare findings from different nursing programmes. This will also improve the quality of nurse education in the country.

4.8 FINAL CONCLUSION

This study investigated the experiences of RPL nursing students during/ related to a four-year comprehensive nursing training programme. The recommendations made support possible ways that could assist these students to complete their nursing programme timeously and successfully (refer table 4.1). According to SANC (2013:4) students need to be supported in different contexts as they go through the RPL process. This support structure, amongst others, should include; the provision of RPL-related information, giving appropriate advice, coaching, effective administration services, integrated curriculum design, and a variety of formative and summative assessment practices (SANC 2013:4). This study therefore confirms that RPL nursing candidates as adult students are faced with multiple role demands, such as having to balance their educational, work, family, partners' and children's needs. In order for them to succeed with their studies, they have to make great sacrifices. They also face other challenges in terms of academic institutional barriers, which make it more difficult for them to cope with these demands. It is therefore of enormous importance that opportunities are created in supporting and assisting these students to complete their nursing training.

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ANNEXURE A

Approval from the Research and Ethics Committee, Department of Health studies



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

HS HDC/251/2013

Date: 20 November 2013 Student No: 3215-511-5
Project Title: A support programme to assist Recognition of Prior Learning (RPL) nursing candidates toward timely and successful completion of a nursing training programme.
Researcher: Nomathemba Bridgette Mothokoa
Degree: Masters in Public Health Code: MPCHS94
Supervisor: Prof J Maritz
Qualification: PhD
Joint Supervisor: -

Approved



Conditionally Approved



pp

Prof L Roets

CHAIRPERSON: HEALTH STUDIES HIGHER DEGREES COMMITTEE

For

Prof MM Moleki

ACADEMIC CHAIRPERSON: DEPARTMENT OF HEALTH STUDIES

PLEASE QUOTE THE PROJECT NUMBER IN ALL ENQUIRES



ANNEXURE B
Permission to conduct research

3215-511-5 Mothokoa site.doc

Ms NB Mothokoa

Telephone: 012 319 5717

Fax : 012-3195699

Reference No. : 1

To : Ms K Rakubu

Date : 14.October.2014

Subject: RE: **PERMISSION TO UNDERTAKE RESEARCH AT A NURSING
EDUCATION INSTITUTION IN GAUTENG.**

I hereby request permission to conduct a research study at the college as part of my Master's degree in Nursing Science at the University of South Africa.

The title of the study is: The experiences of Recognition of Prior Learning Nursing candidates related to a four-year comprehensive nursing training programme at a nursing education institution in Gauteng.

The study objectives are:

- Explore and describe the experiences of Recognition RPL nursing candidates related to a four-year comprehensive nursing training programme at a Nursing Education Institution in Gauteng.
- Propose recommendations for stakeholders involved in education and training of students to assist RPL nursing students toward timely and successful completion of a nursing programme

The study will employ a qualitative approach and involves face-to-face individual interviews which will be captured on a tape recorder. Participants will also be requested to provide personal documents in which written descriptions of their experiences will be recorded and the researcher will use field and reflective notes to document personal experiences, reflections and progress while in the field.

Data will mainly be collected from RPL candidates enrolled at the Nursing Education institution from 2011 to 2013 including those training was terminated due to poor academic performance. UNISA requires that the identity of the participants of this study be protected in terms of keeping their identity anonymous and information be kept confidential.

Upon completion of the study, I undertake to provide the college with a copy of the full research report and present the findings thereof to the Research Committee and all academic staff members. My anticipated start date will be October 2014. This study is not intended to impact on the college's resources. Ethical clearance has already been granted by the Gauteng Department of Health.

Should you require any further information, please do not hesitate to contact me on 082 774 8100 or 012 319 5717 email norma.mothokoa@gmail.com.

Thank you for your time and consideration in this matter.

Supervisor: Prof J Maritz
University of South Africa
Tel: 012429 6534
maritjie@unisa.ac.za

Yours sincerely
Ms Nomathemba Bridgette Mothokoa (Researcher)

Signature:

Master in Nursing Science student, University of South Africa.

Student number: 3215-511-5

3215-511-5 Mothokoa site.doc

Enquiries: Ms NB Mothokoa

Telephone: 012 319 5771

Fax : 012-3195699

Reference No. : 1

07 October 2013

Deputy Director

Nursing Education Department

Department of Health

Private Bag x 085

MARSHALLTOWN

2107

RE: Permission to conduct research at a Nursing Education Institution in Gauteng.

I hereby request permission to conduct a research study in one of the Gauteng nursing education institutions as part of my Master's degree in Nursing Science at the University of South Africa.

The title of the study is: The experiences of recognition of prior learning nursing candidates related to a four-year comprehensive nursing training programme at a nursing education institution in Gauteng

The study objectives are:

- Explore and describe the experiences of Recognition RPL nursing candidates related to a four-year comprehensive nursing training programme at a Nursing Education Institution in Gauteng.

- Propose recommendations for stakeholders involved in education and training of students to assist RPL nursing students toward timely and successful completion of a nursing programme

The research instrument and data collection:

The study will employ a qualitative approach and involves face-to-face individual interviews which will be captured on a tape recorder. Participants will also be requested to provide personal documents in which written descriptions of their experiences will be recorded and the researcher will use field and reflective notes to document personal experiences, reflections and progress while in the field.

Data will mainly be collected from RPL candidates enrolled at the nursing education institution from 2011 to 2013 including those that were terminated due to poor academic performance.

Ethical considerations:

The researcher will invite participants to voluntarily participate in the study. There should be no risks involved or discomfort to participants during interviews. Strict privacy and confidentiality will be maintained. Participants will be issued with a participation information leaflet in which the title and background of the study, purpose, procedure, benefits, risks, freedom to withdraw, voluntary participation, anonymity will be explained. Correct measures will be employed in ensuring that participants are protected.

Significance of the study:

The final findings of this study will contribute towards both the improvement of the implementation of the RPL system in Nursing Education Institutions and to the nursing education knowledge base.

Upon completion of the study, I undertake to provide the college with a copy of the full research report and present the findings thereof to the Research Committee and all academic staff members. My anticipated start date will be March 2014. I will provide the Department with a copy of the letter of ethics approval for your records.

I promise to ensure adherence to the highest standard of conducting and reporting research and to conduct the study with honesty, integrity and fairness.

I appreciate your time and attention to my research study and look forward to hearing from you.

Supervisor: Prof J Maritz

University of South Africa

Tel: 012429 6534

maritjie@unisa.ac.za

Yours sincerely

_____ (Signature)

Ms Nomathemba Bridgette Mothokoa (Researcher)

Master in Nursing Science student, University of South Africa.

Student number: 3215-511-5

Cell (082 774 8100) Email (norma.mothokoa@gmail.com)

ANNEXURE C

Approval from the Institution and Department of Health



GAUTENG PROVINCE

HEALTH
REPUBLIC OF SOUTH AFRICA

OUTCOME OF PROVINCIAL PROTOCOL REVIEW COMMITTEE (PPRC)

Researcher's Name (Principal investigator)	Nomathemba Bridgette Mothokoa
Organization / Institution	University of South Africa
Research Title	A support Programme to assist Recognition of Prior Learning (RPL) nursing candidates toward timely and successful completion of a nursing training Programme
Protocol number	P010414
Date submitted	17/03/2014
Date reviewed	05/30/2014
Outcome	APPROVED
Date resubmitted	N/A
Date of second review	N/A
Final outcome	N/A

It is a pleasure to inform that the Gauteng Health Department has approved your research on "A support programme to assist Recognition of Prior Learning (RPL) nursing candidates toward timely and successful completion of a nursing training programme

The Provincial Protocol Review Committee kindly requests that you to submit a report after completion of your study and present your findings to the Gauteng Health Department.

Approves / ~~not approves~~


Dr. N. Mazamisa
Chief Director: Hospital Services
Date

17/09/14



GAUTENG PROVINCE
Health
REPUBLIC OF SOUTH AFRICA

To : Ms NB Mothokoa

From : SG Lourens Research Committee


Date : 20.11.2015

Subject : Permission to conduct research

I hereby respond to your request to conduct research in this institution for you Masters degree study.
Permission is granted and you are advised to take note of the following:

- You will be required to collect data on your own
- You are requested to furnish us with results of your research at the end of your study

Thank you,



Mrs Rakubu



Date



ANNEXURE D

Interview transcripts

I Good afternoon, you are welcomed to this interview, like I've mentioned earlier on that you...this is just a voluntary participation you can still withdraw if you want to, is it still okay for you to continue?

P Yes, it's still okay.

I Thank you. And I mentioned...remember earlier the fact that the aim or the purpose this interview is for me to try and find out regarding your experiences as a student who is doing the four year course through the process of RPL, in anyway congratulations for passing the course.

P Thank you.

I So, what were your experiences during this, you did the course within –

P Four years.

I ...four years. What were your experiences within these four years, both negative and positive, as an RPL?

P Okay, I will start with the positive ones, I [vernacular] staff nurses...I was a staff nurse, there are many things that we need to know like I knew to give the medications, but I did not know the indications and all those things about the medications and then I've realised that four year course it's more knowledge to us than doing auxiliary and staff nurse. So, actually in these four years I've learnt a lot, and more importantly, I've started to love nursing more, because I've got experience and more knowledge.

I Okay, that's good.

P Yes, and then the negative ones it wasn't easy, me, as an individual when I started in 2011, unfortunately that was the year that my child was supposed to start grade R so, I have to help her with school work and all things like that. And then the other part I'm working 'till late and my husband is working 'till late so, that will be the other disadvantage. And then my son was also...my first born was his first year in tertiary, ja and then he started to...you know as a teenager, started to be out of order

and my mother was sick, I was staying with my mom, then I have to take care of my mom taking her to hospitals, in and out. And the other thing she passed away the same year so, 2011 when I start it was really hectic for me.

I Ja, it chaotic, that should've been very difficult for you.

P It was very, very, very difficult I went through many things. My son started not to go to school, I paid a lot of money and then so...but it was tough. Fortunately, I did RPL I challenged BNS, GNS, and [INDISTINCT] so, at least for first year these three was not my problem because I already achieved them. That was only few to achieve at the end of the year. And the other thing is studying, when you study and then you are married you have children it is sometimes...because you have to...especially with us blacks our husband they're not used to do the cleaning taking care of the kids, so it was difficult for me, then I had to find somebody to help me like a helper in the house, which needed money. And then as nurses we have money by doing overtime, so now I'm a student, I can't do overtime, so it was really tough. I remember telling my husband that we need to get somebody to help us in the house, and he said that is your own problem, you will see to finish with that person. And he was not happy with that person in the house, I had multiple helpers in the house they come and go because he was not...he didn't like it per se.

I Because he was not used to it.

P Ja, so he didn't like it, I had many helpers in the house.

I It must've been very difficult for you.

P Ja, it was tough and then the studying for me is not a problem, I like to study and I believe in working hard so, I know I'm a hard worker.

I That's good.

P But through stress, especially marital stress then from there me and my husband started to have some...ja you're always on the books, you are always not there, you are always at school, sometimes when I have to travel Ga-Rankuwa sometimes I use the bus then the busses are not reliable, I'll come home late and it will be like sometimes you come home late, you said it's the bus people are using the

busses but they come early, things like that. So, it made I can say like a challenge or an impact in my marriage.

I So the training –

P The training yes.

I Doing that, okay. So, how is it now?

P Ma'am, it's tough even now because my in-laws are like how can a wife go to school, she's a nurse what does she want –

I Because they don't understand.

P They don't understand that there are some other –

I The categories are not the same.

P Exactly, because she's a nurse she's working what does she want? She wants to get more money so she can play with you.

I So, what you are saying that you did not get support...family support from your family?

P The only person who's supporting me is my sister, she's the one that if I need to do some...maybe come to school for study with my group, I'll take my kids to her, she's the only one who was supportive. And my son, I've got a...my elder son is twenty four, he's turning twenty five, since he went to tertiary, he didn't even finish he started to drink, smoke sometimes I say maybe it's me because I was always on the books. And then even my little one is not coping well at school, she is totally not coping.

I Is it a girl or boy?

P It's a girl.

I Did you take...perhaps take him maybe to the psychologist?

P Yes.

I Ja, because that is very important.

P We are on the process of psychologist, sometimes I say maybe if I didn't go to school, maybe I took the chance because my son maybe needed me and I was busy with my own school work. My girl maybe needed me and I was...maybe if I didn't go to school.

I But do not blame yourself, because the very issue of you now having a profession was also to be able to help them with maybe having a higher qualification, perhaps getting more money, then you would be able to assist them better. Life has got its own challenges and you cannot blame yourself. You cannot really blame yourself...I know it's very difficult, it's really not easy for you but with time things will improve, at least now that you have completed, you would also be able to assist your youngest child, support them perhaps as you know time goes on then they will...you will definitely get some assistance. Just carry on with the psychologist I'm really sorry to hear about that. In your own opinion from the...you said you came from Steve Biko, did you get the support from them when you came to do the training as an RPL student?

P Yes, the support was enough for me, like my seniors they will always call me, how is the course and everything like when the results are out they will call me, is it going fine others they gave me their books. Even my colleagues they were happy because some of my colleagues anyway, they went for bridging course, and others went for staff nurse, those were the auxiliary nurses but the support at the college was very, very, very great.

I That's good.

P They were supportive.

I So, you feel that you managed to complete this course because of at least the support at work and they supported the college.

P Exactly, and my sister also.

I Your sister also.

P My sister was very supportive really.

I And how else did you manage to cope with this difficult course...you mention earlier on that it was very difficult...hectic so, how else did you try to cope better with this course?

P Firstly, it's praying I just gave everything to God. I said God, you didn't take me there just to disappoint me, I know you and then God you knew I wanted this for many years, I didn't want to be staff nurse, I wanted to be a sister from the beginning. Unfortunately, I had to make auxiliary and staff nurse, and those all other things, but...so you wanted me to do it and in this way so, I'm going to reach whatever I want. And the other thing I received the support from the lecturers like I went to...I was close with Ma'am Matlahole [SP], she helped me a lot with prayers, she said it will be fine because at last I went to her and say ma'am I'm leaving this marriage because always I'm telling [INDISTINCT] because we see people who are educated, who have money and...so you don't have to say anything whatever you say, she said okay, because now you're educated, because you work with people who are educated, so I really nearly divorce but she said no, think twice.

I For your children.

P Ja, for your children. And then you will be happy next time, don't just do it now because...because it was hard, especially during the exams it was...my husband was...all the exams from first year, it wasn't not easy...it was not easy. He'll always come with stories you've been on the books since when you are still on the books, I left you on the books, you are still on the books. Then I have to do everything in the house.

I Did you go for counselling at the counselling department during this process?

P No, Ma'am Matlahole [SP] advised me to go there, but I was thinking she was actually counselling me much better. She was giving me a lot of counselling.

I And support.

P And support, although she was saying go, but I say ma'am I feel safe and comfortable with you, when I come to talk to you every time and you pray with me, so ja.

I That's good.

P So, she was my pillar and also Ma'am Matlaji [SP] first level.

I She also supported you that's good?

P Ja, she supported me a lot.

I In your opinion, would you say that as an RPL student, you needed more support as compared to the new ones that came directly from school?

P Ja, you know when we have family support...because of with other RPLs or other elder students, although they're not RPLs but they were at least elder...when I listen to them talking about their support, although it was few, most of us had the same problems, we had the same problems, only few had the support. And the only thing that I've realised those who had support from family support like spouse and others, is the ones that their spouse, maybe they have knowledge.

I Are educated.

P Are educated, exactly, but others no, we had the same problem.

I They didn't support you at all.

P No, others they had...we had the same problem, those who are doing RPLs.

I It must've been tough for you guys. Okay, when you came here for the very first time what did you expect about this four year course, what were your expectations?

P I thought it is easy because I was a nurse. I thought I know everything it's just revision, only to find that it's not like that, totally it's a different story. So, then first year was not tough then I started to feel it when I'm doing second year when doing midwifery, when doing pharmacology, then I said wow [sic] then I started to see that...I thought it's just going to [INDISTINCT] four years and end of the story, but I'm happy I've learnt many thing, it was not easy but I've learnt a lot, especially with psychology. It's the other thing that helped me to understand my husband doing psychology that we are not the same and we don't do things the same, and that we don't value things the same.

I What do you think can be done...what do you think we should do perhaps now to assist the other students who are still going to do the four year course through the RPL process, how can we improve the whole situation?

P Yesterday I was thinking about it and say especially with my experience because we all want to go to school, that's what we...all the nurses in the hospitals they want...and clinics but we don't know the ups and downs in the colleges like family ups and downs, the work in the college is too much, that you end up not like neglecting your family somehow. So, if they can have an [sic] information

beforehand in the hospitals maybe like counselling, this is what you are going to go through, these are some things that you may meet like family challenge, children, at school this is the work, the work is too much. Don't think that you're a staff nurse it's going to be simple, it's not simple. It's going to be as you know as if you were not in the nursing field. So, I think if they can have maybe...or even if when they're in the college let me maybe be a day or two days that they will take the RPLs and give them the information but it was too much work. And those who are married you may go through these challenges because remember like they said there are others who even went up to divorce because the husband couldn't take it. And even then they can't take the pressure they get from their spouses so, they end up being divorced.

I Just because the wife was studying and did not perhaps have...give enough time to the family or to their husband?

P Yes, I remember at some stage early...somewhere this year, I said to my husband, you know what I will kill you, and I said, oh my God, because I found that this stress, ma'am, is too much...it's too much. I said to him, I will kill you and then from there I said no...no, but I had that thing I even called my friend have you ever had that feeling of killing somebody and she said why, I said I can't handle this man any longer I feel like just taking him away from me. And she said no my friend –

I It was too much for you.

P It was too much ma'am, it was too much. He will always complain, look at this glass, look at this, look at the house, look he will point, look at the children, he will point everything.

I Everything was wrong –

P Everything was wrong yes.

I ...according to his standards.

P Everything was...was nothing better in the house, everyone is just a mess.

I It's been very tough for you but I think you also need to see the psychologist regarding that, just for you to forgive yourself to feel better and start celebrating the fact that you know you have completed, you have achieved what you actually wanted to achieve all along but at the same time you still have now all these negative things as a result it will be difficult for you now to celebrate, but anyway we do

understand that it's tough...those are the things that I'm actually...I'm interested in to finding out what were your actual experience as RPL students. What things did you experience that you did not experience before you start doing the course, as soon as you started...then you started with the course then you started experiencing them.

P Ja it was tough, yesterday after I found the results I really cried, I cried and my kids were saying mommy why are you crying? I said I'm not sure if I'm happy or what, but think of the past what I went through.

I Life is not easy, there's a lot of challenges but amongst all those challenges, there is definitely something positive, like today you got your...you know are a professional nurse, like it or not.

P Exactly.

I So, apart...what advice then would you give to the other students...like you're going back to Steve Biko, there are other students who would like to challenge this RPL and do the four year course, what advice would you give to them?

P I would tell them, it's a good decision and it's a good thing to do a four year course because you become more knowledgeable, and then the other thing it's hard working [sic] you need to work hard. And then you need to have...before you even start, make sure you have few support people will support you, because if there's no one at all, you will end up crushing. So, you must just make sure before you start, with this one I'm definitely sure that this one is going to support me forever. Especially, those who doesn't have parents...like me, I don't have parents, so my sister was on my side.

I The one that was helping you.

P Ja, and then I will say if you are married, your husband loves you now and support you now but you won't be sure about the school. During four year's he can drop you anywhere so get somebody else for support, without support you won't make it.

I It's tough.

P You won't make it you need a support, really.

I And not only family support –

- P Not only family support.
- I ...and support from your workplace, support from the lecturers as well, it's crucial.
- P Ja, because I had support from...at work, my seniors and then also...even my colleagues, those who did bridging course because they finished before me anyway because it's two years, and then also at school I had support and then ja.
- I That's good. And also I heard you mentioning the fact that you feel that the students coming through the RPL process to do this...the nursing course, you feel that they do not have a [sic] sufficient information as to what to expect about this course. And if I am...my mind serves me well, at the beginning of the year you were given packs and some information regarding the RPL and the course, so do feel that that information is not enough?
- P The information it's enough but the thing is like...you mean when we are doing RPL?
- I Ja, in the beginning.
- P Because I challenged –
- I ...before you came.
- P I challenged it and they gave me a pack to study but the thing is I received the pack, it was during World Cup...it was June/July and then we are writing in September, so it was –
- I Too late.
- P And unfortunately I took all the subjects thinking I'm a nurse I will...it will be simple for me only to find...when I open them I find sociology, I find fundamental nursing science and say what is this? Then I decided no I'm not...I'm just going to do general nursing science that I did in auxiliary and staff nurse, and also BNS because I...anyway I liked BNS from school and then I did also OST. And with fundamental nursing science I didn't have a clue what is fundamental nursing science, so I said no, this one I am not going to write, but we didn't even have a study leave for it you have to do it at your own time, meantime working.
- I And it's not enough –
- P It's not enough.

I ...you won't be able to get enough time to attend.

P And you never even wrote even a single test you don't know how is the papers, how is the questions papers...the questions. So, but it is with the [INDISTINCT] that I did, I managed to pass the...in –

I Pass the first year. And then as you moved on now with the other levels you said that it actually become more difficult for you because everything was now brand new. Did perhaps have any study groups?

P Yes, from the first level I had a study group and even in second year...all through I was having the study group because I couldn't study alone, I can't. For me to be fine I need to talk and when you talk and then it goes in and it becomes simple for me.

I And your study group, did it consist perhaps mainly of RPL students or was it also mixed with the new students?

P In second year...in first year we mixed, second year we were only RPLs and unfortunately on that group it's only me who did it, and we were five so, the whole four, they failed and have to be expelled because they failed...they were repeating second year.

I They were terminated.

P Ja, they were terminated, all of them. And then in third year...okay it was mixed, I was with RPLs and with the other new ones and this year I didn't have any RPL.

I In your group.

P Ja, others they were new ones...they were all new from outside.

I So, from your view when you compare the RPL students and the new students what differences did you experience?

P I think the new students they grab quicker...they grab quicker and they understand easy and they have got a way of explaining things easy [sic] than the RPLs because in level two, as I said, we were all RPLs and then during the group I've realised that only few are giving but other they are just like not having a clue actually, but with the new ones you receive more information. I think RPLs we are

good in first year because in first year we were mixed, and in first year they were depending on me and most of them were new ones and were depending on me because of my –

I Of the experience?

P Of experiences, but because it was the things that we are doing in the wards but when second year, yes, a little bit, my third year, fourth year, I found that no, I actually need these people.

I Exactly.

P I actually need these people.

I That's good and at least you were fortunate to find the ones that were determined.

P Exactly, although they become deterred easily, they don't...they –

I They can't persevere or they are impatient.

P They are impatient let me put it that way, when they say something and you ask question and you questions, they say Matabane [SP], I want to finish now...I want to finish now.

I They felt maybe you guys you took long to understand –

P Exactly.

I ...because of the age, okay. Would you say that maybe the younger ones were better because of the language or what...why, is it maybe the education that you know we had with the older ones which was worse than the education that they younger ones had, why are they different from you guys?

P I think because of...with the education we had before, now education is much improved and then they've got knowledge of many things especially coming to internet and all those things, they've got all those clue [sic], like when you have to do group works and [INDISTINCT] typing and everything, they will just go, they will just flow.

I So, IT they are good with IT.

P They are very good...they are very good so, they have more information than us but the thing is the way the learning now or the schools now, it is now, they've got opportunity than [sic]...rather than us, we would just, ja.

I And what you are saying is that IT was also another challenge and these days, even with nursing, IT plays a major role it's very crucial.

P Exactly.

I If you don't have a clue then it becomes more difficult.

P Yes.

I So you felt that maybe the English proficiency and the computer literacy from first year was not enough?

P Was not enough ma'am. And when...in the class during the lessons you can see them, they are playing...they're playing, they'll be busy with the phones and everything and then you will be surprised when you write the test they get higher marks, and you see but what's happening with these kids. With us, we stay at the front, we are listening, but we end up having to go home and sit and study and study, so they understand easy and quicker.

I You told me that some of your colleagues did the bridging course so, if you...as a RPL student, which course would you say is better is it the four year course or the bridging course for the RPL students who haven't been to school for some time?

P I will say bridging course.

I Why?

P Because bridging course it's only a two year course, before you start to feel it I think it will be all done and then the other thing its...with four years ma'am, now for...to tell you the truth I'm not clear that I'm really skilled because everything was just too much for me. So, I think with bridging, you do bridging course, you do that general nursing science, you finish it, you get red epirates and then you go and midwifery only and you deal with midwifery and it stays in you, and you know it, and then after that you do psych, you do it...so for me I think we're doing many things at the same time, and for us it's...now for me it was too much really it was too much.

I You feel it's a disadvantage because now you are not that skilled because everything was just too much, you are now going to go back and learn the skill that you feel you missed during the training.

P Exactly.

I That's how you feel. Anyway, luckily you will be going back to the ward and at least you'll be working together with the other sisters and you will decide as to what speciality you would like to do, you know, so as to be able now to specialise in a specific field. And anyway I think you heard about the new qualifications but all the institutions will be visited and the stories about this new qualifications will be explained to everybody. The four year course is going to be phased out.

P That's three years.

I Ja, the three year course is coming back now...will be coming back. Okay, are there any questions maybe that you would like to ask or are there any questions that you feel I should've asked you or is there anything that you would like to add on the recommendations as well?

P What I'd like to know is ma'am I wish...as I said before, I wish other nurses like auxiliary and staff nurses...how will they know, because I came here knowing that I'm a nurse I will just go [INDISTINCT] but it is not like that, how will they know from the beginning that this is not a highway there are obstacles that they must be ready for those obstacles. So, I don't know how can we help them to know that coming here they must come having that, and that there are obstacles there.

I It's not going to be easy irrespective of the experience that they have they should know that there are other challenges that they might face so, you feel that we need to go back and inform them before starting with the course.

P With the course, yes.

I We need to give them sufficient information regarding this course, so that by the time they start with the course, at least they already know what to expect, that is what you are saying?

P Ja, exactly, maybe it will help.

I It will help them.

P And they will maybe take bridging course and...because when I think, it's not like –

I The four year course.

P ...my friends were doing bridging course, they were like really are you doctors, what is exactly...what are you doing as we are not doctors, we are nurses, but no this too much.

I Ja, but at least you are done.

P Ja, no we are done.

I Okay, thank you very much.

P Okay, thanks ma'am.

I And I hope that you enjoy your profession now as a professional nurse.

--- END OF AUDIO ---

ANNEXURE E

Informed Consent

3215-511-5 Mothokoa consent.doc (Information for study participants)

Title: The experiences of Recognition of Prior Learning Nursing candidates related to a four-year comprehensive nursing training programme at a nursing education institution in Gauteng.

Principal Investigator: Ms NB Mothokoa, Masters in Nursing Science student, University of South Africa, (3215-511-5)

Background and purpose of the study: The aim of RPL at the Gauteng Nursing Education Institutions is to create access for learners who do not qualify for admission under regular admission policies. There was however a concern from nurse educators as to whether this group would possess the necessary scholarly skills to cope academically with a nursing programme. As a nurse educator I observed that these students are often adult learners with many of responsibilities such as having to take care of their own families. Some of these students haven't engaged in studies over a very long period of time and their educational background may no longer be relevant to the education system used presently. Many are also not well conversant with technology.

- The purpose of this study is to explore Explore and describe the experiences of Recognition RPL nursing candidates related to a four-year comprehensive nursing training programme at a Nursing Education Institution in Gauteng.

Procedure: Data will be collected by means of face-to-face individual interviews with RPL candidates who applied and were awarded credits on one or more four (4) year nursing programme subjects between 2011 and 2013 are presently at their first, second, third or fourth level of training and those participants whose studies have been terminated due to poor academic performance. Open ended questions (Grand tour) will be used, so as to gain a deeper understanding and explore the RPL

candidates' experiences and challenges). Participants will also be requested to provide personal documents in which written descriptions of their experiences will be recorded and field and reflective notes will be used.

Benefits: Although as an individual you might not benefit directly from being interviewed, your participation might help me as the researcher to gain a deeper understanding of your experiences regarding RPL. The results of this study may lead to the description of guidelines for nurse educators' to assist RPL nursing candidates toward timely and successful completion of their courses.

Risks: There are no direct risks to you by taking part in this study .During the interview, questions will be asked about your experiences of RPL during your training. As your lecturer I am also going to be the researcher and this may be considered to be an indirect risk, however there will be no intimidation and victimisation whatsoever.

Should there be any minor discomforts, I shall attend to them if necessary refer you to counselling department. No remuneration will be paid for participating in this study.

Confidentiality: Every attempt will be made to maintain your confidentiality during and after the study. Your answers will be kept under strict confidence, except in cases where professional code of ethics or legislation requires reporting. Your name will not be recorded anywhere and no name will be mentioned in the research report nor during publication of the study results. As part of maintaining confidentiality, you will be identified by a number.

The information you provide will be kept for at least five years after the study is done. The information will be kept in a secure area (i.e., locked filing cabinet). Your name and any other identifying information will not be attached to the information you gave. The information gathered for this study may be looked at again in the future to help answer other study questions. If so, the ethics board will first review the study to ensure the information is used ethically.

The results of this study may be included as part of a thesis or published in a scientific journal. Your name will not be mentioned in any of these documents. No participant in this study will be identified by name in either a presentation or publication.

Voluntary participation and freedom to withdraw: Your voluntary participation into the study should be accompanied by a signed consent form. Although your signature will be on this form, it will be sealed in an envelope and placed in another box. In this way no one will be able to match any signed consent form with any specific completed interview schedule. For any queries and complaints regarding the study, the College research committee representative may be contacted.

Your Participation in this study depends on your own decision and you have the right to stop the interview at any time and you will not be penalised for withdrawal from or refusing to participate in the study in any way whatsoever.

You have the right to learn about the results of this study.

Should you have any question or problems feel free to contact **Ms NB Mothokoa at 082 774 8100 and alternative office number at work 012 319-5717 Monday to Thursday 07h00-16h00 and Friday 07h00-13h00 only or Prof J Maritz 012 429 6534.**

Signature of research participant	Printed name	Date
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I, _____, have discussed the above points with the participant. It is my belief that the participant understands the risk, benefits and obligations involved in participating in this study.

Signature of the Researcher	Printed name	Date
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3215-511-5 Mothokoa consent.doc

Title: The experiences of Recognition of Prior Learning Nursing candidates related to a four-year comprehensive nursing training programme at a nursing education institution in Gauteng

Principal investigator: Ms NB Mothokoa, Masters in Nursing Science student, University of South Africa, (3215-511-5)

I (Surname) ----- (First name) -----age (years) ---
on the ----- (day) of -----(Month) ----- (year) do consent to participate in the study; “A support programme to assist Recognition of Prior Learning (RPL) nursing candidates toward timely and successful completion of a nursing training programme “to be conducted by Ms Nomathemba Bridgette Mothokoa. I am aware that participation in this study is voluntary and that I have the right to stop the interview at my free will and I will not be penalised for withdrawal from or for refusing participation in the study in any way whatsoever. I can also refuse to answer any specific question. I will not be remunerated for being interviewed. I am aware that the study’s findings will be published as a research report but that no names will be mentioned in any publications.

The contents of the study have been explained to and discussed with me (including the information contained in this consent form). I have been allowed to ask questions and my questions were answered. I have been supplied with Ms Mothokoa’s personal contact details (082 774 8100/ 012 319 5717); in case I might wish to contact her. I have been re-assured that the signed consent form will be sealed in an envelope and placed in a box while the completed form, with my answers provided during the interview, will not contain any name and will be sealed in an envelope and placed in another box. This will ensure that no one will be able to link any completed form with any specific signed consent form.

Signature of research participant	Printed name	Date
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Signature of researcher	Printed name	Date
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I believe that the person signing this form understands what is involved in the study
and voluntarily agrees to participate.

Signature of witness	Printed name	Date
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