

**Faculty of Health Sciences  
School of Health Care Sciences  
Department (Nursing Science)**

**THE EXPERIENCES OF UNDERGRADUATE NURSING STUDENTS  
ON ACADEMIC SUPPORT PROVIDED BY THE PUBLIC NURSING  
COLLEGE DURING THE COVID-19 LOCKDOWN IN GAUTENG  
PROVINCE**

**RESEARCH DISSERTATION**

**for**

**M NURS**

**Student name:** Bridget Bale

**Student number:** 12350193

**Supervisor:** Dr Moselene AR du Plessis

**Co-supervisor:** Prof AE van der Wath

**Date:** October 2023

## DEDICATION

In loving memory of my mother, Rebecca Maligavhada Mamphwe, as much as you wanted to see me finish this degree; God's plans for your life were not our plans. I saw you depreciating every day I couldn't stop it. Rest in Perfect Peace.

This work is also dedicated to the following people who supported me throughout:

My husband Khathutshelo Solomon Bale for his love, support, understanding, and encouragement, you know I owe you my every progress. May the good Lord Bless you.

My kids, Rotenda, Fhulufhelo, and Unarine Bale. I ignored you on many occasions to ensure that this work is complete. Thank you very much for your support and understanding.

The Netshitenzhe family for being supportive throughout.

Mrs HL Moshidi and Mrs N Makwetu your encouragement couldn't go unrecognised.

## ACKNOWLEDGEMENT

All the praises to my God who made it possible through all odds, he granted me good health and life, and courage to push forward to the end even in difficult times, my God remained faithful.

I would like to sincerely thank the following:

- Gauteng College of Nursing: Ga-Rankuwa and SG Lourens Campuses management and staff for granting me an opportunity to further my studies, and to develop academically, and personally.
- My supervisor Dr M du Plessis, I know it was not an easy journey for both of us, developing that nurturing character made us understand each other until the end. May God bless and strengthen you.
- My co-supervisor: Prof AE van der Wath for her guidance and support. I am grateful for your continuous support.
- Mrs. JA Moagi, my colleague who played the role of my mentor, thank you very much for your selfless character.
- My occupational supervisors, Mr. SW Seabelo, Mrs. ML Maubane, and Mrs LP Luvhengo for continuous support and understanding.
- My colleagues and class companions, Ms. J Seshoka and Ms. SE Matabane for being selfless and always sharing information. Thank you very much.
- The Gauteng College of Nursing and the Department of Health for allowing me to collect data.
- To all the participants who contributed to this study

## **DECLARATION**

Faculty of Health Sciences

School of Health Care Sciences

Department (Nursing Science)

**THE EXPERIENCES OF UNDERGRADUATE NURSING STUDENTS ON ACADEMIC SUPPORT PROVIDED BY THE PUBLIC NURSING COLLEGE DURING THE COVID-19 LOCKDOWN IN GAUTENG PROVINCE.**

**RESEARCH DISSERTATION  
FOR  
M NURS**

**Student name:** Bridget Bale

**Student number:** 12350193

**Contact details:**

Address: 109 Kiepersol Avenue, Proclamation Hill

Cell: 0832583702

E-mail: [u12350193@tuks.co.za](mailto:u12350193@tuks.co.za) / [ndihone@yahoo.com](mailto:ndihone@yahoo.com)

**Supervisor:** DR. M du Plessis

**Co-supervisor:** PROF AE van der Wath

**Date:** January 2024

## ABSTRACT

### THE EXPERIENCES OF UNDERGRADUATE NURSING STUDENTS ON ACADEMIC SUPPORT PROVIDED BY THE PUBLIC NURSING COLLEGE DURING THE COVID-19 LOCKDOWN IN GAUTENG PROVINCE.

**Introduction:** During the first phase of the COVID-19 lockdown (lockdown level 5), all public nursing colleges in Gauteng were forced to comply with COVID-19 lockdown regulations, as with all other higher education institutions, the college shut down, and the academic program was put on hold. As a result, the training period for the student nurses was affected. Once COVID-19 lockdown regulations were adjusted to level 4, lecturers were expected to establish alternate ways of delivering teaching and learning processes other than through contact classes as people movement was still prohibited and the college had to continue to comply with social distancing rules. At that point in time the public nursing college in Gauteng was not ready or prepared to deliver teaching and learning through any other platform other than face-to-face classroom teaching.

**Objectives:** The study explored and described the experiences of undergraduate students with the academic support provided in a public nursing college in Gauteng Province during the COVID-19 lockdown.

**Method:** The qualitative descriptive phenomenological method was used to explore the rich and deeper meaning of participants' experiences with academic support offered by the public college in Gauteng Province. Purposive sampling was used and consisted of fourteen participants. The unstructured individual interviews were conducted across four campuses of public nursing college in Gauteng Province. The researcher followed the Colaizzi process of data analysis.

**Findings:** The following themes emerged from conducted individual interviews with undergraduate students in a public nursing college in Gauteng Province. Experiences in supportive communication, experiences in the availability of learning resources, experiences of psycho-social support, and experiences of support to ensure continuity of learning. The study findings were supported by literature during the discussion.

**Conclusion:** The study concluded that students had different experiences concerning academic support during COVID-19. The lack of provision of effective academic support during the COVID-19 lockdown to students contributed to participants' frustrations and the extension of the study programme.

**Keywords:** Academic support, COVID-19, Experience, Learning. Lockdown, Public college, Teaching, Undergraduate nursing students,

# TABLE OF CONTENTS

DEDICATION .....	II
ACKNOWLEDGEMENT .....	III
DECLARATION .....	IV
ABSTRACT .....	V
TABLE OF CONTENTS .....	VII
LIST OF TABLES .....	X
<b>CHAPTER 1 - ORIENTATION OF THE STUDY .....</b>	<b>1</b>
1.1. INTRODUCTION AND BACKGROUND .....	1
1.2. PROBLEM STATEMENT .....	3
1.3. RESEARCH QUESTION .....	4
1.4. OBJECTIVES OF THE STUDY .....	4
1.5. SIGNIFICANCE OF THE STUDY.....	4
1.5.1. <i>Nursing education</i> .....	4
1.5.2. <i>Research</i> .....	4
1.5.3. <i>Nursing practice</i> .....	4
1.6. DEFINITION OF CONCEPTS .....	5
1.6.1. <i>COVID-19</i> .....	5
1.6.2. <i>Lockdown</i> .....	5
1.6.3. <i>Undergraduates nursing students</i> .....	5
1.6.4. <i>Teaching</i> .....	5
1.6.5. <i>Learning</i> .....	5
1.6.6. <i>Experience</i> .....	6
1.6.7. <i>Public college</i> .....	6
1.6.8. <i>Academic support</i> .....	6
1.7. PHILOSOPHICAL ASSUMPTIONS .....	6
1.7.1. <i>Axiology</i> .....	7
1.7.2. <i>Ontology</i> .....	7
1.7.3. <i>Epistemology</i> .....	7
1.8. RESEARCH METHODS.....	7
1.9. ETHICAL CONSIDERATIONS .....	8
1.9.1. <i>Principle of respect for person</i> .....	8
1.9.2. <i>Principle of beneficence</i> .....	8
1.9.3. <i>Principle of justice</i> .....	9
1.9.4. <i>Informed consent</i> .....	9
1.9.5. <i>Ethical approval</i> .....	9
1.10. CONCLUSION .....	9
<b>CHAPTER 2 - RESEARCH DESIGN AND METHODOLOGY .....</b>	<b>10</b>
2.1. INTRODUCTION .....	10
2.2. RESEARCH OBJECTIVES .....	10
2.3. THE RESEARCH DESIGN .....	10
2.3.1. <i>Descriptive phenomenology</i> .....	10
2.3.1.1. <i>Epoche</i> .....	11
2.3.1.2. <i>Bracketing</i> .....	11
2.3.1.3. <i>Essence</i> .....	11
2.3.1.4. <i>Reduction</i> .....	11
2.3.2. <i>Research setting</i> .....	11
2.4. RESEARCH METHOD .....	12
2.4.1. <i>Population</i> .....	12
2.4.2. <i>Sampling method</i> .....	12
2.4.3. <i>Sample size</i> .....	13
2.4.4. <i>Data collection and organisation</i> .....	13



2.4.4.1.	Preparatory phase .....	13
2.4.4.2.	Interview guide .....	14
2.4.4.3.	Pilot interview .....	15
2.4.5.	<i>Data analysis</i> .....	15
2.4.6	<i>Trustworthiness</i> .....	16
2.4.6.1.	Credibility.....	16
2.4.6.2.	Dependability.....	17
2.4.6.3.	Confirmability .....	17
2.4.6.4.	Transferability.....	17
2.4.6.5.	Authenticity .....	17
2.5.	CONCLUSION .....	17
<b>CHAPTER 3 - FINDINGS AND LITERATURE REVIEW.....</b>		<b>19</b>
3.1.	INTRODUCTION .....	19
3.2.	DEMOGRAPHIC PROFILE .....	19
3.3.	COLLECTION OF DATA.....	19
3.4.	DATA ANALYSIS AND FINDINGS .....	20
3.4.1	<i>THEME 1: Experiences in supportive communication</i> .....	21
3.4.1.1	Sub-theme 1: Ineffective communication from the college management.....	21
3.4.1.2	Sub-theme 2: Effective communication from the lecturers .....	23
3.4.1.3.	Sub-theme 3: Communication challenges between the college and clinical area .....	25
3.4.2	<i>THEME 2: Experiences on the availability of learning resources</i> .....	27
3.4.2.1	Sub-theme 1: Challenges in the provision and acquirement of electronic equipment and internet data .....	27
3.4.2.2	Sub-theme 2: Inconsistency in the provision of textbooks .....	29
3.4.2.3	Sub-theme 3: Barriers to clinical learning resources .....	30
3.4.3	<i>THEME 3: Experiences of psycho-social support</i> .....	32
3.4.3.1	Sub-theme 1: Inconsistency in the utilization of college student support services .....	33
3.4.3.2	Sub-theme 2: Challenging experiences regarding accommodation during the lockdown.....	35
3.4.3.3	Sub-theme 3: Continuous financial support .....	37
3.4.4	<i>THEME 4: Experiences of support to ensure continuity of learning</i> .....	38
3.4.4.1.	Sub- theme 1: Effective clinical learning support .....	39
3.4.4.2.	Sub-theme 2: Complicated experiences during online learning .....	42
3.4.4.3.	Sub-theme 3: Inefficient administration of online assessment .....	44
3.4.4.4.	Sub-theme 4: Partial catch-up plan following the resumption of contact classes.....	46
3.4.4.5.	Sub-theme 5: Experiences of delayed accomplishment of the study programme .....	47
3.5.	<i>Field notes</i> .....	49
3.5.1.	Observational notes .....	50
3.5.2.	Analytical notes.....	50
3.5.3.	Personal notes.....	50
3.5.4.	Methodological notes .....	51
3.6.	CONCLUSION .....	51
<b>CHAPTER 4 - OVERVIEW OF THE STUDY FINDINGS, RECOMMENDATIONS IMPLICATIONS AND LIMITATIONS .....</b>		<b>52</b>
4.1.	INTRODUCTION .....	52
4.2.	OVERVIEW AND SUMMARY OF THE STUDY FINDINGS .....	52
4.2.1.	<i>Summary of findings</i> .....	52
4.2.1.1.	Theme 1: Experiences in supportive communication .....	52
4.2.1.2.	Theme 2: Experiences in the availability of learning resources .....	53
4.2.1.3.	Theme 3: Experiences of psycho-social support .....	54
4.2.3.4.	Theme 4: The experiences of support to ensure continuity of learning. ....	54
4.3.	RECOMMENDATIONS .....	55
4.3.1.	<i>Nursing education and training</i> .....	55
4.3.2.	<i>Nursing practice</i> .....	56
4.3.3.	<i>Nursing research</i> .....	56
4.3	LIMITATIONS.....	56
4.4.	CONCLUSION .....	57



<b>REFERENCES .....</b>	<b>58</b>
<b>ANNEXURES .....</b>	<b>65</b>
ANNEXURE A - LETTER OF APPROVAL FROM DEPARTMENTAL IN-HOUSE COMMITTEE.....	65
ANNEXURE B - EVALUATION OF A PROTOCOL FOR BRIDGET BALE.....	66
ANNEXURE C - ETHICS APPROVAL .....	67
ANNEXURE D - REQUEST FOR PERMISSION TO COLLECT DATA AT GAUTENG COLLEGE OF NURSING – ANN LATSKY CAMPUS.....	68
ANNEXURE E - REQUEST FOR PERMISSION TO COLLECT DATA AT GAUTENG COLLEGE OF NURSING – BONALESEDI CAMPUS.....	70
ANNEXURE F - REQUEST FOR PERMISSION TO COLLECT DATA AT GAUTENG COLLEGE OF NURSING – CHRIS HANI BARAGWANATH CAMPUS.....	72
ANNEXURE G - REQUEST FOR PERMISSION TO COLLECT DATA AT GAUTENG COLLEGE OF NURSING – SG LOURENS CAMPUS.....	74
ANNEXURE H - REQUEST FOR PERMISSION TO CONDUCT A STUDY AT GAUTENG COLLEGE OF NURSING .....	76
ANNEXURE I - OUTCOME OF PROVINCIAL PROTOCOL REVIEW COMMITTEE (PPRC) .....	78
ANNEXURE J - PERMISSION TO CONDUCT RESEARCH: GP 202211 033 .....	79
ANNEXURE K - EDITING CONFIRMATION LETTER .....	80

## LIST OF TABLES

Table 3.1: Participants' biographical information.....	19
Table 3.2: Themes and subthemes .....	20

# CHAPTER 1 - ORIENTATION OF THE STUDY

## 1.1. INTRODUCTION AND BACKGROUND

The initial media statement from the South African State President, regarding the state of disaster due to COVID-19, dated 15 March 2020, indicated that the country would be locked down for 21 days in response to the COVID-19 pandemic (Speeches | South African Government, 2021

All nursing students vacated their campuses as if they were going for recess. Labrague, De los Santos, and Falguera (2021:1) supported the aim of lockdown regulations to prevent the transmission of the COVID-19 virus. Labrague et al (2021:1) further mentioned that the aforementioned measures had intense emotional and psychological consequences, on the social isolation, and loneliness in young people.

As observed by the researcher, a nursing educator, the closing of public nursing colleges due to the COVID-19 lockdown triggered intense discussions between college executive members and nursing student leaders about sending student nurses home during lockdown or to clinical areas. The challenge was that public nursing college students have dual status, in that while they are students, they are also employees of the Department of Health (Mtshali & Zwane, 2019: 7). During the initial lockdown of the COVID-19 pandemic, the Minister of Health did not make an announcement with respect to the closure of public nursing colleges until the Minister of Higher Education had clarified the implementation of lockdown regulations for higher education institutions. The Minister of Higher Education indicated that the decision for lockdown applied to all institutions of higher education including any training colleges managed by other ministries such as nursing and so forth (Speeches | South African Government, 2021).

The aforementioned measures had strong implications on teaching and learning delivery in the public nursing college in Gauteng Province, which is the context of this study. In the researcher's observations and experience, the college management suspended classes without any contingency plan for the continuation of teaching and learning. Nursing students and their lecturers went into lockdown for about 12 weeks affecting the academic calendar. At the time of lockdown, the said public nursing college was solely dependent on face-to-face classroom teaching and learning. The South African Nursing Council (2013:33) Nursing Education and Training Standards domain 3 speaks to the program curriculum whereby clinical practice requires that 60% of clinical hours should be accumulated in the actual clinical

environment. Following the extension of the lockdown period, it was expected that lecturers would use alternative platforms for teaching and learning, despite not having any specific guidelines in place; some lecturers resorted to WhatsApp applications to send learning activities to students, others opted for Zoom and Teams applications to facilitate virtual teaching, using their own funds and resources. The challenge was that not all students participated and sometimes the lecturers lacked the funds to purchase data, and therefore delivery of teaching and learning was inconsistent and less effective. Savitsky, Findling, Erel and Hendel (2020: 2) indicated that irrespective of lockdown regulations and the changes it brought to teaching and learning, academic staff were expected to adjust and continue with academic activities to finish the semester's scope of work, including examinations.

Tomietto, Comparcini, Simonetti and Cicolini (2020:131) pointed out that the responses to the COVID-19 outbreak altered people's lives all over the world on different levels; lockdown affected how people's behaviour and relationships functioned. These changes also affected nursing care and education, not only in relation to workload and risks in daily practice, but also challenged nursing education if the curriculum was to remain relevant to the needs of patients and students. However, it did offer the opportunity for student nurses to develop professional identities in their nursing role (Dewart, Corcoran, Thirsk, & Petrovic, 2020:3)

During this period, one may ask if the objectives of the nurses' training programs were met. Nurse training programmes are designed to ensure that when student nurses complete their training, they have acquired competencies to provide safe and effective nursing (South African Nursing Council 2013:6).

South African nursing colleges were hit by a double transition namely, responding to COVID-19 lockdown requirements and to the process of implementing the Strategic Plan for Nurse Education, Training and Practice 2012/13-2016/17. The colleges were responding to the recommendation that nursing colleges needed to be declared higher education institutions in compliance with the provisions of the Higher Education Act (as amended in 2008). That recommendation further stipulates that if public nursing colleges fail to comply, they will be unable to continue training nurses (Health 2013:10).

## 1.2. PROBLEM STATEMENT

According to South African Nursing Council (2013:33) the nursing education and training curriculum is structured in such a way that student nurses are exposed to compulsory theoretical blocks and clinical placement so that they acquire the relevant expected skills.

During the first phase of the COVID-19 lockdown (lockdown level 5), all public nursing colleges in Gauteng were forced to comply with the COVID-19 lockdown regulations, the college which is context of this study shut down like any other higher education institution, and the academic program was put on hold. As a consequence, this affected the training period for student nurses. As COVID-19 lockdown regulations adjusted to level 4 with people movement still prohibited and the college having to continue complying with social distancing rules the lecturers were expected to find other ways of delivering the teaching and learning processes other than through contact classes (Speeches | South African Government, 2020). In the researcher's experience, the public nursing college in Gauteng where she was employed, was not ready or prepared to deliver teaching and learning through any other platform than face-to-face classroom teaching.

The lecturers were not prepared or trained to use online platforms, there was no relevant infrastructure and no available plan to assist students on how to access data and necessary equipment like laptops. Tomietto et al (2020:131) further indicated that the COVID-19 outbreak, and lockdown affected the clinical learning environment within the health care settings. Clinical placement was suspended which affected nursing students' learning opportunities. The face-to-face theoretical teaching was switched to online teaching to ensure continuity of teaching and learning. The aforementioned situation made it impossible to plan and implement objective structured clinical examination (OSCE) or any clinical activities in simulation laboratories due to lockdown regulations. It also became difficult to organize clinical placements of students as most healthcare settings had access limitations (Tomietto et al 2020:131).

Hasking, Lewis Bloom, Brausch, Kaess and Robinson (2020:59) highlighted the fact that students indicated that the consequences of lockdown have been enormous for the teaching and learning process, relationships, and the provision of student services. Burns, Dagnal and Holt (2020:8) further indicated that although students are studying online, their well-being still needs to be considered as some might not have any support networks and that may lead to poor academic progress and mental problems.

The researcher was interested in exploring and describing the experience of undergraduate student nurses on the support offered during this major transition of learning processes in a public nursing college in Gauteng.

### **1.3. RESEARCH QUESTION**

The following research question guided the study:

What are the experiences of undergraduate nursing students on the academic support offered by a public nursing college in Gauteng Province during the COVID-19 lockdown?

### **1.4. OBJECTIVES OF THE STUDY**

The objectives of this study were to explore and describe the experiences of undergraduate nursing students on the academic support provided in a public nursing college in Gauteng Province during the COVID-19 lockdown.

### **1.5. SIGNIFICANCE OF THE STUDY**

#### **1.5.1. Nursing education**

The finding of this study identified factors which will improve academic support offered to nursing students in the learning environment and promote student progress. This will inform the preparedness of nursing colleges in cases of future disasters and the international move towards hybrid learning.

#### **1.5.2. Research**

The findings of this study contributed to the existing knowledge on the academic support of undergraduate nursing students during the COVID-19 lockdown and future disasters in South Africa.

#### **1.5.3. Nursing practice**

The findings of this study will highlight the importance of understanding undergraduate nursing students' challenges and support during training in disaster periods to improve students' experiences in nursing practice.

## **1.6. DEFINITION OF CONCEPTS**

### **1.6.1. COVID-19**

COVID-19 is a disease caused by a strain of the coronavirus. 'CO' stands for corona, 'VI' for virus, and 'D' for disease. Formerly, this disease was referred to as the '2019 novel coronavirus' or '2019-n CoV.' The COVID-19 virus is linked to the same family of viruses as severe acute respiratory syndrome (SARS) and some types of the common cold (Bender 2020:2). In this study it means an infectious disease caused by Coronavirus 2 which presented itself as a mild to severe respiratory illness that forced the world into lockdown.

### **1.6.2. Lockdown**

Co-operative Governance and Traditional Affairs, Department Disaster Management Act (2002:57) defines lockdown as the restriction of the movement of people and goods to prevent and combat the spread of Coronavirus COVID-19. In this study, it refers to the period of the suspension of face-to-face traditional classes and clinical learning.

### **1.6.3. Undergraduates nursing students**

An undergraduate student is a student enrolled for a nursing programme that leads to a baccalaureate degree in nursing at an accredited Higher Education Institution (HEI) (Roos, Fichardt, MacKenzie, & Raubenheimer 2016:2). In this study, it means nursing students enrolled in a public nursing college and registered for undergraduate nursing programmes leading to registration in the category of Staff Nurse according to South African Nursing Council programme regulation (R.171) of 2013 (NURSING ACT, 2005 ,Act No. 33 of 2005).

### **1.6.4. Teaching**

Teaching is referred to when a person imparts information or skills to another, engaging with learners to enable their understanding and application of knowledge, concepts, and processes (Rajagopalan, 2019:5). In this study, teaching means the dissemination of theoretical knowledge and clinical nursing skills by qualified registered nurse educators to nursing students.

### **1.6.5. Learning**

Learning refers to changes in behaviour resulting from the process of gaining knowledge or skills by studying, practising, being taught, or through experience (De Houwer, Barnes-Holmes

& Moors, 2013:6311). In this study, learning means the process whereby nursing students acquire theoretical and clinical skills.

#### **1.6.6. Experience**

According to Godovykh, and Tasci (2020:22) experience is the totality of cognitive, affective, sensory, and conative responses, on a spectrum of negative to positive, evoked by all stimuli encountered in pre, during, and post phases of exposed situations filtered through personal differences of clients. In this study it means what are the consequences of COVID-19 and its impact on nursing students' learning and teaching process and how this was realized by the students.

#### **1.6.7. Public college**

According to Higher Education Act, (Act,1997:101) a public college is any institution of higher education or any technical or vocational school above secondary school level, provided that such public school or public college is operated by the State, subdivision of the State, or governmental agency within the State, or operated wholly or predominantly from or using governmental funds. In this study, it means a nursing college funded by the Gauteng Provincial government.

#### **1.6.8. Academic support**

Dhet.gov.za (2021:4) defines academic support as academic intervention strategies, such as instructional methods, educational services or college resources provided to assist students in their learning progress, catch up with their peers, meet the teaching and learning standards and succeed in the college. The support includes different teaching, learning styles and academic counselling. In this study, academic support means the aforementioned strategies and resources offered to student nurses during the COVID-19 lockdown by the public nursing college in Gauteng to ensure their academic achievement.

### **1.7. PHILOSOPHICAL ASSUMPTIONS**

According to Gray and Grove (2021:75) philosophical assumptions are the worldviews that guide the research decisions. The researcher adopted the constructivist paradigm and its assumptions. Constructivist paradigm is also known as naturalistic paradigm whereby reality is not a fixed object but a construction of participants. Constructivist studies focus on understanding the actual human experiences (Polit & Beck 2021:10). The three components



of philosophical perspective namely: axiology, ontology, and epistemology assisted the researcher to understand the assumptions which guided the study.

### **1.7.1. Axiology**

Gray and Grove (2021:75) state that axiology refers to the value structure of the researcher. The researcher adhered to all research ethical principles and respected the individual participant's values to maintain the credibility of the study.

### **1.7.2. Ontology**

Gray and Grove (2021:77) defined ontology as the study of the nature of being and existence and it addresses the reality of the phenomena under investigation. The researcher's view of reality is based on constructivism. Constructivism is centred on that knowledge is individually constructed (Gray & Grove, 2021:78). In this study the researcher's assumption is that the COVID-19 lockdown has affected nursing students' learning experiences with respect to the academic support offered by a public nursing college in Gauteng.

### **1.7.3. Epistemology**

Gray and Grove (2021:77) indicated that epistemology is the study of knowledge and how knowledge is produced. The researcher's epistemological position regarding the study is that data should be obtained from the perspectives of the nursing students who were in a public nursing college in the Gauteng provincial environment when the COVID-19 lockdown was implemented. The researcher conducted individual interviews with participants in an unstructured way to explore and describe the experiences of undergraduate nursing students on the academic support provided during the COVID-19 lockdown in a public nursing college in Gauteng.

## **1.8. RESEARCH METHODS**

The researcher adopted a qualitative descriptive phenomenological method to explore the rich and deeper meaning of participants' experiences on academic support offered by a public college in Gauteng Province. According to Polit and Beck (2021:477) phenomenology was developed by Husserl and Heidegger. Polit and Beck (2021:477) further explained that it is an approach used to understand people's everyday life. Polit and Beck (2021:477) alluded that, phenomenologists believed that lived experience gives meaning to each person's perception of a particular phenomenon. Descriptive phenomenology emphasizes the description of human experience (Polit & Beck 2021:478). This study was conducted on selected campuses

of a public nursing College in the Gauteng Province. The qualitative method was chosen to highlight the experiences of undergraduate nursing students in that public college on academic support offered by the college during the COVID-19 pandemic.

The study population consisted of undergraduate students only who were enrolled at a public nursing college in Gauteng Province in 2020. Polit and Beck (2021:499) stated that purposive sampling involves selecting research participants according to the needs of the study and that researchers select participants who can give ample information suitable for detailed research. The participants were selected purposefully based on their knowledge of the phenomenon under study. The unstructured individual interviews were conducted as a form of data collection method to allow participants the opportunity to describe their experiences (Polit & Beck 2021:513). The data collection, analysis and trustworthiness of the study are discussed in Chapter 2.

## **1.9. ETHICAL CONSIDERATIONS**

According to Gray and Grove (2021:191) ethical considerations refer to measures taken by the researcher to ensure that the human rights of participants are not violated in any form during the study process. The researcher applied the following ethical principles to safeguard participants' rights to ensure that there was adherence to the Belmont report and the Declaration of Helsinki (World Medical Association. 2001: 79 (4): 373-374).

### **1.9.1. Principle of respect for person**

Participants were advised both in writing and verbally of the voluntary nature of their participation and that they had the right to withdraw from the study and to refuse to give information at any point in time without penalty as recommended by Brink, van der Walt, & van Rensburg (2018:29). See Annexure A.

### **1.9.2. Principle of beneficence**

The well-being of the participants was ensured by the researcher (Brink et al 2018:29). Counselling was arranged for participants who may present with emotional discomfort during the interview as they were reliving the experiences they had undergone during the pandemic. During data collection no participant required counselling.

### **1.9.3. Principle of justice**

The researcher ensured that participants were selected fairly for the reason directed to the study. The right to privacy was maintained by ensuring that participants' responses remained anonymous and confidential. Participants are identified by code name to ensure anonymity. All materials used for data collection are kept safe under lock and key (Brink et al 2018:30), for 15 years.

### **1.9.4. Informed consent**

Individual informed consent was obtained from each participant verbally and in writing. The informed consent document entailed full study information and participant instruction in the language which participants understood (Brink et al 2018:29). See Annexure A.

### **1.9.5. Ethical approval**

The researcher wrote letters to request permission to conduct a study and was granted approval by the Gauteng Department of Health, the public nursing college in Gauteng, Research Ethics committees as well as the Research Ethics Committee of the Faculty of Health Sciences, University of Pretoria (Brink et al 2018:37). See Annexure B.

## **1.10. CONCLUSION**

This study has 4 chapters structured as follows: Chapter 1 is the overview of the study; Chapter 2 is the research methodology; Chapter 3 is data analysis; discussions and literature review; and Chapter 4 is the overview of the study findings, recommendations, implications, limitations, and conclusions. A thorough discussion of research methodology will be described in Chapter 2.

## CHAPTER 2 - RESEARCH DESIGN AND METHODOLOGY

### 2.1. INTRODUCTION

In this section, the researcher highlighted a synopsis of phenomenology and an in-depth discussion of the study design and methods applied to address the objectives of the study. The study design was qualitative, and the aim of the study was to explore and describe the experiences of undergraduate nursing students on the academic support provided during the COVID-19 lockdown in a public nursing college in Gauteng.

### 2.2. RESEARCH OBJECTIVES

The objectives were to explore and describe the experiences of undergraduate students on the academic support provided in a public nursing college in Gauteng Province during COVID-19 lockdown.

### 2.3. THE RESEARCH DESIGN

According to Polit and Beck (2021:51) research design is a plan to find answers to the research question. They (2021:51) further explain that research design indicates where the study will take place, how often data will be collected and how data is going to be analysed. According to Polit and Beck (2021:477) phenomenology was developed by Husserl and Heidegger. It is further explained that this is an approach used to understand people's everyday life (2021:477). Polit and Beck (2021:477) alluded that, phenomenologists believed that lived experience gives meaning to each person's perception of a particular phenomenon. Gray and Grove (2021:35) assert that phenomenology aims to explore the experience of participants in everyday life and social action, and this approach describes life experiences more specifically. Polit and Beck (2021:477) assert that there are two main schools of phenomenology, namely: descriptive phenomenology and interpretive phenomenology. This study focused on descriptive phenomenology.

#### 2.3.1. Descriptive phenomenology

Descriptive phenomenology emphasizes the description of human experience (Polit & Beck 2021:478). The phenomenology aims to identify the structure of experiences as described by the participants, thus the descriptive orientation of Husserlian phenomenology was used for this study. This study explored and described the lived experiences of undergraduate student nurses about the academic support offered by the college during lockdown. Gray and Grove

(2021:81) highlighted four components of understanding descriptive phenomenology namely epoche, bracketing, reduction, and essence.

#### **2.3.1.1. Epoche**

Gray and Grove (2021:81) state that epoche refers to the blank tablet that the researcher creates by suspending deep-seated belief in the mind's existence of reality. The researcher set aside all preconceived knowledge or beliefs she had that might be used to explain the students' experiences being explored. The researcher discussed with the supervisor about personal experiences and opinions about the phenomena. This allowed the researcher to listen to and record the participants' descriptions of their experiences with an open mind.

#### **2.3.1.2. Bracketing**

Gray and Grove (2021:81) defined bracketing as the ability of the researcher to set aside personal beliefs and experiences. The researcher discussed with the study supervisor her experiences and her assumptions about the phenomena so that her viewpoints did not affect data collection and analysis of data and she maintained a reflective journal.

#### **2.3.1.3. Essence**

Gray and Grove (2021:82) indicated that the essence of a phenomenon is the abstract meaning and central structure. In this study, the researcher conducted individual interviews, to collect in-depth and rich information to answer the study question. The researcher recorded and transcribed data to ensure that interview data was the actual participants' verbal responses. The researcher focused on the participants and noted non-verbal behaviour.

#### **2.3.1.4. Reduction**

Gray and Grove (2021:82) indicated that reduction is removing the influence of the researcher's preunderstanding of the experience and focusing on the lived experience of the participant. The researcher listened to the recorded audio repeatedly and attentively while transcribing to extract important information which was used for data analysis.

### **2.3.2. Research setting**

Polit and Beck (2021:42) defined setting as the specific place where the data is collected. In this study, the researcher engaged with participants in a natural setting to understand their experiences. Data was collected in a natural setting to answer the research question. The study was carried out in a public nursing college in Gauteng. The researcher visited the four campuses that form part of the nursing college and offer undergraduate nursing courses.

There were 194 students registered for the programme “Course leading to registration in the category Staff Nurse (General Nurse)” Diploma in Nursing in 2020. By the time of data collection, that cohort had reached level 3. At each campus, the researcher met with the campus research coordinator who then organized the interview room where the researcher and participants could sit for data collection.

## **2.4. RESEARCH METHOD**

The qualitative research method focuses primarily on the human experience through exploring attitudes, beliefs, and values (Polit & Beck, 2021: 10). According to Gray and Grove (2021:75) qualitative research is an approach used to describe life experiences, culture, and social processes from the perspective of the person involved. This allows the researcher to explore the depth, richness, and complexity essential in the lives of human beings. Therefore, the researcher conducted a qualitative study to explore the participants’ experiences with the academic support offered by the college during the COVID-19 lockdown. Gray and Grove (2021:81) indicated that phenomenology is both a philosophy and a study method.

### **2.4.1. Population**

Brink, Van der Walt, and Van Rensburg (2018:116) alluded to the fact that population is the group of people who meet the criteria of the study that are of interest to the researcher. The population in this study were 194 level 3 students who were enrolled in the programme “Course leading to registration in the category Staff Nurse (General Nurse)” at a public nursing college in Gauteng in 2020. These students were already in college and had already been exposed to theoretical blocks and clinical placement when the COVID-19 lockdown was introduced.

### **2.4.2. Sampling method**

According to Brink et al (2018:115) sampling is the process whereby the researcher chooses the sample from a population to find information concerning a phenomenon in a way that represents the population of interest. The researcher employed the purposive sampling to select research participants according to the needs of the study, who gave ample information that is suitable for detailed research (Polit & Beck 2021:499).

The inclusion criteria are defined as specific characteristics of the largest population that the researcher thinks as vital for the study (Polit & Beck 2021:261). The inclusion criteria were: Undergraduate nursing students who were enrolled for the programme “Course leading to

registration in the category Staff Nurse (General Nurse)” level 1 at a public nursing college in Gauteng in 2020 when the COVID-19 lockdown was introduced and implemented in South Africa. The exclusion criteria were all students enrolled in postgraduate programmes and all students enrolled at the public nursing college after 2020.

### **2.4.3. Sample size**

The sample size is the number of people who participated in a study (Polit & Beck 2021:802). Polit and Beck (2021:504) advised that phenomenological studies rely on small samples usually ten to 15 participants and all participants must have experience with the phenomena. The researcher used non-probability purposive sampling to select participants of a sample size of 14 participants who met the inclusion criteria. The researcher interviewed 14 voluntary undergraduate nursing students who were enrolled at a public nursing college in Gauteng for the programme “Course leading to registration in the category Staff Nurse (General Nurse)” in 2020 during the COVID-19 lockdown.

### **2.4.4. Data collection and organisation**

Data collection and organization is the process of gathering information needed to resolve the problem. Polit and Beck (2021:55) indicated that sampling, data collection, data analysis and interpretation take place repeatedly. Data was collected until data was saturated, and no new information emerged in subsequent interviews.

#### **2.4.4.1. Preparatory phase**

The researcher requested permission in writing to conduct the research at the four campuses of a selected public college from the Provincial Department of Health, Office of the Director Nursing Compliance and Research, and permission was granted. The researcher further wrote a letter to the college Principal and the four Campus Heads to request permission to access the college and campuses to collect data from the specified population; permission for this was also granted. Each Campus Head organized the Campus Research Co-ordinator to arrange for the researcher to meet with the identified population. The researcher presented the proposed study to the population of each campus on different dates and time.

The briefing session was used to recruit willing participants from each campus. The research coordinator from each campus organized a quiet interview room where the researcher and participants could sit for individual interviews. Polit and Beck (2021:513) indicated that the

primary method of collecting qualitative data that is of exceptional quality is through interviewing study participants.

The specific phenomenon that the study focused on was the experiences of undergraduate nursing students with respect to the academic support offered by the public nursing college in Gauteng Province during the COVID-19 lockdown. The fundamental research question was how undergraduate nursing students experienced the academic support offered during COVID-19 lockdown in a public college in Gauteng. The focus of phenomenology studies is in-depth conversations which are the main data source. The researcher and the informants are co-participants (Polit & Beck 2021:513). In the process of data collection, the researcher asked the participant to describe their lived experiences without leading the discussions all the whilst capturing rich descriptions of the phenomena. In this study the researcher conducted unstructured face-to-face interviews, to collect in-depth and rich information to answer the study question.

Polit and Beck (2021:512) recommend that qualitative interviews should be recorded and transcribed to ensure that the interview data is the actual participants' verbal responses and to allow the researcher to concentrate on the participant and note non-verbal behaviour. The researcher audio-recorded all interviews and noted non-verbal behaviour observed during the interview. The recorded data was then transcribed ensuring that the interview data was indeed the actual participants' verbal responses, and the researcher was able to concentrate on the participant noting any non-verbal behaviour.

Polit and Beck (2021:512) further indicated that qualitative data collection is an exhausting experience especially when dealing with stress-related phenomenon, time restrictions may limit information sharing during the interview. The interview sessions ranged between 30 to 60 minutes. Data for this study were collected in English. The setting needs to be quiet and free from distractions, thus the interviews were conducted in a private room on each college campus.

#### **2.4.4.2. Interview guide**

Polit and Beck (2021:514) assert that questions in the interview guide should be arranged in a logical sequence from general to specific. The interview guide of this study comprised a list of biographical questions and one unstructured question that was derived from the aims and objectives of the study "Please describe your experiences of COVID-19 lockdown with regard to academic support given by the college?"



#### **2.4.4.3. Pilot interview**

A pilot study is one conducted prior to the main study with a limited number of participants from the population who meet inclusion criteria but who will not form part of the study. Information collected during the pilot study is not included in the major study. A pilot study is conducted to improve a project, assess its feasibility, improve its clarity, eradicate problems, and refine methodology (Brink et al 2018:45).

The researcher conducted a pilot interview with three students who met the inclusion criteria; these participants were subsequently omitted from the study. The pilot study was carried out in the same setting as the study by conducting the same unstructured interview. No problems with the interview question was identified, but the researcher aimed to improve on probing methods to obtain the required in-depth descriptions.

#### **2.4.5. Data analysis**

Gray and Grove (2021:343) emphasize that qualitative data analysis is the process of coding, interpreting, and attaching meaning to collected data. Brink et al (2018:180) mention that in a qualitative study, data analysis is carried out concurrently with data collection. Brink et al (2018:181) further indicate that qualitative data analysis entails categorizing and classifying data into segments; in addition, different codes can be used to categorize the data as soon as data collection begins. Polit and Beck (2021:548) highlight three methods that are usually used in descriptive phenomenology namely Colaizzi, Giorgi and Van Kaam, all of which are based on Husserl's philosophy.

The aim of data analysis is to sustain the exceptionality of each participant's lived experience while allowing an understanding of the phenomena under study. The researcher used Colaizzi (1978) method as explained by Polit and Beck (2021:548) to explore the experiences of undergraduate nursing students about the academic support provided by a public nursing college during the COVID-19 lockdown in Gauteng province.

**TABLE 2.1. Data analysis according to Colaizzi's steps**

<b>COLAIZZI'S STEPS</b>	<b>DATA ANALYSIS IN THE STUDY</b>
1. Read all protocols to acquire a feeling for them	The researcher listened to the audio recordings, then read and re-read all the transcripts to get a sense of the whole data and ideas
2. Review each protocol and extract significant statements	The researcher read each transcript at a time to extract important information from the data collected.
3. Spell out the meaning of each significant statement	The researcher read participants' statements and searched for the underlying meaning.
4. Organize the formulated meaning into clusters of themes	A color-coded system was used to highlight specific themes/categories to perform a preliminary analysis
5. Integrate results into an exhaustive description of the phenomenon under study	The researcher grouped related themes to reduce the subthemes list.
6. Formulate an exhaustive description of the phenomenon under study into statements of identification of its fundamental structure	The researcher re-checked each subtheme and sorted it logically.
7. Ask participants about the findings to validate the data-	The final validation of data was made by the participants. The researcher shared the findings with participants, and they confirmed that the findings reflect how they experienced academic support from the college during the COVID-19 lockdown

### 2.4.6 Trustworthiness

Gray and Grove (2021:79) indicated that rigor is the extent to which a study was implemented constantly in acceptable standards by the researcher. Four criteria of trustworthiness were used and are discussed as follows:

#### 2.4.6.1. Credibility

Credibility refers to the confidence in the truth of the data and its interpretation (Polit & Beck 2021:569). The researcher ensured credibility of the study through member checking. During data collection, the researcher used audio recordings, took notes, and observed participants for non-verbal cues during each interview to understand the phenomenon that was being studied. During data analysis the researcher asked the supervisor to listen to the audio and review the transcripts to ensure that the data was being analysed correctly (Polit & Beck 2021:569). The researcher also shared the data with the participants to ensure that the researcher's understanding, and conclusions were true reflection of the participants'

experiences to clarify their meanings, correct misconceptions and to add information if necessary.

#### **2.4.6.2. Dependability**

Polit and Beck (2017:569) define dependability as the reliability of data over time and conditions. They further illustrate that the researcher must be able to confirm if the findings will be the same if the study is repeated with the same participants in the same context. The researcher ensured dependability by requesting an experienced researcher and independent coder to analyse the data; the independent coder was an expert who did not participate in data collection, analysis, and findings to confirm the accuracy of findings and ensure that the findings were the results of the data collected.

#### **2.4.6.3. Confirmability**

Confirmability refers to the objectivity, that is the likelihood of congruency between two or more independent people (Polit & Beck 2021:570). It establishes that the data is true reflection of participants' information, or if the researcher confabulated their own data. The researcher ensured confirmability through participant checking and a rich literature search of similar phenomena.

#### **2.4.6.4. Transferability**

Transferability refers to the potential for generalizability of the study, that is the extent to which findings can be applicable in other contexts (Polit & Beck 2021:570). The researcher ensured transferability by providing a full and detailed account of her experiences during data collection. The researcher described where the interviews occurred, and other aspects of data collection that helped to provide a full understanding of the research setting.

#### **2.4.6.5. Authenticity**

Authenticity refers to the extent to which the researcher fairly and faithfully shows a range of realities (Polit & Beck 2021:570). The researcher applied authenticity by providing direct quotations and field notes reflecting participants' experiences.

## **2.5. CONCLUSION**

The study design and methodology were discussed in this chapter. The chapter indicated the way in which the data was collected and analyzed. The researcher used unstructured interviews concentrating on the lived experience of undergraduate nursing students regarding

academic support during COVID-19 lockdown at a public nursing college in Gauteng Province. The next chapter discusses the findings and a literature review.

## CHAPTER 3 - FINDINGS AND LITERATURE REVIEW

### 3.1. INTRODUCTION

Chapter 2 discussed the methodology employed in this study. In this chapter, the researcher will discuss the results. The aim of this study was to explore and describe the experiences of undergraduate student nurses on the academic support provided during the COVID-19 lockdown in a public nursing college in Gauteng.

### 3.2. DEMOGRAPHIC PROFILE

The study population consisted of 194 level 3 students who were enrolled in 2020 in the programme “Course leading to registration in the category Staff Nurse (General Nurse)” in a public nursing college in Gauteng. Fourteen out of the 194 students were sampled for this study. The participants’ biographical information in terms of age and gender, is depicted in Table 3.1. No names were used, and the participants were assigned specific numbers (i.e., P1 to P14) to ensure confidentiality.

**Table 3.1: Participants' biographical information**

No	Gender	Age
P1	Female	30
P2	Female	31
P3	Male	22
P4	Female	29
P5	Female	31
P6	Female	31
P7	Female	27
P8	Female	20
P9	Male	29
P10	Female	26
P11	Male	39
P12	Male	24
P13	Female	22
P14	Female	33

### 3.3. COLLECTION OF DATA

Data was collected for two weeks from the 17<sup>th</sup> of February 2023 to the 3<sup>rd</sup> of March 2023. Fourteen individual interviews were conducted with level 3 students enrolled for the programme at four campuses of a selected public college in Gauteng. The duration of each

interview lasted between 30-60 minutes. Information was collected until data saturation was reached.

### 3.4. DATA ANALYSIS AND FINDINGS

The data analysis was conducted according to Colaizzi's (1978) seven steps as cited in Polit and Beck (2021:548). Four main themes emerged with 13 sub-themes. The researcher used extracts from the data as supporting evidence of the identified themes (see below) and sub-themes. Table 3.2 summarise the themes and subthemes.

- Experiences in supportive communication
- Experiences in the availability of learning resources
- Experiences of psycho-social support
- Experiences of support to ensure continuity of learning.

**Table 3.2: Themes and subthemes**

<b>THEMES</b>	<b>SUB-THEMES</b>
3.4.1 Experiences of supportive communication	3.4.1.1 Ineffective communication from the college management
	3.4.1.2 Effective communication from the lecturers
	3.4.1.3 Communication challenges between the college and clinical area
3.4.2 Experiences of the availability of learning resources	3.4.2.1 Challenges in the provision and acquirement of electronic gadgets and internet data
	3.4.2.2 Inconsistency in the provision of textbooks
	3.4.2.3 Barriers to clinical learning
3.4.3 Experiences of psycho-social support	3.4.3.1 Inconsistency in the utilization of college student support services
	3.4.3.2 Challenging experiences regarding accommodation during the lockdown
	3.4.3.3 Continuous financial support
3.4.4. Experiences of support to ensure continuity of learning.	3.4.4.1 Effective clinical learning support
	3.4.4.2 Complicated experiences during online learning
	3.4.4.3 Inefficient administration of online assessment
	3.4.4.4 Partial catch-up plan following the resumption of contact classes
	3.4.4.5 Experiences of delayed accomplishment of the study programme

### 3.4.1 THEME 1: Experiences in supportive communication

The first theme that emerged during data analysis was experiences in supportive communication. The participants experienced some discrepancy in communication at different levels which affected their learning, support, and academic progress. Tomietto, Comparcini, Simonetti and Cicolini (2020:131) point out that the response to the COVID-19 outbreak altered people's lives all over the world on different levels; the lockdown affected people's behaviour and relationships. Three sub-themes emerged from this theme, namely; (i) ineffective communication from the college management, (ii) effective communication from the lecturers, and (iii) communication challenges, which are discussed next.

#### 3.4.1.1 Sub-theme 1: Ineffective communication from the college management

Ineffective communication from college management emerged as the first sub-theme under experiences in supportive communication. The participants considered communication from the college management as being inadequate. There was no formal communication channel where all students could access information. Announcements to students were sent through WhatsApp (a social media application that is usually used for informal communication) which participants did not regard as a proper formal channel of communication from a higher learning institution. When students had concerns at campus level, the campus management referred them to the Principal at the College level, making it difficult for students to get matters resolved. Participants further indicated that decisions were made without consulting the students which led to student unrest at different campuses. According to participants:

*"The communication with students was very poor, whenever we have concerns, we were told about ..., and I do not even know who ... is; "Re mo kwatetse ... o wa teng (we are very angry to that ...)." (P1)*

*"It gets very frustrating for students because you are not immediately heard even if your grievance is within reasonable arguments it takes very long for management to respond to your grievances, you still have to poke for responses." (P2)*

*"We were not updated promptly regarding class attendance in response to any President's address. We had to ask around and at some stages, the lecturers also did not have information, they were also waiting for the management. When the class timetable finishes maybe the plan was for four weeks, we will be left in the dark and only received the next plan late everything at the college is done in the last minutes." (P5)*

*“The day we were sent home there was some tension, everyone was outside, no classes, nothing. The Head of Campus came to address students via the Student Representative Council (SRC). So, my thinking was that she would have informed us about the problem and allow us to discuss on how it can be resolved instead of waiting for the students to now protest or something.” (P11)*

Participants further highlighted that the ineffective communication process from the college also affected their relationships with family members and their support systems as they did not have any formal documentation to prove that they were expected to continue learning while they were at home. Their parents interpreted their behaviour as being “on the phone the whole day”, and did not afford them privacy to study, as in the following quotes:

*“... though at home, it was not conducive. Because the kids, parents, and everything that was disturbing us ... I had to work around doing the chores as well and also explaining at home that I am busy with school stuff because everyone was at home. So it was that question why are you always in your room locked? It limited some of the things because sometimes I had to study when everyone else was asleep, so I had to change my sleeping patterns”. (P4)*

*“I didn’t have privacy and the parents are complaining that I am always playing on my phone just to avoid doing the chores, even if you do the chores and go back to class you will get about 200 and something messages and you have to go through that messages to check what was the content all about”. (P8)*

*“There was no support from home, from parent side, they saw me as I am home now so I choose to sit with my phone, because the class was happening from certain time, they couldn’t understand that at that period I am actually in class because they see I am on the phone, they see it as playing not studying. I had a lot of struggles in that regard. I had to stay up late at night to finish everything so that in the morning I can just get to class and do what I had to do, the pressure was just too much, it was hectic”. (P13)*

Participants believed that the limited support from parents and other family members during the COVID-19 lockdown was aggravated by ineffective communication from the college, because they did not have any formal documentation to show their parents and guardians that they were really attending classes. Pastori, Pagani, Mangiatordi, and Pepe (2021:61) state that lockdown and distance learning had consequences on the well-being of parents and



students. Coman, Țîru, Meseșan-Schmitz, Stanciu and Bularca (2020:2) said social issues were among other challenges delineated by lack of communication and interaction with teachers and peers. In addition, the lack of ideal study environment at home with all the family and community dynamics influenced the amount of time that students can concentrate while learning online.

Although not reflected in this study, Manze, Rauh, Smith-Faust and Watnick (2021:633) found that the COVID-19 global disaster affected students who were parents, as their roles and responsibilities were extended. Students endured many challenges to meet the demanding roles of being a student-parent. Student-parents had to work to match their new struggles with strategies in order to meet the academic demands.

Participants highlighted their frustration about inadequate communication from college management. When COVID-19 started they were in their first level of study, having started a new programme and were not familiar with the college processes. Participants highlighted concerns that they were not informed prior to stopping the course and how it would be continued. Cessation of the programme by the public nursing college in Gauteng was in contrast with the findings of Savitsky, Findling, Erel and Hendel (2020:2) that irrespective of lockdown regulations and the change it brought to teaching and learning, the academic staff were expected to adjust and continue with academic activities to finish the semester scope of work, including examinations.

Participants indicated that communication from management to students was a big challenge and the college was not ready for the drastic change brought about by the COVID-19 lockdown. Abukhalaf and Von Meding (2020:1559) support these findings when they highlighted that at the University of Florida, lack of customized communication and using the wrong communication platforms are among the main challenges for the university emergency communication system.

#### **3.4.1.2 Sub-theme 2: Effective communication from the lecturers**

The second sub-theme was effective communication from the lecturers. The participants stated that lecturers were very supportive and were the only college personnel that students could communicate with, especially about academic matters. The lecturers tried their best to make themselves available, taking their time to explain the learning content to the students who consulted individually, and they were willing to repeat content missed during WhatsApp sessions. The lecturers were accessible, and provided support to students as much as they

could. Different teaching strategies were used to ensure students understood and retained as much information as possible. Somehow the participants categorized lecturers as a separate entity not as part of the college and management, at some point lecturers also used their own money to buy data to facilitate the classes. According to participants:

*“We wrote many tests. The lecturer for the module ... tried very hard to facilitate many tests on WhatsApp on a regular basis to reinforce the content ... The lecturers also offered their time to say after class even if the class ends at 14h00 you can now come and consult not as a group but one on one consultation as there was still a social distancing issue. That is where we receive more support from our lecturers”. (P3)*

*“We also managed to contact lecturers using WhatsApp or a call. Though there were challenges with connectivity lecturers were very supportive. They also gave us activities that we can submit. In this module we were given activities which were stimulating our learning”. (P4)*

*“I think the lecturers really tried from their side. You could see that they are trying but you also sense that they are also frustrated. And they are also not getting the support that we are also crying about. Because I remember a few times they would also share that they were actually using their own data for these sessions. And then their time was also not being compensated. I also felt sorry for them, because I felt like you would be complaining to the lecturer. But she is going through a similar thing as you and it's also not her fault”. (P5)*

*“We were only relaying our concerns of missing the content and being left behind due to connectivity issues ... through lecturers and SRC. There was no support, and I cannot tell why? However, the lecturers allowed us to consult individually through WhatsApp”. (P10)*

This study revealed that students experienced effective supportive communication from their lecturers. The main support given to the students was through teaching via WhatsApp to ensure that students continue learning. Similar findings emerged in a study by Farsi, Sajadi, Afaghi, Fournier, Aliyari, Ahmadi and Hazrati (2021:11) who further highlighted that several studies confirm that, undergraduate nursing students appreciated the educators and faculty members' support during the COVID-19 pandemic. However, while the undergraduate

students from the public college of nursing in Gauteng were home, they only managed to interact with the lecturers during the initial stages of the lockdown.

Savitsky, Findling, Ereli and Hendel (2020:2) indicated that irrespective of lockdown regulations and the change it brought to teaching and learning, academic staff were expected to adjust and continue with academic activities to finish the semester scope of work including examinations. This study reflects that lecturers from the public nursing college in Gauteng tried to continue with academic activities that supported undergraduate students during the COVID-19 lockdown.

### **3.4.1.3. Sub-theme 3: Communication challenges between the college and clinical area**

The third sub-theme that emerged during data collection was communication challenges between the college and clinical area. Only when the critical stages of lockdown were lifted were students able to continue with their clinical practice. This study also revealed that both the college and the clinical areas were overwhelmed by the extra budget required for supply of personal protective equipment (PPE) for students. Participants indicated that often it was not clear who was responsible for the issuing of PPE to students, they highlighted that there was a time when they were sent from pillar to post; the clinical area managers sent the students to the college to get their PPE and the college management sent them back to the clinical area quoting the memorandum of agreement between the clinical practice and the college. The whole exercise frustrated the students.

Participants reported that the students resorted to strike (protest) action to obtain PPE until the matter was resolved between the clinical practice area and the Nursing Education Institution. The following are extracts from the participants:

*“So, with the PPE, it was unclear who was responsible for it, because I remember there was even a strike at the college about PPE when we returned when we had to go to the clinic. When students were saying that the college has to give us personal protective equipment, but the college was also arguing that we would receive it from the from the clinical areas. So, I don't know. I think maybe, yes, the college could have maybe issued even if they were unable to issue all of the protective equipment, maybe they could have”.*  
(P 2)

*“Oh, the clinical area! the college tried to support us by asking us to alert them if there is no PPE in the clinical areas sometimes it felt like they (clinical managers) can cater to*

*another group while the other groups were waiting. There were still some managers who said they prioritize their staff who are permanent employees, and budget calculation for PPE was done including them, we were not actually included in the plan of how much stock of PPE will be required in the unit.” (P8)*

*“In the clinical area, there was a time even here it was raised in social media that some facilities do not want to give us PPE they said it is the responsibility of the college. There was confusion on who is supposed to give the student PPE, but later there was a communique that indicated that if students are in the facilities that facility should issue the PPE” (P11)*

*“Initially when we were to go to the clinical area were given PPE like gloves, masks, and gowns. That was done only twice. Then we were told it was the responsibility of the clinical area. When we get there were told why the college did not supply the PPE as the clinical area indicated that their stock only covers their staff members. It was like no one wanted to take responsibility for student safety. That also raised an issue whereby we embarked on strike” (P14).*

Arrangements were made and all the accredited training clinical facilities managers in Gauteng expected students from the public nursing college as per the memorandum of agreement with the college. This was in contrast with other countries as indicated by Ilankoon, Kisokanth, and Warnakulasuriya (2020:2) who highlighted that in Sri Lanka healthcare facilities reacted to nursing education and students' clinical needs differently. Some institutions restricted student numbers in their organizations, while others allowed healthy students to use the clinical services. This resulted in some nursing students not completing their studies as expected.

Studies showed that providing nursing students with PPE was a global challenge; Savitsky et al (2020:4) reported that 50% of students working in healthcare facilities reported that they experienced a lack of PPE at work. Spanish students also raised concerns on this matter (Romero-Blanco et al., 2020:7).

This study revealed that miscommunication between the college and the nursing practice environment caused frustrations which were manifested by students' protests across all four campuses of the Gauteng public nursing college. Such miscommunication can have a negative impact on students' academic progress. Participants highlighted that when they were denied PPE, they would just sit outside without going into the clinical unit. Tomietto et al

(2020:131) pointed out that first-year nursing students need clinical practice to fit into the nursing role and to be aware of their choices in nursing. Tomietto et al (2020:131) further indicated that once the relationship between the academic and the clinical environment is lost, nursing students lose the opportunity to cope with the prospects of any choice they have made.

According to Dziurka, Machul, Ozdoba, Obuchowska, Kotowski, Grzegorzczak, Pydyś, and Dobrowolska (2022:12) students in Poland reported that they felt that they were not treated fairly and were exposed to a lack of respect from medical staff. They also often found themselves uncared for and unsupervised by the unit managers and were randomly assigned to nurses who were not always interested in or even willing to act as their mentors.

### **3.4.2 THEME 2: Experiences on the availability of learning resources**

The second theme that emerged during data collection was their experiences on availability of learning resources. Three sub-themes emerged from this theme, namely: (i) provision and acquirement of electronic equipment and internet data, (ii) inconsistency in the provision of textbooks and (iii) barriers to clinical learning. The sub-themes are discussed next.

Learning resources are essential tools that enable academic progress. Lack or inadequate learning resources delay the teaching and the learning process (Molefe & Mabunda 2022:5). Participants indicated that during the onset of COVID-19 lockdown, the college informed them that learning and teaching will continue online. Stukalo and Simakhova (2020:3677) highlighted that COVID-19 lockdown moved teaching and learning from pedagogical and andragogical approaches to heutagogy and cybergogy approaches. Masha'al, Rababa and Shahrour (2020:666) indicated that because of the COVID-19 lockdown, remote teaching and learning was implemented and this caused several problems for nursing students in Jordan, bearing in mind that many students were being exposed to distance learning for the first time.

#### **3.4.2.1 Sub-theme 1: Challenges in the provision and acquirement of electronic equipment and internet data**

Challenges with the provision of electronic equipment and internet data emerged as the first subtheme under experiences on availability of learning resources. The participants raised concern about attending classes without appropriate electronic equipment and internet data. They indicated that during the COVID-19 lockdown, the college did not supply them with electronic equipment such as laptops and internet data. Participants further mentioned that

during online classes they had to use their cell phones to attend classes and that disadvantaged those who did not have smartphones at that time.

The following are direct quotes from participants.

*At the college at that time, they didn't have any of those platforms that we could use and there were a lot of barriers in terms of people not having data to log on to Microsoft Teams or Myspace platforms and we do not have a student portal at the colleges and it is not easy for lecturers to upload work for us to access and easy for us to send back work to them". (P2)*

*"SRC reached out to us and were asking us how it is going, we told them whatever we were experiencing and then they told us that, they were fighting to have the college provide us with laptops and data ... So other students were having even a bigger challenge because you don't have a laptop, or you don't even have a phone. You don't have data, so basically, how are you supposed to attend?" (P5)*

*"I feel the college did not support us enough in terms of providing us with the necessary tools to use and academic activities to assess if the students can process the information, I was fresh from high school ... and realizing that my school does not have the necessary technical equipment to facilitate online learning it was quite a challenge for me. ... the challenge was that now we were not buying the conventional data that we use to buy we have to buy data that covers all networks ... to keep up with lessons and the messages shared during WhatsApp classes." (P8).*

*The higher education institutions do you remember they gave pupils laptops, and they gave pupils data. ... we were expecting those things when we started asking other higher institutions are issuing laptops and data for their students why don't you do the same, we were told not to compare the institutions as they are not the same... You know phones are not the same. Some have limited space which will lead to deleting information now and then to create space. (P11).*

Participants highlighted that non-provision of internet data and electronic equipment led to frustrations, sharing of resources with other siblings and spending more funds on those resources so that they can continue learning. This finding was also reported by students in a study conducted by Suliman, Abu-Moghli, Khalaf, Zumot and Nabolsi, (2021:5) that reflected

that, students had problems in relation to information technology resources. In that study some participants indicated they did not have their own computers at home; if they did have this resource at home, then they had to share with other siblings and family members who were school students or worked from home while others specified the financial burden of internet expenses.

Basit, Quaratulain and Hafeez (2021:354) indicated that electronic equipment such as laptops and smartphones with internet access is necessary for both teachers and students in higher education since they provide support to academics for active learning during class, lectures, and while they are not in class. The aforementioned is also supported by researchers in India (Gaur et al 2020:3377); Oducado and Soriano, (2021:3) indicated that India does not utilise online classes as a platform for teaching and learning due to a lack of required resources such as data affordability, poor internet connectivity, and limited knowledge of technology. These were concerns raised during the lockdown making online classes unsuitable for nursing students in India.

Molefe and Mabunda (2022:8) highlighted that equipment is necessary to perform any activity; without the necessary equipment, one cannot carry out activities as expected. Makhado, Musekwa, Luvhengo, Murwira, Lebese, Mulaudzi and Chueng (2022:9) established that nursing students preferred to be given laptops, making it easier for them to connect and learn.

#### **3.4.2.2 Sub-theme 2: Inconsistency in the provision of textbooks**

The second subtheme that emerged under availability of learning resources was the inconsistency in provision of textbooks.

In this era of the 4<sup>th</sup> industrial revolution, higher education institutions are adopting the use of e-textbooks; however, during the COVID-19 lockdown, the public college of nursing in Gauteng was still using printed textbooks. Rapid changes caused by COVID-19 disrupted the college plan of rolling out textbooks to nursing students. The students received a textbook allowance as part of their bursary contract; however, the college had arranged for the contractor to supply books to students to enable all students to have their prescribed books as expected. This study revealed that some of the textbooks were not delivered in time before the first phase of COVID-19. In this study; it was also evident that provision of textbooks was not consistent across the campuses, thus participants reflected on varied experiences.

The following extracts are direct quotes from participants:

*“In the first year the first semester, they bought us textbooks and some of the books were not readily available. The lecturers sent us pictures from various textbooks to help us to learn. ...in terms of PHC (Primary Health Care module) we got the 2<sup>nd</sup> textbook when we came back”. (P3)*

*“We did not receive academic support ... and we did not have all the study material that was required we were short on one textbook”. (P6)*

*“I think we already had textbooks, I remembered, they gave us the box of textbooks and they were complete ...”. (P11)*

*“At that stage, the campus was already given us our textbook, and we did receive the textbooks. Maybe if the textbook information is not adequate, they gave us an alternative resource for us to get information”. (P13).*

Zengulaaru and Nyamekye (2022:24) support the contention that the COVID-19 lockdown brought about challenges that led to new routines in almost every sphere of life, with education being one of the most intensely impacted fields. Student experiences with respect to the provision of textbooks by the college as a measure of academic support was perceived differently by different participants.

Printed textbooks will remain an essential resource for teaching and learning in underdeveloped and developing countries. Zengulaaru and, Nyamekye (2022:38) support the assertion that enough textbook manufacturing is required for everyone who has not yet received them to ensure that learning is accessible to all and to ensure students are still able to learn in an emergency.

#### **3.4.2.3 Sub-theme 3: Barriers to clinical learning resources**

The third theme which emerged under availability of learning resources is barriers in clinical learning resources. Though most of the learning in other programmes was conducted and finalized online, students in nursing programmes are required to complete physical clinical placements to fulfil the programme requirements. It was not easy to continue learning in the context of social distancing, isolation, and all the COVID-19 infection control measures. The supply of PPE to students was not well handled and had an impact on students' readiness and willingness to attend clinical practice. It instilled fear and lack of confidence in students.



The nonavailability of clinical staff to supervise the clinical teaching of students was also identified as a clinical learning barrier which was a stressor to the undergraduate students during the COVID-19 lockdown. This study revealed that the matter of PPE to students and the nonavailability of clinical staff during their clinical practice affected undergraduate students' clinical learning. The undergraduate nursing students in Gauteng Province experienced frustrations and fear while in clinical learning during the COVID-19 lockdown.

The following are direct quotes from participants:

*"We had to strike for PPE and go back to the college and have the meeting with the matron. ... is then that they started issuing PPE. At times you will find that the other group is denied PPE, they will just sit outside, and when the minority complains there won't be a solution so they will sit outside until the end of the shift" (P1).*

*"It was uncomfortable to be in the ward at that time. When the lecturers came, they will just reinforce the wearing of PPE and screening if the student was in contact with a positive case. I felt like that was not enough, I think for the permanent staff, there was compensation for staff, but for students, there was nothing at all. It felt unfair because the permanent staff and students were both doing the same work and risking their lives but there is no compensation for the students. (P4)*

*"Going for clinical learning during COVID-19 lockdown was scary. I remember the first time we protested when they told us we have to go back to clinical areas ... students immediately refused because, students none of us have been in hospitals except of the internals but most of our internals have never been in those institutions...so, students refused to go to clinical. We had days of fighting over this issue until the management called us, the class, and the Student Representatives to the meeting to persuade us to persuade the student to go to work". (P5)*

*Now the sisters in the wards are now panicking on their own they are not able to assist us in carrying out certain procedures. There are shortages in the ward. In the first year, there was quite a number of procedures to be carried out. Having a nurse to supervise you was quite a challenge as they were complaining of short staffing". (P8)*

*Before the quarantine happened, we were never exposed to facilities, now we got to the point where we have to go to clinical facilities to complete clinical hours, and the sisters in the ward felt like we were endangering ourselves and patients as we were not adequately trained on infection control, and we don't have that experience. In the end, we were negatively affected that they gave us small admin jobs to keep us away from patients that we do not cross-infect them. and nobody actually tried to teach us ... that is how to do it". (P13)*

Kalyani et al. (2019:3) highlighted that training and supporting students in clinical areas are obligatory duties of lecturers and nurses in the units. The same authors (2019:7) found that students go to clinical areas inadequately prepared and with their own conceptions of clinical practice. The study further reveals that lack of information resource and sharing with students regarding COVID-19 was another barrier to clinical learning. The students felt like they were not equipped to work with COVID-19 patients. Lack of adequate information regarding the nursing of COVID-19 patients led to students experiencing fear of the unknown and as if they were not adequately trained to go into clinical settings. Rasmussen, Hutchinson, Lowe, Wynter, Redley, Holton et al. (2022:6) indicated that Australian undergraduate nursing students raised concerns that they felt underprepared in both theoretical and practical skills. Nabavian, Rahmani, and Alipour (2021:4) and Visser and Law-van Wyk (2021: 234) found that most of the students were afraid of becoming infected by the disease when caring for patients with COVID-19.

This study finds that undergraduate students in a public nursing college in Gauteng experienced barriers to clinical learning with respect to the support provided by the college during COVID-19. Rasmussen et al (2022:7) advise that academic institutions and health services should provide protective measures beyond PPE, they are expected to provide access to counselling, financial support, and networking opportunities to maintain students' self-assurance and psychosocial well-being to ensure that nursing students continue with their learning and complete their academic course.

### **3.4.3 THEME 3: Experiences of psycho-social support**

The third theme that emerged during data analysis was experiences of psycho-social support. Undergraduate nursing students from the public college in Gauteng are from diverse backgrounds and economic strata. Participants raised different psychosocial challenges that they experienced while they were responding to the COVID-19 lockdown call. Masha'al et al (2020:671) indicated that study workloads of nursing students were found to be a source of

high stress levels. Furthermore, Masha'al et al (2020:671) indicated that the burden of buying data bundles led to insufficient feedback, faculty shortcomings, and non-supportive climate factors, as the high stress levels under these factors can be linked to economic concern factors. In addition, Suliman et al (2021:4) in their study found that the nursing students are familiar with traditional learning and teaching; when the teaching and learning platform changed the semester had already begun, so students voiced out different perceptions regarding this unexpected transformation. Nursing students stated fear of the unknown, uncertainty, powerlessness, burdens, and tension being linked to remote learning.

Three sub-themes from this theme, namely, (i) inconsistency in the utilization of student support services by the students, (ii) challenging experiences regarding accommodation during the lockdown, and (iii) continuous financial support, are discussed next.

#### **3.4.3.1 Sub-theme 1: Inconsistency in the utilization of college student support services**

This sub-theme is discussed with quotes from participants in between as participants experienced the utilization of college student support services differently. Participants reported that there is a student counselling and development department, but most of the time they depended on each other and their families for support. Participants further indicated that few students used the available counselling services. One of the reasons cited for non-utilisation was that the student support appointment sometimes clashed with the class periods and students preferred not to miss a class for a counselling session. Participants further indicated that the college also extended student psychosocial support services using WhatsApp as an online platform. This was the college's attempt to extend online support services to undergraduate students.

The following are excerpts from participants:

*We were at home and there was no program such as student counselling where you can consult the lecturers. At that point you haven't even met some of the members of the student counselling we did not know how to get into contact with them to share how we were feeling, so you really have to fend for yourself is either you sink or swim". (P3)*

*"I think this was a psychological stressor, witnessing and listening to how other students were affected by the lockdown, makes one think that there should have been better support. There is a student counselling and development department, but most of the*

*time we lean on each other as students and our families. Some of the staff in student counselling staff also get infected they couldn't cater to all of us, but I think the college should have done more, maybe getting us a private psychologist, and exposing students to compulsory counselling to prepare and deal with our anxieties" (P8).*

*"For me in 2020 I was not really ... and when it comes to the use of the counselling department, those things are orthodox to me I am not used to telling someone my problems, I am used to dealing with my problem. The college offered emotional support through the counselling department, but I chose not to use the service". (P9)*

*"The Counselling and Development department was opened for us to assist those who were struggling with COVID-19 issues ... but I did not use the student counselling services, sharing with my family was enough to pull through". (P10)*

*"Though it was stressed, that students may use student counselling I did not use those services" I was not ok, I was mentally exhausted" (P14).*

The finding that students managed to cope through social support was confirmed in a study carried out by Moxham, Fernandez, Lord, Halcomb and Middleton (2022:13). Nursing students mentioned other strategies which also helped them to cope during the lockdown, namely: staying connected online with peers, family, and friends enabled students to feel connected and less socially isolated, exercising, creating a routine, and adopting a daily routine.

There was an indication that information sharing regarding access to student support services during the COVID-19 lockdown was not made clear to all undergraduate nursing students by the time they were sent home to comply with COVID-19 lockdown regulations. That impacted on students' experiences regarding the psychosocial support offered by the college during the COVID-19 lockdown. Some students felt uncomfortable using the student support services and rather made use of families and friends as support systems. Limited student support was also reported in United Kingdom universities (Raaper, Brown & Llewellyn 2022:412).

This study also revealed that the college provides student support services on all campuses, but some students did not use the support services consistently or effectively irrespective of whether or not they were psychosocially affected during the COVID-19 lockdown. These findings were supported by Rasmussen et al. (2022:5) who highlighted that nursing students reported that being a higher education student during the COVID-19 lockdown increased their

resilience and inner strength while trying to deal with their personal challenges, adapting to higher education life.

The findings were in contrast with Australian nursing students, who, according to Moxham et al. (2022:13) managed to cope through social support. The study further revealed that support services were also extended to online support; an endeavour was that supported by Bouchet, Gratz, and Kurland (2021:13) who found that institutional leaders have realized that providing online student support serves all students, not only the online students.

The college continued to offer academic support to undergraduate nursing students during the rapid change caused by the COVID-19 lockdown, but a poor communication system, and perceptions of students on student support services contributed to inconsistency in utilization of support services by undergraduate students. Johnson, Gitay, Abdel-Salam, BenSaid, Ismail, Al-Tameemi, Romanowski, Al Fakih, and Al-Hazaa, (2022:1) specified that support services were initiated in higher education institutions worldwide but, the success of the student support services depends on the students' help-seeking behaviour.

#### **3.4.3.2 Sub-theme 2: Challenging experiences regarding accommodation during the lockdown**

All nursing students vacated the campuses; the study revealed that the decision to close the college and let students vacate the students' residence affected the undergraduate nursing students in a public nursing college in Gauteng at different levels. Participants indicated that vacating the college residence was frustrating because at home parents and guardians expected them to do house chores, and parents did not understand that they were attending class. Other challenges experienced by participants were lack of privacy, unconducive study environment, parents thinking that participants were 'sitting on the phone' the whole day, and load shedding. Participants also revealed that other students were forced to rent out a place to stay as they could not travel back to their parents' household.

The following are direct quotes from participants:

*"Everybody had to go home during the lockdown, so I was at home. I was at my sister's house at the time for the whole 3 months' time. In my case, to be honest, the very reason why I chose to go to my sister's house is because my sister lives in the suburbs, meaning I had access to Wi-Fi and the load shedding is not as much. So, I was in a better situation in terms of that and she also has printers in the home ... So, her house for me would*

*make sense for me to be there so that I can continue with my studies. I don't think if I was at my mum's house. That I would have been able to do most of the things that were required of us". (P2)*

*"... (With tears in her eyes) Honestly, I just wanted to quit. I had already even told my family that if we continue under these lockdown conditions, I am not going to remain in the course because I can't. I can't take it because even at home, there are expectations people expect you to cook. You still have to clean this laundry. It's a lot and there is no one to assist ... had network connectivity problems and had load-shedding issues". (P5)*

*"It also depends on one's background if where you come from you don't have a study room, a table, and a quiet place to study it becomes very difficult to attend class at home, already you know that the lesson you are going to have a lot of distractions. I was attending a lesson sitting in the dining room due to lack of space. I lived with both my parents, two little sisters, my brother, and me including my child and her mother. The network connection was very bad and at times I will connect and not be able to hear the content because of a poor connection. It was also not easy to attend the class while I am home, I had other things to attend to". (P9)*

*"Sometimes there were network issues where we failed to connect with lecturers ... There was no support from home, from my parent side, they saw me as I am home now so I choose to sit with my phone because the class was happening from certain time, they couldn't understand that at that period I am actually in class because they see I am on the phone, they see it as playing not studying. I had a lot of struggles in that regard. I had to stay up late at night to finish everything so that in the morning I can just get to class and do what I had to do, the pressure was just too much, it was hectic". (P13)*

The study revealed that the majority of the undergraduate students in a public nursing college in Gauteng experienced challenges with accommodation during the COVID-19 lockdown. Participants experienced challenges that interfered with their academic expectations.

Participants also highlighted that they experienced poor academic support from their families. Cengiz, Gurdap, and Işik, (2022:50) reported virtually similar experiences from nursing students from Turkey who experienced an increase in family conflicts and that they could not get along with their parents.

According to Gupta and Agrawal (2021:10) students' apprehension levels about accommodation during COVID-19 lockdown differed in India. The background of the student influenced how undergraduate nursing students in public nursing college in Gauteng experience challenges regarding accommodation during the COVID-19 lockdown. Participants indicated that the learning platform (WhatsApp) and the electronic gadgets (cell phones) contributed to poor family support this is in contrast with the study done in Nepal by Thapa, Bhandari, and Pathak, (2021:12) whereby nursing students preferred to use their mobile phone due to their flexibility as they can attend class wherever they are, and cost-effectiveness.

The lockdown created different challenges that the students had to face when they were forced to vacate their accommodation and were not refunded for the unused facilities. Similar circumstances were also found in a study on nursing undergraduate students by Kochuvilayi et al (2021:888); during the lockdown period accommodation areas at universities were closed, which led to Indian students having to return to their homes to live with families. Ilankoon et al (2020:2) also found that lack of access to technology has been reported by students living in rural areas in Sri Lanka.

#### **3.4.3.3 Sub-theme 3: Continuous financial support**

Ninety percent of this study population are on the state bursary system and only 10% of Recognition of Prior Learning (RPL) are on fully paid study leave as indicated in Council of Higher Education (CHE) (2016:9) that not more than 10% of a cohort of students in a programme should be admitted through an RPL process. The participants revealed that they continued to receive their stipend during the COVID-19 lockdown, though some received theirs late.

The following are direct statements from participants:

*"Fortunately, I could say that the department and the College in terms of our stipend even though we were still at our homes in lockdown, they did. Indicate to us that it would continue so. In terms of other things that you might need, maybe food or maybe if you need to move around, you were still. We were still able to do that because we still did have our stipend". (P2)*

*"We still got our stipend. We checked. It was motivating us so that we can still study and do other things that we used to do when we were receiving stipends ... Because we're*

*still receiving the stipend and I was not at the residence where I have to buy groceries and whatnot. I managed to buy a laptop with that amount of money and then that's when everything was easier for me to do". (P5)*

*"I think that at that time we didn't even have a stipend. We're not even started with the payment of the stipend. So, we're using our own money there. If I remember, we got the stipend while we were doing this online thing". (P11)*

*"We do receive a stipend. It was the same throughout COVID-19 and throughout lockdown didn't change, was not less or more". (P14)*

This study finds that students in a public nursing college in Gauteng experienced continued financial support during COVID-19 lockdown to enhance academic support. These findings are in contrast with that found by Visser and Law-van Wyk (2021: 235) who established that the financial challenges among South African University nursing students were the same as in other continents; students were worried about increasing economic threats to possible future employment. In Bangladesh (Islam, Barna, Raihan, Khan & Hossain, 2020:7) most nursing students do part-time jobs, like private tutoring to pay for their academic expenses, and some to provide for their families, but due to COVID-19 lockdown, many students lost their jobs which caused them stress related to financial needs. Rasmussen et al (2022:5) pointed out that being unable to provide tuition under the lockdown situation meant disruption of regular income and joblessness. Though nursing students in public college in Gauteng experienced financial stressors this was not due to non-payment of financial support from the college as compared to findings from other studies. The continued unemployment led to financial insecurity which in turn becomes the main stressor contributing to depression and anxiety among university nursing students in Bangladesh (Islam et al 2020:7). Additionally, Masha'al et al (2020:670) highlighted that there are no offline nursing education applications on smartphones, nursing students are expected to access the internet through university websites. The absence of offline study materials on smartphones and the requirement to constantly buy prepaid data bundles lead to financial problems for most students.

#### **3.4.4 THEME 4: Experiences of support to ensure continuity of learning**

The COVID 19 lockdown regulations changed the teaching strategies to new strategies such as online seminars, recorded seminars, online examinations, submission of assignments, and access to different facilitators. The aforesaid did not exclude nursing education however different countries handled progression in nursing education differently. According to



Kochuvilayi et al (2021:888), senior undergraduate students were concerned about completing their programme. India University requires nursing students to achieve 100% attendance in both clinical and theoretical modules of the programme, during the implementation of the first phase of the COVID-19 lockdown students were at 50% of clinical requirements (Kochuvilayi et al 2021:889). Therefore, Indian nursing students were still short of 50% of their clinical and theoretical attendance.

The management of the public nursing college in Gauteng put a plan into place to continue teaching and learning, the following sub-themes emerged from this theme: experiences regarding the support to ensure continuity of learning and the following sub-themes emerged: (i) effective clinical learning support, (ii) challenging experiences during online learning, (iii) inefficient administration of online assessment (iv) partial catch-up plan following the resumption of contact classes and (v) experiences of delayed accomplishment of the study programme.

#### **3.4.4.1. Sub- theme 1: Effective clinical learning support**

The clinical practice is the backbone of learning and education in nursing. In addition, the clinical learning environment plays a major role in ensuring that nursing students become professionals. Interruptions of clinical learning can have major consequences for nursing practice and education. Participants reported that going to the clinical area during the COVID-19 lockdown was anxiety-provoking, however, they reported that they received better clinical learning support from their clinical lecturers during the COVID-19 lockdown.

The participants indicated that the lecturers were accompanying them regularly and advocating for them especially when they were exposed to greater COVID-19 risk environments. The participants further indicated that if the lecturers were of the opinion that they could demonstrate the skill effectively in the simulation laboratory they were withdrawn from the clinical area to the simulation laboratory to practice the skill.

Below is the verbatim extracted from the participants:

*"In terms of clinical I don't think the lockdown had a big impact ... coming to clinical everything was ok we had time to go over everything even though we were not completely comfortable ... I feel like our clinical lecturers sometimes even called us to the college because they did not want us to get exposed to that situation very much to*

*try and guide us through everything. You know, they were patient, there wasn't any of that rush-rush job that we had to endure, and it was a bit more relaxed.” (P3)*

*“During level 5, we didn't go to the clinic because we were sent home. So, when we came back it was a matter of always wearing PPE...The lecturers were very supportive, and they understood how everyone is facing this pandemic. So, they were there for us”. (P4).*

*“We did manage to do our clinical practice and I can say we were fully supported... Fortunately, I did not lose the content or clinical period due to COVID-19, but some of my colleagues did and got isolated. There was a catch-up plan designed for them”. (P10).*

*Before we went to the hospitals and clinics were swapped (did COVID-19 test) again. Then usually they will ensure that we are not placed in a COVID ward ... They (the Clinical lecturers) would come maybe twice a week if we have a meeting with OM (Operational Managers) ... they would emphasize that they shouldn't place us in a COVID ward. Even with the mask thing one of our lecturers did mention to the OM that the college doesn't supply, so you have to make sure that when we bring placement count them on the mask and EPP you will be using in your ward”. (P14).*

This study revealed that nursing students were exposed to real-life clinical learning, and experienced effective clinical support from the college during the COVID-19 lockdown. According to Tomietto et al (2020:131) clinical competence requires continuous exposure to clinical practice.

Nursing students in Australia reported that during clinical placement they were offered fewer opportunities to practice relevant skills and were worried about becoming infected and transmitting the COVID-19 virus to family members (Rasmussen et al., 2022:8). Tomietto et al (2020:131) elucidated that nursing curricula in Europe requires students to spend at least half of their overall education in clinical practice. The COVID-19 lockdown affected any possibility of student nurses meeting those requirements, which led to the postponement of undergraduate nursing students graduating.

Kalyani, Jamshidi, Molazem, Torabizadeh, and Sharif (2019:1) alluded that nursing students should demonstrate their knowledge and skills in clinical environments. Kalyani et al. (2019:1) further highlighted that for students to qualify to take care of patients depends to a great extent on effective clinical training.

The college did not explore other platforms such as virtual clinical practice as suggested by Wild et al (2020:4). It is important that clinical instructions are offered using a distance learning platform that enables students to meet clinical objectives and thus are prepared for clinical practice. According to Casafont et al (2021:5) students were exposed to progressive and organizational transitions when they are employed to become healthcare workers. Wild et al (2020:4) indicated that the learning outcomes of students who used contact simulation, virtual simulation, and traditional clinical experiences strongly suggested that virtual learning experiences are effective substitutes for traditional clinical learning experiences. Gaur, Mudgal, Kaur and Sharma (2020:3371) argue that online platforms are not suitable for the Faculty of Health Sciences in relation to practical skills where acquisition of clinical skills is the backbone of the medical profession but can be of great assistance for theoretical purposes.

According to Ilankoon, Kisokanth, and Warnakulasuriya (2020:2) in Sri Lanka, healthcare facilities have reacted to nursing education and students' clinical needs differently, some institutions have restricted students in their organizations, while others allowed healthy students to use the clinical services. This led to some nursing students not completing their studies as expected.

Clinical learning in a public nursing college in Gauteng was also put on hold to allow college managers to plan how to unfold the work-integrated learning component during the COVID-19 lockdown across all academic levels. Participants reported that it was a skill week when they were sent home in response to the COVID-19 lockdown call. Tomietto et al (2020:131) indicated that once the relationship with the academic and the clinical environment is lost, nursing students lose the opportunity to cope with the prospects of the choice they made. It also became difficult to organize clinical placements of students as most healthcare settings had limitations in access.

As in other countries participants in this study were anxious about how they were going to continue with their studies; Pokharel, Shakya, Shrestha and Gurung (2021:79) indicated that their study conducted in Nepal revealed that most nursing students were worried about work-integrated learning requirement completion, and they felt inadequate clinical exposure would affect their performance in practical examination. However other countries responded differently with respect to lockdown for nursing students, especially those at senior levels. For instance, Casafont, Fabrellas, Rivera, Olivé-Ferrer, Querol, Venturas et al. (2021: 5) indicated

that in Spain, nursing students who were in their fourth level of training were hired as health assistants. That means students were shifted roles from student to employees.

#### **3.4.4.2. Sub-theme 2: Complicated experiences during online learning**

Academic institutions globally have developed a new approach to reach out to students. Participants in this study revealed that the public college of nursing did not have a formal online platform to continue learning and teaching. Participants from all campuses reported that the lecturers were using WhatsApp to facilitate teaching and learning during the COVID-19 lockdown. The WhatsApp platform was found to be very frustrating and not user-friendly for teaching and learning, however, participants further reported that other platforms like Teams and Zoom were also tried without success.

The following excerpts were obtained from participants:

*“But the challenges we have experienced with online learning is that we didn't have the correct equipment like teams or telegram for the learning and there was no software design for us to study, so we had to use WhatsApp and you know, with WhatsApp ... you will miss the content you only see 158 messages, so going back to those message messages you don't understand, so you get lost here and there so you will have to make up the contact content. You will have to consult on your own so that you understand”.*  
(P1)

*“We didn't receive academic support as it was, we didn't have the student portal that was functional. ... the college tried to do online classes, but during those online classes, there was no support, and no student portal. We only relied on WhatsApp. Which was very difficult to follow lessons. Even the lecturers were not prepared. I think they didn't know how to handle these WhatsApp classes. They were using different methods. Some would do voice notes, maybe a voice note that is maybe 30 minutes long and then you wouldn't even hear what the content is about like you wouldn't understand ...”*(P6)

*“My biggest issue was having to do the learning online at the same time we had issues with the software. They were trying to put systems in place for us so that we can continue to learn online. There were network glitches, and it was very difficult to keep up with the content, unfortunately, most of us who had such challenges were not attended we were not given the kind of support that ... using platforms like WhatsApp to get the content and slides and at times google drive and Teams application. Using the teams' application*

*was very difficult as some of the students will be locked out of the system; I am not sure if it is software issues or network". (P10)*

*"When they introduced WhatsApp learning trying to have classes via WhatsApp. Each morning we had to log into WhatsApp. Every module has its group. In the morning we woke up we were expected to log in. For me at first, it was very awkward especially because I was using a cell phone first, staying on the phone for such long hours was very awkward". (P14)*

Gaur et al (2020:3371) states that technology has a major influence on everybody's life internationally and lockdown influenced the use of technology in the academic fraternity. A study from Nepal found that most student nurses indicated that if an e-learning platform is made user-friendly with minimal technical challenges it can enhance practical learning abilities. They further indicate that e-learning can be the vital alternative teaching method in nursing education and training (Thapa et al 2021:15). Oducado and Estoque (2021:148) indicate that undergraduate nursing students found that online learning during the COVID-19 pandemic and lockdown was considered stressful.

The challenge with WhatsApp was that at times there was no network and the class continued and when students reconnect, they found many messages which made it difficult to follow the content to understand. To make up for lost content students had to consult on their own. The situation in the Gauteng public nursing college was similar to that in India (Gaur et al 2020:3377; Oducado & Soriano 2021:3) where they did not have online classes as a platform for teaching and learning due to a lack of required resources such as data affordability, poor internet connectivity and less knowledge of technology. This made online classes unsuitable for nursing students in India; however, the Gauteng public nursing college decided to facilitate teaching and learning without adequate resources.

This study revealed that online learning at public nursing college in Gauteng was not well planned to offer academic support to nursing students to continue learning. The students experienced frustrations with online learning during the COVID-19 lockdown. This was reiterated by Masha'al, Rababa, and Shahrour (2020:666) who established that because of the COVID-19 lockdown, remote teaching and learning was implemented and this caused several problems for nursing students in Jordan, especially as many students were being exposed to distance learning for the first time. Langedård, Kiani, Nielsen and Svensson (2021:8) determined that Swedish students found classroom-based teaching and learning

methods valuable for their studies when compared to remote learning, however, a blended learning approach can be used to motivate students in their learning. Tomietto et al (2020:131) emphasized the need to evaluate the nursing curricula and education in preparation for dealing with pandemics.

#### **3.4.4.3. Sub-theme 3: Inefficient administration of online assessment**

During the COVID-19 lockdown, most higher education institutions shifted to online assessment. Participants reported that lecturers tried to expose students to several online assessments and daily assessment activities on WhatsApp. However, it was indicated that assessments were not well planned and that security for the assessment was not ensured. Students were even sharing test answers on WhatsApp although the college has a plagiarism policy. Students decided not to comply with the policy; some highlighted that they were not putting in effort to prepare for online assessment because they could search for answers on the website and copy from colleagues. This study further reveals that students were exposed to online assessment using another platform than WhatsApp without proper technical support, some students could not access the online test which they were expected to write, and which counted towards their year mark.

The following excerpts are verbatim from participants:

*“OK. So, in terms of the assessment, it was very, very confusing, and somewhat. What made me angry is that when we came back to the college, basically whatever we had done in the period of lockdown was scrapped out, (voice tone changes with wet eyes) so it was almost as if we were not doing anything because we had to restart some of the content and then you had to rewrite exams as if you did not ... We wrote tests which we had to screenshot and e-mail to the lecturers privately all of that was completely scrapped out. You know it was almost as if what we were doing on WhatsApp was just for entertainment purposes and it wasn't really school related, you know” (P3)*

*“So there were challenges with that ... it ended up not counting to the year mark because of those technicalities ... then we had the actual online assessment and that also I felt wasn't a success even though the majority of us did write that test, but the challenge was that there were a few of our fellow students who couldn't write. Because of technicalities with the system. And I just felt like it was poorly handled because it wasn't their fault. But then it was counted for the year mark as them as having missed the assessment”. (P5)*

*“There was also an individual test that took place online which we accessed through a code, and it was stressful as it has a time limit but as students, we went to the extent of consulting each other for certain questions we were hardly prepared for the online test. It felt more like one is rushing to complete a form. Students were sharing answers as there was no invigilation. You find that you do not even focus to read the question clearly to understand before you answer because others would pass you the answers to a specific question. You will just copy as it comes “(P9)*

*“We wrote the online test, ... I remember there were some who were not able to submit on time because there was a friend of mine, I remember helping her to submit. She tried to submit the work and I don't know what went wrong and she lost everything. We were writing the paper online, so some are not techno-savvy. They don't know how to use the technology. So, I remember she lost her work. She had to call the lecturer making an excuse ... test was counting for the year mark. (P12)*

*There was an incident during that time, we were learning online, and they introduced that online test, I remember with PNP (Pharmacology in Nursing Practice module) we wrote online and then there was a problem ... For the first online test, I struggled to log in. The test was scheduled for 1h30 minutes, I only managed to open the test 30 minutes later. The unfair part was that they did not check what time did you access the test. (P14).*

This study revealed that students experienced poor administration of online assessments. The college did not offer proper support to students with online assessments to ensure their academic progress during the COVID-19 lockdown. This contrasted with China's solutions for medical and nursing students from low and middle-income areas, it was reported that the online assessment methods were adjusted from closed-end questions at fixed examination hours to open-ended questions, clinical case analyses or that time schedules for essays were made flexible to ensure fairness considering connectivity and electricity load shedding challenges (Li, Gillies, He, Wu, Liu, Gong et al. 2021:14).

The findings in this study around online assessment are similar to those findings of a Saudi Arabian study whereby Alqahtani, Innab, and Bahari, (2021:18) found that technology use in nursing education has improved and student nurses were ready for e-learning; however, they still had challenges regarding the assessment methods to be used for e-learning.

#### **3.4.4.4. Sub-theme 4: Partial catch-up plan following the resumption of contact classes.**

The college devised some means to ensure that students are competent and all gaps which might have occurred due to online learning are clarified for continuity of teaching and learning. Participants reported that the college had a one-week contingency plan to ensure that all students are at the same level. The participants in this study indicated that the content was packed into a very short period and that affected them badly, that the one-week effort was not experienced as supportive, but rather that the college just tried to cover the expected curriculum. Participants revealed that one week to repeat the work was too short to cover the work of all four modules. Students had to consult again individually with lecturers to clarify the same work. Other participants indicated that repeating the work that was done online felt like a delay to their studies as they tried very hard to keep up with the coursework done during online classes.

The following excerpts are verbatim from participants:

*“It made me really angry because of the frustration of not having Wi-Fi or Internet connections to having to keep up with classes every 5 minutes my connection was breaking and then now you're telling me that I basically didn't do anything, and I had to restart all of the content. And I remember this first or second week we came back. We had to write tests; it was the content that we had to restart. In the meeting, we tried to raise the test, wasn't really spaced out correctly. We were writing tests back-to-back as if we are running a marathon or trying to catch up, even though we were told that the programme had been extended by six months. But that didn't matter. They continued to rush through everything”. (P3)*

*“So, the contingency plan for the content done online was actually a week as it was only one week, and then with the additional remaining weeks, it was a matter of having a cramped program. Because we are trying to compensate for the previous weeks that we had missed and try to also ensure we move, we don't remain in one semester... Now, you know you are to share the same struggles, and like if to some extent you feel like it's a delay on your side whilst it's just a manner in which they're just trying to create space, for all students to have, like at least be covered as they were suggesting through the contingency plan”. (P8)*



*“The 1-week for reinforcement was partially supportive (we got the support that we needed in one way or the other), we were expected to know the content whereas in some of us half of the online classes we couldn’t log in because of network problems. The lecturers were expecting a lot from us as they kept on telling us we have already done this. There was a lot of group work, activities, and question-and-answer sessions where the lecturer would clarify the content” (P10)*

*“Our academic lecturers took one week to cover the six months’ content which was presented online, I felt that it was not successful as I had a lot of questions that were not clarified (the revision program was minimal). I had to make other appointments to consult with the lecturers to get clarification on the content”. (P13)*

This study revealed that the participants experienced the catch-up program as partial and ineffective as the workload was not well distributed. Rasmussen et al (2022:6) indicated that undergraduate nursing students raised concerns about under-preparedness in both theoretical and practical skills and that it had an effect on their competence. The college tried to mitigate the concern of under-preparedness through its one-week contingency plan, but it was also found that the catch-up program added to the stress that students were already experiencing.

Dawadi, Giri, and Simkhada, (2020:7) highlighted that recuperating from the impact of COVID-19 on teaching and learning requires recovery plans and they further advised schools and universities to check the needs of students and plan some catch-up lessons according to the students’ needs.

#### **3.4.4.5. Sub-theme 5: Experiences of delayed accomplishment of the study programme**

Participants in this study indicated that even though they transitioned to online learning during the COVID-19 lockdown, all the content that was taught online was repeated, and the programme was extended. Instead of completing the end of February 2023 they completed by the end of May 2023. Wild, Congdon, Boyle, Provost, Schlesinger, Salyers and Nordgren, (2020:1) highlighted that restricting nursing students from participating in classroom learning opportunities and live clinical experiences put them at risk of failing in their training and delayed accomplishment of their study programmes.

Participants highlighted their disappointment and frustrations caused by the extension of the study programme, as it destabilized their life goals. Participants indicated that they were not psychologically prepared for the delay and the students did not factor in the decisions taken about their studies.

The following excerpts are verbatim from participants:

*“It has discouraged me again with the time frame I have set for myself because I thought by this year I will be working and doing some of the things. It was a setback in the time frame that I have. I had goals. By this year, I was supposed to be doing some of the things, but here we are six months later. And with an extended course. I feel like that's how it impacted me during the lockdown and everything”. (P1)*

*“I still feel that the manner in which the contingency plan was structured was too congested for us to actually digest the information..., we were held back with our clinical hours. So instead of having some sort of prior communication as to what would happen regarding our studies they only communicated once we came back. So hence we got the academic year extension so. The poor communication that took place and psychological preparation with regard to having now an additional six months into the course instead of the one which had anticipated, which was 3 years”. (P8)*

*“COVID-19 took away our time which is why we are still in level three though we were supposed to be done. I wished that the lecturers went deeper into the content than just flying above it, based on that it was taught online”. (P10)*

*“Conceiving the extension of the course is due to COVID-19. And with other institutions, they were able to continue. I don't know. How did they do it? those that we started the first year with, in 2020, are now in their 4th year. And we are still in 3rd year, second semester they are one semester ahead of us, but we studied around the same time. So, like we were surprised. How did they continue? But then with us, we studied online, but still, it's like it didn't contribute that much to our curriculum. So that was the demotivating part, you know” (P14)*

Wild et al. (2020: 1) advise that supporting nursing students to progress in their education would involve an immediate transition to distance nursing education. Rasmussen, Hutchinson, Lowe, Wynter, Redley, Holton, Manias, Phillips, McDonall, and McTier and Kerr (2022:6)

indicate that Australian undergraduate nursing students raised concerns that they felt under-prepared in both theoretical and practical skills and that affected their opportunities to successfully complete the course. This contrasted with nursing students in Gauteng Province who thought that as long as the college managed to ensure that learning continues, they did not expect any extension of the course due to COVID-19. Rasmussen et al (2022:6) further indicated that multiple cancellations of scheduled clinical placements made student nurses worry if they would finish the course timeously to qualify for graduation and start working as registered nurses the following year.

This study revealed that participants were exposed to the extension of the learning programme which led to delays in the completion of the course. Callender, LuValle, Johnson, Clark, and Terrero de la Osa, (2021:396) found that in **Florida**, graduation of 69% of the nursing students was delayed due to COVID-19 and the failure to meet the required hours of clinical learning. Students who could not complete the expected clinical hours were awarded an incomplete grade and were allowed to complete their clinical hours. Agu, Stewart, McFarlane-Stewart and Rae (2021:155) also added that switching to online teaching and learning and suspension of clinical teaching led to extension of the programme. The aforesaid researchers estimated that the programme would be extended for at least an additional semester to facilitate the clinical experience and the expected clinical hours by the governing bodies, as revealed by this study; Gauteng public nursing college extended the nursing undergraduate course by a semester.

### **3.5. Field notes**

Polit and Beck (2021:525) indicate that field notes are the representation of the researcher's attempt to document information and synthesize and understand data. Field notes are more analytic and interpretive than listing a series of events, to ensure that data is better understood. They (2021:525) advise researchers to provide a wealth of information which includes the time, place, and behaviour of all those who are participating in the study.

The researcher visited four campuses of the selected public college on different days and at different times. The reception on different campuses varied. Some campus research coordinators were more welcoming than others, however, the researcher was given the opportunity to meet with the selected population on all campuses.

The researcher managed to recruit participants from all campuses, although some withdraw before they were interviewed. The researcher conducted individual interviews with 14

participants for two weeks depending on each campus schedule. In this study, the researcher recorded observational, analytical, personal, and methodological notes.

### **3.5.1. Observational notes**

According to Polit and Beck (2021:525) observational notes are objective descriptions of observed events and conversations. During the interview, the researcher learned that some participants openly showed how affected they were by their experience of academic support during the COVID-19 lockdown. Their wet eyes, shedding of tears, anger, and moments of sadness during the interview reflected that their experiences with academic support during the COVID-19 lockdown were not pleasant. The interview with participants took place 10 months after the upliftment of COVID-19 disaster regulations. Participants' emotions were not at the level whereby they interrupted the interview sessions.

### **3.5.2. Analytical notes**

Polit and Beck (2021:525) said that in analytical notes the researcher writes their thoughts on how to make sense of what is going on and that these are the starting point of analysis. In this study, participants from all the campuses stressed that there was no support during the COVID-19 lockdown from the college, and they could not acknowledge the college's endeavours to continue learning as supportive. The participants had some academic expectations that the college could not meet.

### **3.5.3. Personal notes**

Personal notes are said to be the researcher 's feelings experienced during fieldwork including her emotions and challenges encountered and reflected on during the interview. This reflection is important to check, if not done personal feelings become the results of the study (Polit and Beck, 2021:526). The researcher listened attentively and took notes during the interview. The observation left her with many questions going forward and was partly blamed as she is an employee of the setting under study, though was not directly involved with participants during the COVID-19 lockdown. The researcher established if the participants would like to be referred to campus support services as they share emotion-provoking information. The researcher managed to control her emotions and deliberately set her feelings aside and continue to display an impartial and professional attitude. On all campuses, the researcher made the Student Counselling and Development department aware that she was there and that she may refer participants should the need arise.

#### **3.5.4. Methodological notes**

Polit and Beck (2021:526) indicate that methodological notes are reflections of observational strategy and why it was used. Polit and Beck (2021:526) further highlight that it assists in ensuring that the observation strategy used will assist the researcher to obtain enough information on the phenomena. The researcher used individual interviews to capture the lived experience of participants which was relevant for this study as it prompted in-depth information on the experiences of undergraduate nursing students on the academic support offered by the college during the COVID-19 lockdown.

#### **3.6. CONCLUSION**

The findings of this study and related literature were presented and discussed in this chapter. The next chapter will present the findings, recommendations, implications, limitations, and conclusion of the study.

## **CHAPTER 4 - OVERVIEW OF THE STUDY FINDINGS, RECOMMENDATIONS IMPLICATIONS AND LIMITATIONS**

### **4.1. INTRODUCTION**

The purpose of this study was to explore and describe the experiences of undergraduate students on the academic support provided by a public nursing college in Gauteng Province during the COVID-19 lockdown and to explore and describe the enablers implemented to support the academic progress of undergraduate student nurses during the COVID-19 lockdown in a public nursing college in Gauteng Province. This chapter presents an overview of the study findings and its implications. Recommendations are suggested and the limitations of the study are addressed and then conclusions.

### **4.2. OVERVIEW AND SUMMARY OF THE STUDY FINDINGS**

The following objective directed this study:

- To explore and describe the experiences of undergraduate students on the academic support provided in public nursing college in Gauteng Province during the COVID-19 lockdown.

A descriptive phenomenological design was used as a research method to attain the study objective. The following themes emerged from individual interviews conducted with undergraduate students in a public nursing college in Gauteng Province.

- Experiences in supportive communication
- Experiences on the availability of learning resources
- Experiences of psycho-social support
- Experiences of support to ensure continuity of learning.

#### **4.2.1. Summary of findings**

The themes stated reflect the meaning and interpretations of academic support offered by the public nursing college in Gauteng to undergraduate student nurses during the COVID-19 lockdown.

##### **4.2.1.1. Theme 1: Experiences in supportive communication**

This study revealed a notable communication discrepancy at different levels within the college that affected students' learning, support, and academic progress. Ineffective communication

was noted between the college management and students, effective communication between the students and lecturers, and communication challenges between the college and clinical area during the COVID-19 lockdown.

Informal channels such as WhatsApp were used for announcements resulting in nursing students facing challenges in accessing information due to a lack of a proper communication channel.

Decisions were made without student consultation, leading to unrest.

Lecturers provided effective and supportive communication using WhatsApp for teaching during the COVID-19 lockdown. The lecturers were accessible, and provided as much support to students as they could. Different teaching strategies were used to ensure students understood and retained as much information as possible.

The supply of personal protective equipment (PPE) to students posed challenges, as there was confusion regarding the responsibility between the college and clinical areas.

#### **4.2.1.2. Theme 2: Experiences in the availability of learning resources**

The study revealed that there were challenges in the availability of learning resources. Participants revealed that there were challenges in the provision and acquirement of electronic equipment and internet data, inconsistency in the provision of textbooks, and barriers to clinical learning.

During the COVID-19 lockdown, the college did not provide electronic equipment or internet data forcing nursing students to use their own smartphones for online classes. This disadvantaged those students without smartphones and led to frustration and increased expenses.

Rapid changes caused by COVID-19 disrupted the college's textbook distribution plan. The study highlighted disparities in the provision of textbooks across campuses, leading to differing experiences among participants. Some students received their prescribed books as expected, while others did not.

The participants indicated that a poor supply of PPE was the main barrier to the clinical area.

This study revealed that the matter of providing PPE to students during their clinical practice affected undergraduate students' clinical learning. The undergraduate nursing students in Gauteng Province experienced frustrations and fear while in clinical learning during the COVID-19 lockdown.

The inadequate supply of personal protective equipment (PPE) emerged as a significant barrier to clinical learning. Students reported feeling ill-equipped to work with COVID-19 patients due to insufficient training and fear of the unknown. The lack of clinical staff to supervise and teach students added to their stress during the COVID-19 lockdown.

#### **4.2.1.3. Theme 3: Experiences of psycho-social support**

The study revealed that nursing students from the public college in Gauteng came from diverse backgrounds and economic strata and they experienced different psychosocial challenges during the COVID-19 lockdown; namely issues related to accommodation, financial support, and utilization of student support services.

The study revealed that student counselling and development departments are available, but nursing students did not utilise these services effectively. Some cited support services schedules conflicts with class periods as a reason for not using the counselling services. The study also revealed that information sharing with respect to access to student support services during the COVID-19 lockdown was not made clear to all nursing students.

Some students faced challenges related to accommodation during the lockdown, which had an impact on their academic expectations. These challenges were influenced by the students' backgrounds.

The study also highlighted continuous financial support of nursing students during COVID-19 lockdown. Most of the students are on a state bursary system, and they continued to receive their stipends during the lockdown, although some experienced delays. Financial stress among nursing students could not be primarily attributed to a lack of support from the college.

#### **4.2.3.4. Theme 4: The experiences of support to ensure continuity of learning.**

The study revealed that the COVID-19 lockdown had a significant impact on nursing education, prompting the adoption of new teaching strategies such as online seminars, recorded sessions, online exams, assignment submissions, and access to various facilitators.



However, the implementation of these strategies varied across different countries. In Gauteng, South Africa, the public nursing college also faced challenges but managed to continue with teaching and learning.

It was found that during the lockdown, nursing students experienced effective clinical learning support, despite anxiety about their clinical placements. They praised their clinical lecturers for regular accompaniment and advocacy for their safety in high-risk COVID-19 environments. Simulation laboratories were used to practice skills when needed, although virtual clinical practice was not explored.

Nursing students in Gauteng received real-life clinical exposure and effective support from the college during the lockdown, but they were not directly involved in caring for COVID-19 patients. The interruption of clinical services and the lack of a formal online platform led to delays in completing their studies.

The college relied on WhatsApp for teaching and learning, which was frustrating and not user-friendly. Poor internet connectivity and limited technology knowledge further hindered online classes. Online assessments were introduced but were not well planned, leading to issues such as cheating and technical difficulties.

A one-week catch-up program was implemented to address the gaps in theoretical knowledge caused by online learning, but participants found it only partially effective. The course program was extended, delaying the completion of the nursing programme by a semester.

Overall, this study reveals the challenges faced by nursing students in Gauteng during the COVID-19 lockdown; this includes issues with online learning, clinical experiences, and assessments, which led to delays in their education.

### **4.3. RECOMMENDATIONS**

Based on the discussions above, the following recommendations are made:

#### **4.3.1. Nursing education and training**

It is recommended that the experiences of undergraduate nursing students about academic support during the COVID-19 lockdown be taken into consideration. Nursing students should be fully supported during any disaster to ensure the continuity and quality of nursing education. Nursing education and training are the pillars and foundation of nursing practice and the entire

health system; therefore, it is further recommended that the public nursing college in Gauteng should adjust and transition to appropriate online teaching and learning platforms supported by higher education.

#### **4.3.2. Nursing practice**

It is recommended that:

- Clinical practice and nursing education institutions strive to clear misunderstandings and gaps to ensure that students are not frustrated during training. South Africa has developed clinical teaching units in most clinical areas, those units need to be evaluated regularly to determine if they are disaster ready to ensure continuity of learning and teaching of students,
- Clinical practice should play a supportive role to students and nursing education institutions; a nursing education institution relies on clinical areas to ensure that students are competent and have acquired relevant skills to render quality care. Continuous in-service training to reinforce the teaching role of professional nurses should happen to ensure that clinical nursing education is not compromised even during disaster periods.

#### **4.3.3. Nursing research**

The COVID-19 pandemic was one of the global disasters that all needed to manage to ensure continuity of daily functioning and livelihoods, including learning and teaching. The following is recommended:

- Further research in other provinces and private nursing education institutions to explore the experiences of student nurses during the COVID-19 lockdown.
- The status of disaster readiness in nursing education in public nursing colleges should be explored.
- Quantitative studies to explore and describe the problems with technology in learning in public nursing colleges are required as there is an international move towards hybrid learning.

### **4.3 LIMITATIONS**

The researcher adopted a qualitative descriptive phenomenological approach, focusing on the experiences shared by 14 undergraduate nursing students concerning the support offered by the public nursing college during the COVID-19 lockdown. The study was conducted in a Gauteng public nursing college. There is a possibility of the findings being different if conducted in other provinces and/or private nursing education institutions. There is also a

possibility that students could have forgotten some experiences as the lockdown was experienced some time before the study.

#### **4.4. CONCLUSION**

The purpose of this study was to explore and describe the experiences of undergraduate nursing students on the academic support provided by a public nursing college during the COVID-19 lockdown and to explore and describe the enablers implemented to support the academic progress of undergraduate student nurses during the COVID-19 lockdown in a public nursing college in Gauteng Province. The study adopted the qualitative method and applied phenomenological principles to gather and analyse data. Different experiences focused on supportive communication, the availability of learning resources, psycho-social support, and support to ensure continuity of learning. The lack of provision of effective academic support during the COVID-19 lockdown to students contributed to participants' frustrations and the extension of the study program.

## REFERENCES

- Abukhalaf AH, Von Meding J. Communication challenges in campus emergency planning: The case of hurricane Dorian in Florida. *Natural Hazards*. 2020 Nov;104(2):1535-65.
- Agu, C.F., Stewart, J., McFarlane-Stewart, N. and Rae, T., 2021. COVID-19 pandemic effects on nursing education: looking through the lens of a developing country. *International Nursing Review*, 68(2), pp.153-158.
- Alqahtani, N., Innab, A. and Bahari, G., 2021. Virtual Education During COVID-19: Exploring Factors Associated With E-Learning Satisfaction Among Saudi Nursing Students. *Nurse Educator*, 46(2), pp. E18-
- Basit, I., Quratulain, and Hafeez, M. 2021. Impacts of Using Laptop at University Level-A Survey-Based Approach. *Global Educational Studies Review*, VI, 6, pp.354-360.
- Bender, L., 2020. Key Messages and Actions for COVID-19 Prevention and Control in Schools. UNICEF. New York.
- Brink, H. and Van der Walt, C., Van Rensburg. 2018. Fundamentals of research
- Burns, D, Dagnall, N & Holt, M. 2020. Assessing the impact of the COVID-19 pandemic on student wellbeing at universities in the UK: a conceptual analysis. *Frontiers in Education*, 5:8.
- Callender, L.F., LuValle Johnson, A., Clark, J.N. and Terrero de la Osa, A., 2021. Coordinating clinical rotations during the novel corona virus 2 pandemic. *Journal of Nursing Education*, 60(7), pp.394-396.
- Casafont, C., Fabrellas, N., Rivera, P., Olivé-Ferrer, M.C., Querol, E., Venturas, M., Prats, J., Cuzco, C., Frías, C.E., Pérez-Ortega, S. and Zabalegui, A., 2021. Experiences of nursing students as healthcare aid during the COVID-19 pandemic in Spain: A phenomenological research study. *Nurse Education Today*, 97, p.104711
- Cengiz, Z., Gurdap, Z. and Işik, K., 2022. Challenges experienced by nursing students during the COVID-19 pandemic. *Perspectives in Psychiatric Care*, 58(1), p.47.
- Coman, C., Țîru, L.G., Meseşan-Schmitz, L., Stanciu, C. and Bularca, M.C., 2020. Online teaching and learning in higher education during the coronavirus pandemic: Students' perspective. *Sustainability*, 12(24), p.10367.

Council on Higher Education (CHE)., 2016. Policies on the Recognition of Prior Learning, Credit Accumulation and Transfer, and Assessment in higher education. [online] available from:

<https://www.che.ac.za/sites/default/files/RPLCAT%20Assessment%20Policy%20Document.pdf> [accessed 30 June 2023]

Dawadi, S., Giri, R.A. and Simkhada, P., 2020. Impact of COVID-19 on the Education Sector in Nepal: Challenges and Coping Strategies. Online Submission.

Department of Co-operative Governance and Traditional Affairs (CoGTA). 2020. *Lockdown regulations*. Pretoria: CoGTA.

Dewart, G., Corcoran, L., Thirsk, L. and Petrovic, K., 2020. Nursing education in a pandemic: Academic challenges in response to COVID-19. *Nurse Education Today*, 92, p.104471.

De Houwer, J., Barnes-Holmes, D. and Moors, A., 2013. What is learning? On the nature and merits of a functional definition of learning. *Psychonomic Bulletin & Review*, 20 pp631-642

Dziurka, M., Machul, M., Ozdoba, P., Obuchowska, A., Kotowski, M., Grzegorzczak, A., Pydyś, A. & Dobrowolska, B. 2022, "Clinical Training during the COVID-19 Pandemic: Experiences of Nursing Students and Implications for Education", *International Journal of Environmental Research and Public Health*, vol. 19, no. 10, pp. 6352.

Farsi, Z., Sajadi, S.A., Afaghi, E., Fournier, A., Aliyari, S., Ahmadi, Y. and Hazrati, E., 2021. Explaining the experiences of nursing administrators, educators, and students about education process in the COVID-19 pandemic: a qualitative study. *BMC Nursing*, 20, pp.1-13.

Gaur, R., Mudgal, S.K., Kaur, S. and Sharma, R., 2020. Undergraduate nursing students' attitude towards online classes during lockdown period in India: imposed or interested. *International Journal of Community Medicine and Public Health*, 7(9), pp.3371-3377.

Godovykh, M. and Tasci, A.D., 2020. Customer experience in tourism: A review of definitions, components, and measurements. *Tourism Management Perspectives*, 35, p.100694.

Gov.za. 2020. Speeches | South African Government. [online] Available at: <https://www.gov.za/speeches/president-cyril-ramaphosa-escalation-measures-combat-coronavirus-covid-19-pandemic-23-mar> [Accessed 2 April 2021].

Gov.za. 2020. Speeches | South African Government. [online] Available at: <https://www.gov.za/speeches/response-covid-19-24-mar-2020-0000> [Accessed 2 April 2021].

Government of South Africa. Minister Blade Nzimande on Measures to Phase Out Coronavirus (COVID-19) Lockdown and Phasing in of the PSET Sector [online]. Government of South Africa; [30 April 2020]. Available from: <https://www.gov.za/speeches/minister-blade-nzimande-measures-phase-out-coronavirus-covid-19-lockdown-and-phasing-pset> [Accessed 2 April 2021]

Gray, JR & Grove, SK. 2021. Burns & Grove's the practice of nursing research: appraisal, synthesis, and generation of evidence. 9th Edition. St Louis, MO: Elsevier.

General Assembly of the World Medical Association (2014) 'World Medical Association Declaration of Helsinki: Ethical Principles for Medical Research Involving Human Subjects', *The Journal of the American College of Dentists*, 81(3), pp. 14–8.

Gupta, R. and Agrawal, R., 2021. Are the concerns destroying mental health of college students? A qualitative analysis portraying experiences amidst COVID-19 ambiguities. *Analyses of Social Issues and Public Policy*. 21(1) pp.621-639

Hasking, P., Lewis, S.P., Bloom, E., Brausch, A., Kaess, M. and Robinson, K., 2021. Impact of the COVID-19 pandemic on students at elevated risk of self-injury: The importance of virtual and online resources. *School psychology international*, 42(1), pp.57-78

Ilankoon, I.M.P.S., Kisokanth, G. and Warnakulasuriya, S.S.P., 2020. COVID-19: Impact on undergraduate nursing education in Sri Lanka. *Journal of Public Health Research*, 9 (Suppl 1).

Islam, M.A., Barna, S.D., Raihan, H., Khan, M.N.A. and Hossain, M.T., 2020. Depression and anxiety among university students during the COVID-19 pandemic in Bangladesh: A web-based cross-sectional survey. *PloS one*, 15(8), p.e0238162

Johnson, C., Gitay, R., Abdel-Salam, A.S.G., BenSaid, A., Ismail, R., Al-Tameemi, R.A.N., Romanowski, M.H., Al Fakih, B.M.K. and Al Hazaa, K., 2022. Student support in higher education: campus service utilization, impact, and challenges. *Heliyon*, p.e12559.

Kalyani, M.N., Jamshidi, N., Molazem, Z., Torabizadeh, C. and Sharif, F., 2019. How do nursing students experience the clinical learning environment and respond to their experiences? A qualitative study. *BMJ Open*, 9(7), p.e028052.

Kochuvilayil, T., Fernandez, R.S., Moxham, L.J., Lord, H., Alomari, A., Hunt, L., Middleton, R. and Halcomb, E.J., 2021. COVID-19: Knowledge, anxiety, academic concerns and preventative behaviours among Australian and Indian undergraduate nursing students: A cross-sectional study. *Journal of Clinical Nursing*, 30(5-6), pp.882-

Labrague, L.J., De los Santos, J.A.A. and Falguera, C., 2021. Social and emotional loneliness among college students during the COVID-19 pandemic: the predictive role of coping behaviours, social support, and personal resilience. *Perspect Psychiatr Care* 57(4), pp.1578-1584

Langegård, U., Kiani, K., Nielsen, S.J. and Svensson, P.A., 2021. Nursing students' experiences of a pedagogical transition from campus learning to distance learning using digital tools. *BMC nursing*, 20(1), pp.1-10.

Li, W., Gillies, R., He, M., Wu, C., Liu, S., Gong, Z. and Sun, H., 2021. Barriers and facilitators to online medical and nursing education during the COVID-19 pandemic: perspectives from international students from low-and middle-income countries and their teaching staff. *Human Resources for Health*, 19(1), p.64.

Makhado, L., Musekwa, O.P., Luvhengo, M., Murwira, T., Lebese, R.T., Mulaudzi, M.T. and Chueng, M.J., 2022. An Exploratory-Descriptive Study on the Impact of COVID-19 on Teaching and Learning: The Experiences of Student Nurses in the Rural-Based Historically Disadvantaged University of South Africa. Inquiry: *The Journal of Health Care Organization, Provision, and Financing*, 59, p.00469580221093191.

Manze, M. G., Rauh, L., Smith-Faust, P., & Watnick, D. (2021). Experiences of College Students With Children During the COVID-19 Pandemic. *Emerging Adulthood*, 9(5), 631–638. <https://doi.org/10.1177/21676968211020225>

Masha'al, D., Rababa, M. and Shahrour, G., 2020. Distance learning–related stress among undergraduate nursing students during the COVID-19 pandemic. *Journal of Nursing Education*, 59(12), pp.666-674.

Molefe, L.L. and Mabunda, N.F., 2022. Online teaching and learning: Experiences of students in a nursing college during the onset of COVID-19. *Curationis*, 45(1), p.10.

Moxham, L., Fernandez, R., Lord, H., Halcomb, E. and Middleton, R., 2022. Life during lockdown: coping strategies used by preregistration nursing students during COVID-19. *Nurse Education in Practice*, p.103388.

Mtshali, N.G. and Zwane, Z.P., 2019. Positioning public nursing colleges in South African higher education: Stakeholders' perspectives. *Curationis*, 42(1), pp.1-11.

Nabavian M, Rahmani N, Alipour H. Experiences of Nursing Students in the Care for Patients Diagnosed With COVID-19: A Qualitative Study. *Journal of Patient Experience*. 2021;8. doi:10.1177/23743735211039925

National Department of Health. 2013. *Strategic plan for nurse education, training and practice 2012/13-2016/17*. Pretoria: Government Printer.

Oducado, R.M. and Estoque, H., 2021. Online Learning in Nursing Education during the COVID-19 Pandemic: Stress, Satisfaction, and Academic Performance. *Journal Of Nursing Practice*, 4(2), pp.143-153.

Oducado, R.M. and Soriano, G., 2021. Shifting the Education Paradigm amid the COVID-19 Pandemic: Nursing Students' Attitude to E-Learning (preprint).

Pastori, G., Pagani, V., Mangiatordi, A. and Pepe, A., 2021. Parents' view on distance learning during lockdown. A national survey. *Rivista Italiana di Educazione Familiare*, 18(1), pp.61-96.

Pokharel, G., Shakya, N., Shrestha, K. and Gurung, N., 2021. Impact of COVID-19 lockdown on undergraduate nursing and medical students of a medical college in Pokhara, Nepal. *Journal of Patan Academy of Health Sciences*, 8(2), pp.72-84.

Polit, D.F. and Beck, C.T., 2021. *Nursing research: Generating and assessing evidence for nursing practice*. Lippincott Williams and Wilkins.

Raaper, R., Brown, C. and Llewellyn, A., 2022. Student support as social network: Exploring non-traditional student experiences of academic and wellbeing support during the Covid-19 pandemic. *Educational Review*, 74(3), pp.402-421.

Rajagopalan, I., 2019. Concept of Teaching. *Shanlax International Journal of Education*, 7(2), pp.5-8.

Rasmussen, B., Hutchinson, A., Lowe, G., Wynter, K., Redley, B., Holton, S., Manias, E., Phillips, N., McDonall, J., McTier, L. and Kerr, D., 2022. The impact of covid-19 on psychosocial well-being and learning for Australian nursing and midwifery undergraduate students: A cross-sectional survey. *Nurse Education In Practice*, 58, p.103275.



Romero-Blanco, C., Rodríguez-Almagro, J., Onieva-Zafra, M.D., Parra-Fernández, M.L., Prado-Laguna, M.D.C. and Hernández-Martínez, A., 2020. Sleep pattern changes in nursing students during the COVID-19 lockdown. *International Journal of Environmental Research and Public Health*, 17(14), p.5222.

Roos, E., Fichardt, A.E., MacKenzie, M.J. and Raubenheimer, J., 2016, 'Attrition of undergraduate nursing students at selected South African universities', *Curationis* 39(1), a1558. <http://dx.doi.org/10.4102/curationis.v39i1.1558>

South African Nursing Council (SANC). 2013. Regulation 171 relating to the approval of and the minimum requirements for the education and training of a learner leading to registration in the category Staff Nurse. Pretoria: SANC.

South African Nursing Council (SANC). 2013. Regulation 174 relating to the approval of and the minimum requirements for the education and training of a learner leading to registration in the categories Professional Nurse and Midwife. Pretoria: SANC.

Savitsky, B., Findling, Y., Ereli, A. and Hendel, T., 2020. Anxiety and coping strategies among nursing students during the covid-19 pandemic. *Nurse Education in Practice*, 46, p.102809.

Stukalo, N. and Simakhova, A., 2020. COVID-19 Impact on Ukrainian Higher Education. *Universal Journal of Educational Research*, 8(8), pp.3673-3678.

Suliman, W.A., Abu-Moghli, F.A., Khalaf, I., Zumot, A.F. and Nabolsi, M., 2021. Experiences of nursing students under the unprecedented abrupt online learning format forced by the national curfew due to COVID-19: A qualitative research study. *Nurse Education Today*, 100, p.104829

Thapa, P., Bhandari, S.L. and Pathak, S., 2021. Nursing students' attitude on the practice of e-learning: A cross-sectional survey amid COVID-19 in Nepal. *PloS one*, 16(6), p.e0253651.

Tomietto, M., Comparcini, D., Simonetti, V. and Cicolini, G., 2020. Nursing education: challenges and perspectives in a COVID-19 age. *Professioni Infermieristiche*, 73(3).

Visser, M. and Law-van Wyk, E., 2021. University students' mental health and emotional wellbeing during the COVID-19 pandemic and ensuing lockdown. *South African Journal of Psychology*, 51(2), pp.229-243.

Wild, L.M., Congdon, B., Boyle, K., Provost, V.P., Schlesinger, M., Salyers, V. and Nordgren, M., 2020. Innovations in nursing education: Recommendations in response to the COVID-19 pandemic.

World Medical Association Declaration of Helsinki", 2001, World Health Organization. *Bulletin of the World Health Organization*, vol. 79, no. 4, pp. 373-374.

Zengulaaru, J. and Nyamekye, E., 2022. Ensuring Future Resilience beyond ICT and Online Teaching and Learning of Social Studies in Ghanaian Senior High Schools: Lessons from COVID-19 Pandemic. *Social Education Research*, pp.23-44.

## ANNEXURES

### ANNEXURE A - LETTER OF APPROVAL FROM DEPARTMENTAL IN-HOUSE COMMITTEE



UNIVERSITEIT VAN PRETORIA  
UNIVERSITY OF PRETORIA  
YUNIBESITHI YA PRETORIA

Faculty of Health Sciences  
Department of Nursing Science

Enquiries: Prof AE van der Wath  
Tel: 0123563172  
Mobile: 0845063142  
Email: annatje.vanderwath@up.ac.za

23 May 2022

The Chair: Post Graduate Committee

Dear Prof,

#### Letter of approval from Departmental In-house committee

The proposal of student: B Bale, Student number: 12350193, served before the In-house committee of the Department of Nursing Science and was approved for submission to the Post Graduate School Committee. The title: THE EXPERIENCES OF UNDERGRADUATES NURSING STUDENTS ON ACADEMIC SUPPORT PROVIDED BY THE PUBLIC NURSING COLLEGE DURING THE COVID 19 LOCKDOWN IN GAUTENG PROVINCE.

*Internal reviewers: Prof Heyns & Mr Moeta*

Yours sincerely

A handwritten signature in cursive script, appearing to read 'AE van der Wath'.

Prof AE van der Wath  
Associate professor  
Department of Nursing Science  
University of Pretoria  
Cell phone: +27845063142  
Office: (012) 356-3172



## ANNEXURE B - EVALUATION OF A PROTOCOL FOR BRIDGET BALE

Faculty of Health Sciences  
School of Health Care Sciences  
Room 5-19, HW Snyman South  
University of Pretoria,  
Private Bag X323  
GEZINA  
0007  
Tel: 012 356-3213/4  
[Kitty.uys@up.ac.za](mailto:Kitty.uys@up.ac.za)

29 August 2022  
Faculty Ethics Committee  
Faculty of Health Sciences  
University of Pretoria

To whom it may concern,

Evaluation of a protocol for the following student:

**Student: : Bridget Bale (12350193)**

**Title: THE EXPERIENCES OF UNDERGRADUATE NURSING STUDENTS ON ACADEMIC SUPPORT PROVIDED BY THE PUBLIC NURSING COLLEGE DURING THE COVID 19 LOCKDOWN IN GAUTENG PROVINCE.**

This letter serves to confirm that the above-mentioned protocol was discussed by the Postgraduate Committee of the School of Health Care Sciences during the:

On- line meeting of 3 August 2022

The proposal was accepted **with minor changes**, and the corrections were implemented.

The proposal is hereby referred to your committee for ethical clearance.

Sincerely yours,



**Professor Kitty Uys**  
Chairperson: Research and postgraduate committee  
School of Health Care Sciences

# ANNEXURE C - ETHICS APPROVAL



Faculty of Health Sciences

**Institution:** The Research Ethics Committee, Faculty Health Sciences, University of Pretoria complies with ICH-GCP guidelines and has US Federal wide Assurance.

- FWA 00002567, Approved dd 18 March 2022 and Expires 18 March 2027.
- IORG # IORG0001762 OMB No. 0990-0278 Approved for use through August 31, 2023.

Faculty of Health Sciences **Research Ethics Committee**

10 November 2022

## Approval Certificate New Application

Dear Mrs B Bale

**Ethics Reference No.:** 534/2022

**Title:** The experiences of undergraduate nursing students on academic support provided by the public nursing college during the COVID 19 lockdown in Gauteng Province

The **New Application** as supported by documents received between 2022-09-19 and 2022-11-09 for your research, was approved by the Faculty of Health Sciences Research Ethics Committee on 2022-11-09 as resolved by its quorate meeting.

Please note the following about your ethics approval:

- Ethics Approval is valid for 1 year and needs to be renewed annually by 2023-11-10.
- Please remember to use your protocol number (534/2022) on any documents or correspondence with the Research Ethics Committee regarding your research.
- Please note that the Research Ethics Committee may ask further questions, seek additional information, require further modification, monitor the conduct of your research, or suspend or withdraw ethics approval.

**Ethics approval is subject to the following:**

- The ethics approval is conditional on the research being conducted as stipulated by the details of all documents submitted to the Committee. In the event that a further need arises to change who the investigators are, the methods or any other aspect, such changes must be submitted as an Amendment for approval by the Committee.

We wish you the best with your research.

Yours sincerely

On behalf of the FHS REC, Professor Werdie (CW) Van Staden  
MBChB, MMed(Psych), MD, FCPsych(SA), FTCL, UPLM  
**Chairperson:** Faculty of Health Sciences Research Ethics Committee

The Faculty of Health Sciences Research Ethics Committee complies with the SA National Act 61 of 2003 as it pertains to health research and the United States Code of Federal Regulations Title 45 and 46. This committee abides by the ethical norms and principles for research, established by the Declaration of Helsinki, the South African Medical Research Council Guidelines as well as the Guidelines for Ethical Research: Principles Structures and Processes, Second Edition 2015 (Department of Health)

Research Ethics Committee  
Room 4-80, Level 4, Tower of Life Building  
University of Pretoria, Private Bag x223  
Gazima 0031, South Africa  
Tel: +27 (0)12 366 3084  
Email: dsapeka.behan@up.ac.za  
www.up.ac.za

Fakulteit Gesondheidswetenskappe  
Lefapha la Disaanso tsa Maphelo



Bale B 12350193

# ANNEXURE D - REQUEST FOR PERMISSION TO COLLECT DATA AT GAUTENG COLLEGE OF NURSING – ANN LATSKY CAMPUS



Bale B (Ms.)  
109 Kiepersol Avenue  
Proclamation Hill  
0183  
15 November 2022

Faculty of Health Sciences  
School of Health Care Sciences  
Department: (Nursing Science)  
Contact no. 012 3563172

The Campus Head  
Gauteng College of Nursing  
Ann Latsky Campus  
No 37 Plunkett Ave  
Hurst Hill  
Johannesburg  
2092

Dear Madam

## REQUEST FOR PERMISSION TO COLLECT DATA| AT GAUTENG COLLEGE OF NURSING – ANN LATSKY CAMPUS

The purpose of this communique is to request your office permission to collect data at the campus.

My name is Bridget Bale, I am studying for Master's degree at University of Pretoria. I am intending to conduct a study on **The Experiences of Undergraduates Nursing Students on Academic Support Provided by The Public Nursing College During The COVID 19 Lockdown in Gauteng Province** I further request permission to invite undergraduate student from the aforementioned campus to participate in this study and to use the campus



premises during office hours (13h00-16h00) for participants information session and data collection purposes.

The intended study is a descriptive phenomenological research. Unstructured individual interview will be done to collect data. Participants response will be noted and audio recorded.

Participants will be asked to give a written consent before the interview begins. Participants' response will be handled confidentially, their names and the name of the organization will remain anonymous and individual privacy will be maintained in all published and written data from the study.


Participants will not be disadvantaged in any way, they will be reassured that they can withdraw their participation at anytime without any penalty. There are no envisaged risks in participating in this research study. Participants will not be paid for this study. COVID-19 protocols will be adhered to.

All research data will be kept anonymously at University of Pretoria for at least five years for academic purposes.

I therefore request permission in writing to collect data for my intended research study at Ann Latsky Campus.

Please let me know if you require any further information. I am hoping to receive your response as soon as convenient.

Regards,



Bridget Bale

**Contact details:**

Address: 109 Kiepersol Avenue, Proclamation Hill

Cell: 0832583702

E-mail: u12350193@tuks.co.za/ ndihone@yahoo.com

**Supervisor:** DR. MOSELENE AR DU PLESSIS

**Co-supervisor:** PROF A VAN DER WATH

# ANNEXURE E - REQUEST FOR PERMISSION TO COLLECT DATA AT GAUTENG COLLEGE OF NURSING – BONALESEDI CAMPUS



Bale B (Ms.)  
109 Kiepersol Avenue  
Proclamation Hill  
0183  
15 November 2022

Faculty of Health Sciences  
School of Health Care Sciences  
Department: (Nursing Science)  
Contact no. 012 3563172

The Campus Head  
Gauteng College of Nursing  
Bonalesedi Campus  
No.1 Adcock Road  
1739 Chamdor  
Krugersdorp  
1754

Dear Madam

## REQUEST FOR PERMISSION TO COLLECT DATA AT GAUTENG COLLEGE OF NURSING – BONALESEDI CAMPUS

The purpose of this communicate is to request your office permission to collect data at the campus.

My name is Bridget Bale, I am studying for Master's degree at University of Pretoria. I am intending to conduct a study on **The Experiences of Undergraduates Nursing Students on Academic Support Provided by The Public Nursing College During The COVID 19 Lockdown in Gauteng Province** I further request permission to invite undergraduate student from the aforementioned campus to participate in this study and to use the campus premises during office hours (13h00-16h00) for participants information session and data collection purposes.





The intended study is a descriptive phenomenological research. Unstructured individual interview will be done to collect data. Participants response will be noted and audio recorded.

Participants will be asked to give a written consent before the interview begins. Participants' response will be handled confidentially, their names and the name of the organization will remain anonymous and individual privacy will be maintained in all published and written data from the study.

Participants will not be disadvantaged in any way, they will be reassured that they can withdraw their participation at anytime without any penalty. There are no envisaged risks in participating in this research study. Participants will not be paid for this study. COVID-19 protocols will be adhered to.

All research data will be kept anonymously at University of Pretoria for at least five years for academic purposes.

I therefore request permission in writing to collect data for my intended research study at Bonalesedi Campus.

Please let me know if you require any further information. I am hoping to receive your response as soon as convenient.

Regards,



Bridget Bale

**Contact details:**

Address: 109 Kiepersol Avenue, Proclamation Hill

Cell: 0832583702

E-mail: u12350193@tuks.co.za/ ndihone@yahoo.com

**Supervisor:** DR. MOSELENE AR DU PLESSIS

**Co-supervisor:** PROF A VAN DER WATH

# ANNEXURE F - REQUEST FOR PERMISSION TO COLLECT DATA AT GAUTENG COLLEGE OF NURSING – CHRIS HANI BARAGWANATH CAMPUS



Bale B (Ms.)  
109 Kiepersol Avenue  
Proclamation Hill  
0183  
15 November 2022

Faculty of Health Sciences  
School of Health Care Sciences  
Department: (Nursing Science)  
Contact no. 012 3563172

The Campus Head  
Gauteng College of Nursing  
Chris Hani Baragwanath Campus  
26 Chris Hani Road  
Deapmeadow  
Gauteng  
1864

Dear Madam

## REQUEST FOR PERMISSION TO COLLECT DATA AT GAUTENG COLLEGE OF NURSING – CHRIS HANI BARAGWANATH CAMPUS

The purpose of this communicate is to request your office permission to collect data at the campus.

My name is Bridget Bale, I am studying for Master's degree at University of Pretoria. I am intending to conduct a study on **The Experiences of Undergraduates Nursing Students on Academic Support Provided by The Public Nursing College During The COVID 19 Lockdown in Gauteng Province** I further request permission to invite undergraduate student from the aforementioned campus to participate in this study and to use the campus premises during office hours (13h00-16h00) for participants information session and data collection purposes.

1



The intended study is a descriptive phenomenological research. Unstructured individual interview will be done to collect data. Participants response will be noted and audio recorded.

Participants will be asked to give a written consent before the interview begins. Participants' response will be handled confidentially, their names and the name of the organization will remain anonymous and individual privacy will be maintained in all published and written data from the study.

Participants will not be disadvantaged in any way, they will be reassured that they can withdraw their participation at anytime without any penalty. There are no envisaged risks in participating in this research study. Participants will not be paid for this study. COVID-19 protocols will be adhered to.

All research data will be kept anonymously at University of Pretoria for at least five years for academic purposes.

I therefore request permission in writing to collect data for my intended research study at Chris Hani Baragwanath Campus.

Please let me know if you require any further information. I am hoping to receive your response as soon as convenient.

Regards,



Bridget Bale

**Contact details:**

Address: 109 Kiepersol Avenue, Proclamation Hill

Cell: 0832583702

E-mail: u12350193@tuks.co.za/ ndihone@yahoo.com

**Supervisor:** DR. MOSELENE AR DU PLESSIS

**Co-supervisor:** PROF A VAN DER WATH

# ANNEXURE G - REQUEST FOR PERMISSION TO COLLECT DATA AT GAUTENG COLLEGE OF NURSING – SG LOURENS CAMPUS



Bale B (Ms.)  
109 Kiepersol Avenue  
Proclamation Hill  
0183  
15 November 2022

Faculty of Health Sciences  
School of Health Care Sciences  
Department: (Nursing Science)  
Contact no. 012 3563172

The Campus Head  
Gauteng College of Nursing  
SG Lourens Campus  
Soutpansberg Rd & Theodore Hove Ave  
Prinshof 349-Jr  
Pretoria  
0084

Dear Madam

## REQUEST FOR PERMISSION TO COLLECT DATA AT GAUTENG COLLEGE OF NURSING – SG LOURENS CAMPUS

The purpose of this communique is to request your office permission to collect data at the campus.

My name is Bridget Bale, I am studying for Master's degree at University of Pretoria. I am intending to conduct a study on **The Experiences of Undergraduates Nursing Students on Academic Support Provided by The Public Nursing College During The COVID 19 Lockdown in Gauteng Province** I further request permission to invite undergraduate student from the aforementioned campus to participate in this study and to use the campus premises during office hours (13h00-16h00) for participants information session and data collection purposes.

1



Bale B 12350193

The intended study is a descriptive phenomenological research. Unstructured individual interview will be done to collect data. Participants response will be noted and audio recorded.

Participants will be asked to give a written consent before the interview begins. Participants' response will be handled confidentially, their names and the name of the organization will remain anonymous and individual privacy will be maintained in all published and written data from the study.

Participants will not be disadvantaged in any way, they will be reassured that they can withdraw their participation at anytime without any penalty. There are no envisaged risks in participating in this research study. Participants will not be paid for this study. COVID-19 protocols will be adhered to.

All research data will be kept anonymously at University of Pretoria for at least five years for academic purposes.

I therefore request permission in writing to collect data for my intended research study at SG Lourens Campus.

Please let me know if you require any further information. I am hoping to receive your response as soon as convenient.

Regards,



Bridget Bale

**Contact details:**

Address: 109 Kiepersol Avenue, Proclamation Hill

Cell: 0832583702

E-mail: u12350193@tuks.co.za/ ndihone@yahoo.com

**Supervisor:** DR. MOSELENE AR DU PLESSIS

**Co-supervisor:** PROF A VAN DER WATH

# ANNEXURE H - REQUEST FOR PERMISSION TO CONDUCT A STUDY AT GAUTENG COLLEGE OF NURSING



Bale B (Ms.)  
109 Kiepersol Avenue  
Proclamation Hill  
0183  
14 November 2022

Faculty of Health Sciences  
School of Health Care Sciences  
Department: (Nursing Science)  
Contact no. 012 3563172

Gidimisana ND (Ms.)  
The Principal  
Gauteng College of Nursing  
45 Commissioner Street  
Marshalltown  
2107

Dear Madam

## REQUEST FOR PERMISSION TO CONDUCT A STUDY AT GAUTENG COLLEGE OF NURSING

The purpose of this communicate is to request your office permission to conduct a research study in the following campuses:

- Ann Latsky Campus
- Bonalesedi Campus
- Chris Hani Baragwanath Campus
- SG Lourens Campus

My name is Bridget Bale, I am studying for Master's degree at University of Pretoria. I am intending to conduct a study on **The Experiences of Undergraduates Nursing Students on Academic Support Provided by The Public Nursing College During The COVID 19 Lockdown in Gauteng Province** I further request permission to invite undergraduate student from the aforementioned campuses to participate in this study and to use the



campuses premises during office hours (13h00-16h00) for participants information session and data collection purposes.

The intended study is a descriptive phenomenological research. Unstructured individual interview will be done to collect data. Participants response will be noted and audio recorded.

Participants will be asked to give a written consent before the research begins. Participants' response will be handled confidentially, their names and the name of the organization will remain anonymous and individual privacy will be maintained in all published and written data from the study.

Participants will not be disadvantaged in any way, they will be reassured that they can withdraw their participation at anytime without any penalty. There are no envisaged risks in participating in this research study. Participants will not be paid for this study. COVID-19 protocols will be adhered to.

All research data will be kept anonymously at University of Pretoria for at least five years for academic purposes.

I therefore request permission in writing to conduct my intended research study at Gauteng College of Nursing.

Please let me know if you require any further information. I am hoping to receive your response as soon as convenient.

Regards,



Bridget Bale

**Contact details:**

Address: 109 Kiepersol Avenue, Proclamation Hill

Cell: 0832583702

E-mail: u12350193@tuks.co.za/ ndihone@yahoo.com

**Supervisor:** DR. MOSELENE AR DU PLESSIS

**Co-supervisor:** PROF A VAN DER WATH

## ANNEXURE I - OUTCOME OF PROVINCIAL PROTOCOL REVIEW COMMITTEE (PPRC)



**GAUTENG PROVINCE**  
HEALTH  
REPUBLIC OF SOUTH AFRICA

### OUTCOME OF PROVINCIAL PROTOCOL REVIEW COMMITTEE (PPRC)

Researcher's Name (PI)	Mrs B Bale
Organization / Institution	University of Pretoria
Research Title	The experiences of undergraduates nursing students on academic support provided by the public nursing college during the Covid-19 lockdown in Gauteng Province
Contact number	083 258 3702
Protocol number	GP202211 033
Sites	Ann Latsky, Bonalesedi, Chris Hani Baragwanath and SG Lourens Nursing Campuses

Your application to conduct the abovementioned research has been reviewed by the Province and permission has been granted.

We request that you submit a report after completion of your study and present your findings to the Gauteng Health Department.

Permission granted

Permission denied

Recommended by

MR LR SERONGWA

ACTING DIRECTOR: NURSING COMPLIANCE AND RESEARCH

DATE: 14-11-2022



# ANNEXURE J - PERMISSION TO CONDUCT RESEARCH: GP 202211 033



**GAUTENG PROVINCE**  
HEALTH  
REPUBLIC OF SOUTH AFRICA

**Dr. George Mukhari Academic Hospital**

**Office of the Director Clinical Services**

Enquiries : Dr. C Holm  
Tel : (012) 529 38767  
Fax : (012) 560 0099  
Email:Christene.Holm @gauteng.go.za  
keitumetse.mongale@gauteng.gov.za

**To** Ms B Bale  
Faculty of Health Sciences  
University of Pretoria

**Date** :11 November 2022

**PERMISSION TO CONDUCT RESEARCH:GP\_202211\_033**

The Dr. George Mukhari Academic Hospital hereby grants you permission to conduct research on "The experiences of undergraduate Nursing students on academic support provided by the public Nursing college during the COVID-19 lockdown in Gauteng province" at Dr George Mukhari Academic Hospital

This permission is granted subject to the following conditions:

- That you obtain Ethical Clearance from the Human Research Ethics Committee of the relevant University
- That the Hospital incurs no cost in the course of your research
- That access to the staff and patients at the Dr George Mukhari Hospital will not interrupt the daily provision of services.
- That prior to conducting the research you will liaise with the supervisors of the relevant sections to introduce yourself (with this letter) and to make arrangements with them in a manner that is convenient to the sections.
- Formal written feedback on research outcomes must be given to the Director: Clinical Services
- Permission for publication of research must be obtained from the Chief Executive Officer

Yours sincerely

**DR. C. HOLM**  
**DIRECTOR CLINICAL SERVICES**  
**DATE:**

11/11/22



## ANNEXURE K - EDITING CONFIRMATION LETTER



Supplier Database No: MAAA0450241  
PostNet Suite #40  
Private Bag X04  
Menlo Park 0102  
Mobile: 060 530 1165  
Email: [noteworthy@myconnection.co.za](mailto:noteworthy@myconnection.co.za) /  
[honey@myconnection.co.za](mailto:honey@myconnection.co.za)

18 October 2023

### TO WHOM IT MAY CONCERN

This serves to confirm that the M Nurs dissertation entitled: *The experiences of undergraduate nursing students on academic support provided by the public nursing college during the COVID-19 lockdown in Gauteng Province.*

By: **Bridget Bale**, Department of Nursing Science, University of Pretoria.

has been professionally edited by one of our accredited English mother-tongue language editors. The accuracy of the content of the final work remains the authors' responsibility.

*Dr MC Steyn*

Scribing, Proof-reading and Editing Services