

# EXPERIENCES OF STUDENTS WHO GAINED ENTRY TO A NURSING COLLEGE THROUGH RECOGNITION OF PRIOR LEARNING: A PHENOMENOLOGICAL STUDY

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## Authorship

All authors made substantial contributions to the conception and design of the study. GU acquired and analysed the data. All authors contributed to interpret the data. GU drafted the article and AW and MM revised it critically for important intellectual content.

## ABSTRACT

*Background:* Recognition of prior learning provides previously disadvantaged nurses in South Africa a fair and equitable opportunity to further their education. It is necessary to understand the support needs of these nurses.

*Objective:* To describe the lived experiences of students who gained entry through recognition of prior learning to a three- or four-year nursing training programme at a nursing college in South Africa.

*Design:* A qualitative descriptive phenomenological approach was used to explore the lived experiences.

*Setting:* A public nursing college in South Africa.

*Participants:* Ten nursing students who gained entry through recognition of prior learning were purposefully selected.

*Methods:* Data were collected over a period of three months, using in-depth individual interviews, and analysed using Giorgi's descriptive phenomenological method.

*Results:* Nursing students who further their studies through recognition of prior learning experience various academic and personal challenges that instil in them a fear of failure. They

use social support as a way of coping, and require institutional interventions to improve their chances of success.

*Conclusions:* Nurses given the opportunity to advance their careers through recognition of prior learning should have access to person-centred support, academic orientation and resources to attain language and technological competency.

**Keywords:** Recognition of prior learning, Nursing training programme, Nursing education institution, South Africa.

## 1. INTRODUCTION

Recognition of Prior Learning (RPL) is a process used to assign credits through formal recognition of non-formal and informal learning acquired through relevant life and work experiences (Harris and Wihak, 2017). The process broadens access to education and employment opportunities and contributes to economic growth (Roy and El Marsafawy, 2021). As a social policy, RPL facilitates conditions for social justice and change by illuminating the actual competence of a population (Fejes and Andersson, 2015). The latter was promoted in post-apartheid South Africa (SA) in the 1990s when RPL was integrated in the SA higher education national policy (Jacobs, 2018) as a strategy towards equity for people historically excluded from educational opportunities (Browning, 2020).

The SA Qualifications Authority's RPL policy distinguish between RPL for access to learning, and RPL for credits (Bolton et al., 2017). SA nursing colleges employ RPL as a mechanism to enable lower categories of nurses to attain credits and gain entry to further their studies. The process, governed by the South African Nursing Council (2013), includes assessment of the individual's level of competence in the field of nursing, gained through participation in formal, informal, or non-formal settings, as well as through formal and informal study and life experiences.

Through practising RPL, higher education institutions fulfil their social responsibilities by facilitating employees' career progress or promotions (Roy and El Marsafawy, 2021). In one study, participation in RPL enhanced the chance of employment by about 7 % (Nakata et al., 2021). RPL promotes participants' confidence and motivation and contributes to personal development (Miguel et al., 2016). In the context of this study, the nursing college used RPL processes to allow lower categories of nurses entry to a four-year programme to obtain a qualification that leads to registration as a professional nurse and midwife; or a three-year programme that leads to registration as a staff nurse, whichever was applicable (Republic of South Africa, 2005). The two mentioned programmes are being phased out and will be replaced with a three-year diploma in general nursing, and a Bachelor degree in nursing (South African Department of Health, 2019).

Critics of RPL argue against the translation of tacit knowledge into credits, using a course-based method (Sandberg, 2012). Much of RPL students' problems relate to education and training systems' lack of flexibility to meet their training needs (Southern African Development Community, 2016). A literature search for studies that measured the success of RPL students in nursing programmes revealed mostly research on RPL accreditation of foreign nursing qualifications (Van Kleef and Werquin, 2013; Muller et al., 2017). The search yielded two SA studies that alluded to problems with RPL. Although RPL enables previously

marginalized nurses without the required academic credentials access to nursing colleges, educators were unprepared to implement RPL (Baloyi, 2014). Mothokoa and Maritz (2018) highlighted the unfavourable realities experienced by RPL candidates.

The first author, a nurse educator employed at a nursing college, observed that applicants who entered the nursing programmes through RPL (hereafter called *RPL students*), struggled to complete their studies with a high failure rate. In order to formulate recommendations to assist these students, the study aimed to describe the lived experiences of RPL students in a SA nursing college. Moving forward, RPL research should explore students' perspectives on aspects such as academic progress, program experiences (Browning, 2020) and their transition from experiential knowledge to formal knowledge (Clasquin-Johnson et al., 2018).

## **2. METHODS**

### **2.1. Study design**

The research adopted a qualitative descriptive phenomenological design. Ontologically the aim was to explore RPL students' experiences of their lifeworlds which represented their nursing studies in the context of this research. Epistemologically knowledge was obtained through engagement with participants to share their practices, feelings and cognitions (Wilson, 2015) regarding their studies.

### **2.2. Study setting**

The study took place in a public nursing college in SA that offered the two programmes which were of interest to this study. At the time of the study (2020–2021), there were 75 lecturers and 539 students registered for the two programmes of interest.

### **2.3. Study population and sampling**

The population consisted of RPL students enrolled in a three- or four-year nursing programme in the study context for the 2020 to 2022 academic year. Purposive sampling was used to select individuals who were familiar with the study phenomenon. The sample size of ten participants was determined by the quality and sufficiency of the data, as suggested by Wilson (2015).

### **2.4. Data collection**

The first author, a female nurse educator with a Bachelor's degree in nursing, conducted the unstructured individual interviews, by starting with a broad question: *What are your experiences as a RPL student?* See Table 1 for interview guide. The interviewer established rapport with participants aimed to gain a better understanding of the meaning embedded in their experiences. Open-ended questions and communication skills such as prompting and clarification were used. Two pilot interviews were conducted to refine the interview techniques. The interviews were audio-recorded, no repeat interviews were conducted and field notes were written after each interview. The first author transcribed the data, that were not returned to participants.

**Table 1.** Interview guide.

Main question	What are your experiences in learning as an RPL candidate?
Examples of probing questions	What are your challenges as an RPL candidate with regards to the academic demands?
	How do you cope with the academic demands?
	What do you think can be done to improve this?
	Tell me more about the challenges...
	How do you experience your studies?

## 2.5. Data analysis

Using a descriptive phenomenological method (Giorgi et al., 2017; Dahlberg, 2006), the authors independently read through the transcripts in order to grasp the sense of the whole. Bracketing their own assumptions, the authors derived the meaning participants attached to their educational lifeworld. Meaning is embedded in feelings, practices and cognitions described by the participants. Meaning units were manually delineated whenever the authors, mindful of the study phenomenon, experienced a transition in meaning while rereading the transcripts. Using the eidetic reduction, the authors looked at the phenomenon of RPL and systematically varied it in order to determine its essence, that is establishing what makes the RPL experience distinct and recognisable in relation to the world of nursing education. Consensus was obtained after the second and third authors independently analysed the data and discussed, refined and agreed on the findings.

## 2.6. Rigor

The interviewer ensured that adequate time (45–60 min) was allocated to gather in-depth descriptions from participants from different age groups (between 26 and 45 years). The interviewer prevented bias by writing reflective notes on her own pre-existing assumptions of RPL, keeping in mind to bracket these assumptions during data collection. The findings reflect the meaning of the participants' experiences, evidenced by their direct quotations.

## 2.7. Ethical considerations

After approval from the ethics committees of the Faculty of Health Sciences, University of Pretoria (ref: 580/2020) and the Department of Health (ref: GP\_202010\_032), students were approached face-to-face during classes. Those who volunteered to participate received written information about the study objectives and their right to withdraw. Written consent was obtained and individual interviews were performed in a private office at the college with only the participant and interviewer present. Participants' identities were substituted with numbers to maintain confidentiality. No participant withdrew from the study.

## 3. RESULTS

Table 2 shows the demographic data of the participants. They were all female but represented different age groups and programmes. Five meaning units emerged from the data as in Table 3. The essence is followed by a description of each meaning unit according to the experiences in the second column. The participants' *verbatim* quotations are in italics with the participant number in brackets.

**Table 2.** Demographic information of the sample.

Gender	Age	Programme
Female	40	Three-year nursing programme
	38	
	46	Four-year nursing programme
	28	
	43	
	32	
	44	
	40	
	45	
	35	

**Table 3.** Experiences of RPL students.

Essence	
Being a RPL student is a challenging undertaking. The first barrier is to overcome the academic challenges. Students are confronted with subjects based on scientific principles unfamiliar to them. They are confronted with language and technological barriers. They need to adapt to new ways of teaching and learning in an academic environment many of them find overwhelming. In such a situation, age becomes a barrier as these students compete with the <i>young stars</i> , the students who completed Grade 12 with the required academic background. Already employed, RPL students have to attend to family responsibilities and cope with financial demands brought about by study expenditures. Coping with all these challenges and the constant fear of failure require a strong support system. To succeed, RPL students need academic, clinical, and person-centred support.	
Meaning units	Description
Academic challenges	Challenges with educational approach Challenges with certain subjects Technological barriers Language barriers
Clinical practice challenges	Being treated in a different way
Personal challenges	Age-related challenges Balancing study and family responsibilities Financial challenges
Fear of failure	Feelings of fear and guilt
Ways of coping	Support from lecturers, peers and family
Suggestions for person-centred support	Provision of technological, language, academic and clinical support in a person-centred way

### 3.1. Academic challenges

The educational model followed in the nursing college required active participation from students. When used to a teacher-centred approach, the student-centred approach is challenging and time consuming and the students felt overburdened:

*“Students do most of the work. Students do 90% and lecturers do 10%, and it’s not the same as lecturers used to stand in front of the learner and give them information. Students must go also to find information which requires more internet which requires more data...”* (P10).

Co-operative learning has its benefits, but the students experienced logistical challenges as they were placed in hospitals far apart and found it time consuming and costly to physically

meet and work together. Virtual meetings are just as challenging, requiring internet data and networks that are not reliable in many areas.

*"...if we are using study methods to study as a group...to prepare work as a group in theory block, and you are in different groups in practica block, it makes it difficult for the group to meet and finish the work..." (P7).*

Subjects like anatomy and physiology require understanding of basic sciences to which some students were exposed to many years ago, or not at all in a disadvantaged school system. Students without the academic background to analyse and interpret information, experienced problems with subjects Participant 8 and 2 explained as follows:

*"...biological natural science...it's got a little bit of physics and a little bit of science of which I don't have a background, so it's much of a struggle to understand...it's a huge problem for me." (P8).*

*"...like psychiatric nursing science...it takes me a long time to understand its psychology. I feel it's really challenging, like study it several times..." (P2).*

Used to the clinical environment where they are responsible for nursing tasks, RPL students are not acquainted with the use of technology. Seeing the positive side, Participant 1 explained it as a learning opportunity:

*"It has challenged us as RPLs to know a computer, to be computer literate, because most of the assignments you have to type....and then be able to use Microsoft word...use the font size, font colour and everything which was new to me, and it's been an experience that taught me a lot." (P1).*

Students who were exposed to disadvantaged schooling, struggled to understand modules presented in English which affected their learning and assessment as revealed in the following quotations:

*"Some of us we learned under a tree and English is not our language. My experience is some of us cannot speak English well." (P1).*

*"...because sometimes it's not like you don't understand what is been asked, but don't understand the phrasing of the English words." (P7).*

### **3.2. Clinical practice challenges**

When it comes to clinical learning, RPL students were in many cases not treated the same as basic nursing students. The nursing personnel assumed that they were able to do the work due to experience and prior knowledge, and did not assist them to meet their learning objectives:

*"They do not teach you, they just think that you know everything as a RPL student...when you are being placed in the unit, you not only there to meet [learning] objectives, but the unit also wants and demands from you that you should help with rendering quality patient care..." (P10).*

RPL students are sometimes moved from a specific clinical learning opportunity to give preference to non-RPL nursing students, as illustrated in this quote:

*“...you are placed in a certain unit that meets certain objectives, for example, you are placed in labour ward...and you are 10 [RPL students]. The unit manager will say: ‘My labour ward is small, I cannot have 10 students...” (P7).*

### **3.3. Personal challenges**

RPL students experienced their age as a disadvantage; they needed to balance study and family responsibilities, and many were faced with financial challenges. Being an “older” student seemed to have certain disadvantages, such as being treated in a different way by lecturers as illustrated in the following quote:

*“The approach from the lecturers is different from us RPLs than other students. When we as RPLs ask questions to the lecturers, they give us negative feedback like: ‘You are too old to ask such questions, you are not putting effort on your studies.’ When the other students ask the same questions, they get positive feedback. Sometimes you are afraid to ask questions...” (P3).*

Some RPL students perceived themselves as being inferior to younger students, a perception that caused self-doubt and pressure to cope:

*“When I got to the college, I find out that I am the old lady; how am I going to cope with these young ones?” (P6).*

Students found it difficult to be a wife, mother, and student, and felt torn between family and academic responsibilities. They ended up studying during the night, feeling exhausted during the day. The experiences are illustrated in these quotes:

*“I must be at home doing my motherly chores and then you are expected to study at night and also the husband is here, and in the morning, I wake up and come to school...(P1).*

*“My children...they expect me to help them with the homework...they don’t perform well. Their teacher always contacts me and asked me why? On the other side I am a student, and the college expects me to produce the results (P2).*

While RPL students appreciated the opportunity to study and advance their careers, they suffered financially as many were used to an additional income from working overtime, or managing a small business. The financial problems exacerbated their stress and affected their studies:

*“...for myself as a single parent everything is on top of my head, it’s my daughters school fees, I am paying a bond, you find that I am stressed with other things like that, on the other side I have to study while having that condition on my mind.” (P9).*

*“I cannot be able to go to Hammanskraal [a rural area where students do community work] for five days straight, at times you find that you will be absent because you don’t have funds to go there.” (P4).*

### **3.4. Fear of failure**

RPL students who were on study leave with full payment, experienced fear of failure and anticipated the feeling of shame when they must go back to their workplaces after termination of studies due to poor performance, as illustrated by the following quote:

*"You are given only one chance to repeat and then if you fail, you repeat, and you fail again you are out of the college. So, you will be a failure in life, failure at school. You will be a failure because even if when I go back to work, they will look at me saying: 'She went there and came up with a fail...'" (P1).*

With the possibility of failure looming, students experienced guilt and self-blame for wasting an opportunity:

*"...you feel like you wasted time and the energy and blame yourself for failing...when given the opportunity make the best out of the opportunity...you feel that you failed the institution, you feel like people are talking behind your back...you didn't make it, what was wrong...you ask yourself, are you stupid...?" (P10).*

The fear of not being good enough is present all the time as Participant 1 explained:

*"I even fear to go and present because they laugh at my broken English because they [non-RPL students] speak a good English, they are very intelligent."*

### **3.5. Ways of coping**

The RPL students interviewed mostly used social support as a coping strategy. They *"encourage each other, not looking at the present moment only, but the future"*. Various sources of support were sought to cope with the demands and combat the fear of failure according to Participant 8:

*"What I have experienced is that no matter how difficult or challenging the content you have been taught, you need to consult with others, you end up making it, even if is tough, but because of determination you can go very far..." (P8).*

Support came from some lecturers and family members:

*"My family really understanding when I am busy with my studies. They take and do things that I was supposed to do. So, it really helps because I can meet my academic demands with their full support." (P8).*

*"...lecturers who are also available for us; if maybe you phone and say I don't understand they will give that information." (P4).*

RPL students realised that younger students can be employed as a valuable source of support. Communicating with peers was helpful, reduced workload and assisted with academic demands:

*"...using some of the young students because their minds are still fresh, when maybe you don't understand something you can ask them...I would call them and say: 'How do you do this, how do you understand this?' and then we were helping each other." (P6).*

### **3.6. Suggestions for a person-centred support**

In essence RPL students asked for a person-centred approach to provide them with the various forms of support they require, such as technological, language and academic support. Of utmost importance is technological training and support with English writing. A



few examples of changes in teaching and learning that can be implemented to accommodate students include more time to prepare for assessments:

*"...be given the content before so that we can go through the content and try to understand the content more or be given the content maybe a week before..." (P10).*

*"If you could have one extra study day it would be much better, we would be able to get extra information for the test and exam that we would be writing." (P8).*

RPL students recommended information sharing and counselling sessions at the beginning of and throughout the programme, for example:

*"Course begins, they should be called, sit and communicate to say: 'How far are you coping so far?' So that they will tell their stresses, like we are not coping. So, given those sessions where you can talk to raise your voice, it will help (P7).*

Counselling and additional support should be done in a person-centred way, as explained by Participant 3:

*"RPL students should be approached well during consultation, not to be labeled as being lazy and not putting effort to our studies...Students should be supported equally. RPL students need to be encouraged and motivated not be reminded why are we in the campus. People must not judge us..." (P3).*

#### **4. DISCUSSION**

With regards to academic challenges, the educational approach of self-regulated learning, and pedagogical strategies such as cooperative learning posed barriers to RPL students. Considering that participants were used to a teacher-centred approach, it can be argued that they were not well prepared for these educational strategies that could have been in their interest as adult learners. For example, interactive group learning can enhance RPL students' flexibility and develop communication, leadership and social skills (Merikallio, 2019). Student-centred learning is based on active participation, interaction, real-life and relevant skills, power-sharing, autonomy, metacognition and formative assessment, but also requires adaption to students' needs from a humanistic perspective (Bremner, 2021). Previous experiences or failures, social standing and availability of funding can affect adult students' engagement in cooperative learning (Boeren, 2017). Considering these factors, that were all mentioned by RPL students, a supportive and gradual introduction to certain educational strategies should be recommended to lecturers.

While most SA nursing students perceived science modules such as physics and pharmacology as difficult (Mthimunya and Daniels, 2020), the participants in this study stated challenges with subjects such as anatomy and physiology. This may relate to the fact that older black and coloured students, who form the majority of the candidates considered for RPL, underwent schooling in an educational system where they were disadvantaged related to the inequalities that existed during the apartheid era in SA (McKeever, 2017). Academic challenges may result in feelings of regret for applying, such as enrolled nurses who gained entry through RPL to a Bachelor's nursing programme in Australia and lacked knowledge in physics and chemistry (Pryor, 2012). Provision of a summer school that was beneficial to address the knowledge deficit, may also be considered in the SA context.

Some participants were unfamiliar with the use of technology during studies. In another SA nursing college younger respondents with fewer years of clinical experience were

acquainted with information technology, while older students with more years of clinical experience were accustomed to traditional nursing practices with limited technology exposure (Singh and Masango, 2020). Technological advancements and changes present both educational challenges and opportunities. Learning without technology is almost inconceivable, but marginalized learners, as the students in the current study, feel insecure, voiceless, and disempowered in an environment where digital literacy is seen as a given (Holloway and Gouthro, 2020).

Participants related their problems to meet academic obligations to English proficiency. A SA study asserted that language competency affected academic performance of nursing students (Mthimunya and Daniels, 2019). Indeed, most students in post-apartheid SA experience similar difficulties, having to study in English as their second language (Novick, 2010). First-year students, for example, experienced difficulties with English language comprehension, structure, terminology, and grammar (Mutepe et al., 2021).

Participants felt that clinical facilitators allocated more time to mentor non-RPL students, instead of fulfilling their responsibility to ensure all students gain the necessary clinical competence and skills (Levett-Jones et al., 2018). Clinical facilitators who support, motivate and encourage nursing students, foster the development of self-confidence and resilience (Cloete, 2016), personal attributes much needed by RPL students. To avoid additional stress, RPL students need to be placed according to their geographical area in clinical facilities where they are able to meet their learning objectives.

Similar to nursing students in another SA study (Mthimunya and Daniels, 2019), their disadvantaged socioeconomic backgrounds significantly affected the academic performance and success of RPL students. Participants had difficulty reconciling study and family responsibilities. Students who gain access to study at a later stage through RPL processes, often have to balance time and financial constraints with their family, work, and educational responsibilities (Snyman and Van den Berg, 2018; Kachur, 2020). Students experienced guilt when their attention and time was devoted to studies instead of to their family (Rousseau, 2012).

Participants experienced self-doubt as they compared their skills to better prepared students and felt disappointed that even lecturers judged them according to their age. Inconducive relationships with educators cause additional stress for students (Guzzardo et al., 2021). Being judged and devalued lead to fear of failure and may prevent students from reaching their full potential (Anoita et al., 2020). In the international context a similar situation may occur when immigrants' educational qualifications and work experience are devalued, denying them the opportunity to practice their occupation. RPL can support transferability of skills and knowledge in such cases (Browning, 2020).

The most common coping strategy was problem-solving, according to a systematic review that highlighted the detrimental effects of stress on the well-being of nursing students (Labrague et al., 2017). In the current study participants sought support from lecturers, family members and peers. Lecturers should be aware of students experiencing adverse life circumstances, value students' capacity, pursue inclusivity and equality, and foster cultivation of skills (Guzzardo et al., 2021). Support from family members may help to ease and manage stress (Anibijuwon and Esimai, 2020). Study groups with younger students provided much needed support. Peer relationships facilitate identity formation and a sense of belonging, both of which may enhance student achievement (Brunton and Buckley, 2021).

To achieve the aim of RPL to break down barriers or marginalization (Browning, 2020), RPL students need more than just an opportunity to study. The participants recommended proactive interventions such as preparatory programmes inclusive of technological and

language support. Research also suggested early identification and interventions for nursing students with poor English proficiency (Mthimunye and Daniels, 2019), and those who are at academic or psychosocial risk to help them develop study methods and coping strategies (Harris et al., 2014). For effective use of technology in nursing education, refresher courses and student meetings were recommended to resolve challenges (Singh and Masango, 2020). An introductory module helped to acquaint SA postgraduate RPL students with virtual learning (Brenner et al., 2021). To afford equal opportunities for RPL students, a person-centred approach is required that value students' potential and facilitate active engagement (O'Donnell et al., 2016).

#### **4.1. Limitations**

This study was conducted in one province in SA. Students in more disadvantaged provinces in SA may experience even more and different challenges. The participants were all female RPL candidates from African descent; male students and students from other culture groups may have different experiences.

### **5. CONCLUSION**

RPL students experience many challenges, but many of these are not unique and a product of historical disadvantages in the SA educational system. RPL students need to be treated in a person-centred way and provided equal opportunities. Lecturers and clinical facilitators with non-judgemental attitudes, listening skills, and a flexible educational approach can make a difference to these students' lived experiences. Apart from person-centred approaches, resources are required to initiate dedicated orientation, academic, language and technology programmes that can benefit not only RPL students, but all nursing students who need additional support to ensure academic success.

### **CREDIT AUTHORSHIP CONTRIBUTION STATEMENT**

The authors have no conflict of interest to declare.

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All authors made substantial contributions to the conception and design of the study. GU acquired and analysed the data. All authors contributed to interpret the data. GU drafted the article and AW and MM revised it critically for important intellectual content.

### **DECLARATION OF COMPETING INTEREST**

The authors declare that no financial or personal relationships may have impacted the writing of this article in an unethical way.

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## REFERENCES

- Anibijuwon, I., Esimai, P., 2020. Challenges and coping strategies of student nursing mothers in University of Ibadan, Oyo state, Nigeria. *Int. Q. Community Health Educ.* 41 (1), 55–61
- Anoita, B.S., Tiatri, S., Sari, M.P. 2020. The relationship between fear of failure and student academic achievement with procrastination as mediating variable. *Advances in Social Science. Education and Humanities Research* 478, 538-543.
- Baloyi, T.S. 2014. Nurse educators' perceptions of the implementation of recognition of prior learning in nursing colleges in Limpopo Province, Doctoral dissertation.
- Boeren, E. 2017. Understanding adult lifelong learning participation as a layered problem. *Studies in Continuing Education* 39(2), 161-175.
- Bolton, H., Samuels, J., Mofokeng, M.T., Akindolani, O., Shapiro, Y. 2017. Lifelong Learning at the Centre: The National Recognition of Prior Learning (RPL) system in South Africa. South African Qualifications Authority.
- Bremner, N. 2021. The multiple meanings of 'student-centred', or 'learner-centred' education, and the case for a more flexible approach to defining it. *Comparative Education* 57(2), 159-186.
- Brenner, A., Goodman, S., Meadows, A., Cooper, L., 2021. From prior learning assessment to specialised pedagogy: facilitating student transition through RPL assessment and selection. *Stud. Contin. Educ.* 1–16.
- Browning, K.F., 2020. A case study on the recognition of prior learning (RPL): perceptions of university faculty. *Can. J. Stud. Adult Educ.* 32 (1), 5–40.
- Brunton, J., Buckley, F., 2021. 'You're thrown in the deep end': adult learner identity formation in higher education. *Stud. High. Educ.* 46 (12), 2696–2709.
- Clasquin-Johnson, M.G., Harrison, G., Modise, M., Motsoeneng, P., 2018. Recognition of prior learning. In: Ebrahim, H.B. (Ed.), *Programme Framework for ECCE Qualifications (Diploma & Degree)*. South African Department of Higher Education and Training, South Africa, pp. 147–162.
- Cloete, J.C. 2016. Nursing students' experience of clinical facilitation with regards to their resilience, Masters Dissertation, North-West University
- Dahlberg, K. 2006. The essence of essences—the search for meaning structures in phenomenological analysis of lifeworld phenomena. *International journal of Qualitative Studies on Health and Well-being* 1(1), 11-19.
- Fejes, A., Andersson, P. 2015. Recognition of prior learning within elderly care work. In Haake, U., Helms Jörgensen, C., Toiviainen, H., Wallo, A., Bohlinger, S. *Working and Learning in Times of Uncertainty* (pp. 145-156). Sense Publishers, Rotterdam.
- Giorgi, A., Giorgi, B., Morley, J., 2017. The descriptive phenomenological method. In: Willig, C., Rogers, W. (Eds.), *Sage Handbook of Qualitative Research in Psychology*, 2nd edition. Sage Publishers, London, pp. 176–192.
- Guzzardo, M.T., Khosla, N., Adams, A.L., Bussmann, J.D., Engelman, A., Ingraham, N., Gamba, R., Jones-Bey, A., Moore, M.D., Toosi, N.R., Taylor, S., 2021. "The ones that care make all the difference": perspectives on student-faculty relationships. *Innov. High. Educ.* 46 (1), 41–58.

- Harris, J., Wihak, C., 2017. To what extent do discipline, knowledge domain and curriculum affect the feasibility of the recognition of prior learning (RPL) in higher education? *Int. J. Lifelong Educ.* 36 (6), 696–712.
- Harris, R.C., Rosenberg, L., Grace O'Rourke, M.E., 2014. Addressing the challenges of nursing student attrition. *J. Nurs. Educ.* 53 (1), 31–37.
- Holloway, S.M., Gouthro, P.A., 2020. Using a multiliteracies approach to foster critical and creative pedagogies for adult learners. *J. Adult Contin. Educ.* 26 (2), 203–220.
- Jacobs, A.H.M. 2018. Values, institutional culture and recognition of prior learning. *South African Journal of Higher Education* 32(4), 96-106.
- Kachur, T.A., 2020. A Qualitative Case Study of Adult Learner Experiences at a Community College with an Ongoing Student Success Environment. Doctoral dissertation, North Carolina State University.
- Labrague, L.J., McEnroe-Petitte, D.M., Gloe, D., Thomas, L., Papathanasiou, I.V., Tsaras, K. 2017. A literature review on stress and coping strategies in nursing students. *Journal of Mental Health* 26(5), 471-480.
- Levett-Jones, T., Reid-Searl, K., Bourgeois, S. 2018. *The Clinical Placement: An Essential Guide for Nursing Students*. Elsevier Health Sciences.
- McKeever, M., 2017. Educational inequality in apartheid South Africa. *Am. Behav. Sci.* 61 (1), 114–131.
- Merikallio, R. 2019. Recognition of prior learning (RPL) among international higher education students in Finland. Master's thesis, University of Jyväskylä.
- Miguel, M.C., Ornelas, J.H., Maroco, J.P., 2016. Recognition of prior learning: the participants' perspective. *Studies in Continuing Education* 38 (2), 179–194.
- Mothokoa, N.B., Maritz, J., 2018. Recognition of prior learning candidates' experiences in a nurse training programme. *Health SA Gesondheid* 23 (1), 1–7.
- Mthimunya, K.D.T., Daniels, F.M. 2019. Nurse educators' challenges and corresponding measures to improve the academic performance, success and retention of undergraduate nursing students at a university in the Western Cape, South Africa. *The Independent Journal of Teaching and Learning* 14(1), 53-67.
- Mthimunya, K.D.T., Daniels, F.M. 2020. Exploring the challenges and efforts implemented to improve the academic performance and success of nursing students at a university in the Western Cape. *International Journal of Africa Nursing Sciences* 12, 100196.
- Mothokoa, N.B., Maritz, J. 2018. Recognition of prior learning candidates' experiences in a nurse training programme. *Health SA Gesondheid* 23(1), 1-7.
- Muller, J., Beckers, P. Pijpers, R., 2017. Recognising the skills and competencies of Non-EU foreign nationals: a case study of the healthcare sector in the Netherlands. *Social Policy and Society*, 16(4), pp.681-691.
- Mutepe, M., Makananise, F.O., Madima, S.E. 2021. Experiences of first-year students with using english second language for teaching and learning at a rural based university in a democratic South Africa. *Gender and Behaviour* 19(2), 17795-17803.

- Nakata, S., Sharma, U., Rahman, T., Rahman, M., Aziz, M., 2021. Effects of recognition of prior learning on job market outcomes impact evaluation in Bangladesh. In: Policy Research Working Paper Series, 9644, pp. 1–28.
- Novick, M., 2010. Between coercion and choice: English (es) and multilingual education in post-apartheid South Africa. *The English Languages: History, Diaspora, Culture* 1, 1–20.
- O'Donnell, D., Cook, N., Black, P. 2016. Person-centred nursing education. In McCormack, B., McCance, T. *Person-centred Practice in Nursing and Health Care: Theory and Practice*, 2<sup>nd</sup> edition (pp 99-117). Wiley Blackwell, West Sussex.
- Pryor, C.S. 2012. Recognition of prior learning: credit transfer for enrolled nurses studying science in the Bachelor of Nursing program. *Australian Journal of Advanced Nursing* 30(2), 40-47.
- Republic of South Africa, 2005. Nursing Act No. 33 of 2005. Government Printers, Pretoria.
- Rousseau, C.X. 2012. Balancing Work, Family, and Student Roles: A Phenomenological Study of the Adult Female Graduate Online Learner, Doctoral dissertation, Capella University.
- Roy, R., & El Marsafawy, H. 2021. Bridging recognition of prior learning (RPL) and corporate social responsibility (CSR): Circular flow of interaction among the university, industry, and people. *Sustainability* 13(4532), 1-25.
- Sandberg, F. 2012. A Habermasian analysis of a process of recognition of prior learning for health care assistants. *Adult Education Quarterly* 62(4), 351-370.
- Singh, F., Masango, T. 2020). Information technology in nursing education: perspectives of student nurses. *The Open Nursing Journal* 14(1).
- Snyman, M., van den Berg, G. 2018. The significance of the learner profile in recognition of prior learning. *Adult Education Quarterly* 68(1), 24-40.
- South African Department of Health 2019. National Policy on Nursing Education and Training. National Department of Health. Pretoria, Government Printers
- South African Nursing Council. 2013. Revised Policy for Guidelines for the Implementation of Recognition of Prior Learning by Nurse Education Institutions (NEI's). Circular no. 9/2013 of 14 August 2013. Pretoria, SANC.
- Southern African Development Community, 2016. Guidelines for Recognition of Prior Learning (RPL) in the Southern African Development Community (SADC). SADC Secretariat, Botswana.
- Van Kleef, J., Werquin, P. 2013. PLAR in nursing: Implications of situated learning, communities of practice and consequential transition theories for recognition. *Journal of International Migration and Integration* 14(4), pp.651-669.
- Wilson A 2015. A guide to phenomenological research. *Nursing Standard*. 29, 34, 38-43.