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**VIEWS OF NURSE EDUCATORS ON THE SUPPORT NEEDS OF
RECOGNITION OF PRIOR LEARNING NURSING STUDENTS
ENROLLED FOR DIPLOMA IN NURSING AT A PUBLIC NURSING
COLLEGE**

Dissertation

by

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DECLARATION

I, Mohlatleho Gloria Modise, declare that the dissertation “**Views of Nurse Educators on the support needs of recognition of prior learning students enrolled for a Diploma in Nursing at a public nursing college**” is my original work and that it has not been submitted for any degree or examination at any other institution. All sources that have been acknowledged by means of complete references in the text and the reference list.



MOHLATLEHO GLORIA MODISE

07 May 2023

DATE

DEDICATION

I dedicate my dissertation work to my family, friends, colleagues and God Almighty.

I thank God for giving me the courage to keep pushing, the strength to go on and the knowledge and understanding required for the work.

To my late parents, Sehloana John and Lekwapa Francina Ramonetha although you are not able to see me graduate, I know that you were going to be proud of my achievement, you have always been an inspiration that kept me motivated. Bashia ba ga Mmaphaka 'a Marumo!

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TABLE OF CONTENTS

| | |
|--|-----------|
| ABSTRACT | 1 |
| CHAPTER 1 OVERVIEW OF RESEARCH | 3 |
| 1.1 INTRODUCTION AND BACKGROUND | 3 |
| 1.2 PROBLEM STATEMENT | 7 |
| 1.3 RESEARCH QUESTION, AIM AND OBJECTIVES / HYPOTHESIS | 8 |
| 1.3.1 Research question | 8 |
| 1.3.2 Aim of the study | 8 |
| 1.3.3 Objective of the study | 8 |
| 1.4 DEFINITION OF KEY TERMS / CONCEPTS | 8 |
| 1.4.1 Views | 8 |
| 1.4.2 Nurse Educators | 9 |
| 1.4.3 Support | 9 |
| 1.4.4 A Need | 9 |
| 1.4.5 Recognition of Prior Learning (RPL) | 9 |
| 1.4.6 Recognition of Prior Learning (RPL) nursing students | 10 |
| 1.4.7 Diploma in Nursing (R.171) | 10 |
| 1.5 CONTEXT / SETTING | 10 |
| 1.6 PARADIGMATIC PERSPECTIVE | 10 |
| 1.6.1 Ontological assumptions | 11 |
| 1.6.2 Epistemological assumptions | 11 |
| 1.6.3 Methodological Assumptions | 11 |
| 1.7 DELINEATION | 12 |
| 1.8 SIGNIFICANCE / CONTRIBUTION | 12 |
| 1.8.1 Nursing Education | 12 |
| 1.8.2 Nursing Practice and Department of Health | 12 |
| 1.8.3 Benefit to Research/Body of Knowledge | 12 |
| 1.9 RESEARCH DESIGN | 13 |
| 1.10 RESEARCH METHODS | 13 |
| 1.10.1 Population / Unit of Analysis | 13 |
| Mohlatleho Gloria Modise | iv |

| | |
|---|----|
| 1.10.2 Sampling method and sample size | 13 |
| 1.10.3 Data collection and organization | 14 |
| 1.10.4 Data analysis | 14 |
| 1.10.5 Rigour / quality control | 15 |
| 1.11 ETHICAL CONSIDERATIONS | 15 |
| 1.11.1 Beneficence | 15 |
| 1.11.1.1 The right to anonymity and confidentiality | 15 |
| 1.11.1.2 The right to protection from discomfort and harm | 15 |
| 1.11.2 Respect for human dignity | 16 |
| 1.11.2.1 Self-determination | 16 |
| 1.11.2.2 The right to full disclosure | 16 |
| 1.11.3 Justice | 16 |
| 1.11.3.1 Right to fair treatment | 17 |
| 1.11.3.2 The right to privacy | 17 |
| 1.12 STRUCTURE OF THE DISSERTATION | 17 |
| Chapter 1 – Orientation to the study | 17 |
| Chapter 2 – Research design and methods | 17 |
| Chapter 3 – Findings of the study | 17 |
| Chapter 4 – Discussions of the findings | 17 |
| Chapter 5 – Recommendations, limitations, and conclusion of the study | 17 |
| 1.13. SUMMARY OF CHAPTER | 18 |
| | |
| CHAPTER 2 RESEARCH DESIGN AND METHODOLOGY OF THE STUDY | 19 |
| 2.1 INTRODUCTION | 19 |
| 2.2 RESEARCH DESIGN | 19 |
| 2.2.1 Qualitative design | 19 |
| 2.2.2 Explorative, descriptive approach | 20 |
| 2.2.3 Contextual | 20 |
| 2.3 RESEARCH METHODS | 21 |
| 2.3.1 Research setting | 21 |
| 2.3.2 Population | 22 |

| | |
|--|----|
| 2.3.3 Sampling method | 22 |
| 2.3.4 Data collection and organization | 23 |
| 2.3.4.1 Preparatory phase | 23 |
| 2.3.4.2 Recruitment and access of participants | 23 |
| 2.3.4.3 Pilot study | 24 |
| 2.3.4.4 Individual Interviews | 24 |
| 2.3.4.5 Field notes | 25 |
| 2.3.4.6 Reflective notes | 25 |
| 2.3.4.7 Establishment of rapport and trust | 25 |
| 2.3.4.8 Communication techniques | 26 |
| 2.3.5 Data analysis | 27 |
| 2.4 MEASURES TO ENSURE THE TRUSTWORTHINESS OF THE STUDY | 28 |
| 2.4.1 Credibility | 28 |
| 2.4.1.1 Reflexivity | 28 |
| 2.4.1.2 Prolonged engagement | 29 |
| 2.4.2 Dependability | 29 |
| 2.4.3 Confirmability | 29 |
| 2.4.4 Transferability | 29 |
| 2.5 SUMMARY OF CHAPTER | 30 |
| | |
| CHAPTER 3 PRESENTATION OF RESEARCH FINDINGS | 31 |
| 3.1 INTRODUCTION | 31 |
| 3.2 FINDINGS | 31 |
| 3.2.1 Description of the demographic profile of the target population and sample | 32 |
| 3.3 THEMES AND SUBTHEMES | 33 |
| 3.3.1 THEME 1: Nurse Educators' views on RPL students' support needs | 35 |
| 3.3.1.1 Academic support needs | 35 |
| 3.3.1.2 Language support needs | 36 |
| 3.3.1.3 Technological support needs | 37 |
| 3.3.1.4 Clinical support needs (corrective clinical procedures) | 39 |

| | |
|--|----|
| 3.3.2 THEME 2: Participants expressed their views on factors facilitating Rnursing students' support needs. | 41 |
| 3.3.2.1 Nurse educator and clinical facilities related factors | 41 |
| 3.3.2.1.1 Nurse educator related factors | 41 |
| 3.3.2.1.2 Clinical facilities related factors | 42 |
| 3.3.2.2 Program related factors | 43 |
| 3.3.2.3 Recognition of Prior Learning (RPL) student related factors (academic and adjustment problems) | 44 |
| 3.3.2.4 Recognition of Prior Learning (RPL) nursing student related factors (demographic profile) | 46 |
| 3.3.2.5 Recognition of Prior Learning (RPL) nursing student related factors (social responsibilities) | 47 |
| 3.3.2.6 Recognition of Prior Learning (RPL) nursing student related factors (inexperience with educational strategies) | 48 |
| 3.3.3 THEME 3: Nurse Educators' views on factors facilitating RPL students' performance. | 49 |
| 3.3.4 THEME 4: Nurse Educators' views on support barriers | 51 |
| 3.3.4.1 Nurse Educators related barriers | 51 |
| 3.3.4.2 Recognition of Prior Learning (RPL) nursing student related barriers | 52 |
| 3.3.5 THEME 5: Nurse Educators' recommendations to support Recognition of Prior Learning (RPL) nursing students | 53 |
| 3.3.5.1 Selection of appropriate Recognition of Prior Learning (RPL) candidates | 54 |
| 3.3.5.2 Orientation of RPL candidates | 55 |
| 3.3.5.3 Appropriate academic support of RPL students (study methods and life skills) | 56 |
| 3.3.5.4 Conducive learning environment and educational strategies | 57 |
| 3.3.5.5 Remedial classes and sessions | 58 |
| 3.3.5.6 Access to counselling and personal support | 59 |
| 3.3.5.7 Access to individual support from Nurse Educators | 60 |
| 3.3.5.8 Access to cooperative learning groups (peer support) | 61 |
| 3.3.5.9 Access to support from clinical facilities | 61 |
| 3.4 SUMMARY OF CHAPTER | 63 |

| | |
|---|-----|
| CHAPTER 4 DISCUSSIONS OF THE FINDINGS | 64 |
| 4.1 INTRODUCTION | 64 |
| 4.2 THEME 1: Nurse Educators' views on the support needs of RPL nursing students | 64 |
| 4.3 THEME 2: Nurse Educators' views on factors contributing to RPL nursing students' support needs. | 67 |
| 4.4 THEME 3: Nurse Educators' views on factors facilitating RPL nursing students' performance. | 72 |
| 4.5 THEME 4: Nurse Educators' views on support barriers | 72 |
| 4.6 THEME 5: Nurse Educators' recommendations to support RPL nursing students | 74 |
| 4.7 SUMMARY OF CHAPTER | 80 |
| | |
| CHAPTER 5 | |
| RECOMMENDATIONS, IMPLICATIONS, LIMITATIONS AND CONCLUSION | 81 |
| 5.1 INTRODUCTION | 81 |
| 5.2 RECOMMENDATIONS | 81 |
| 5.2.1 Nursing Education | 81 |
| 5.2.2 Nursing practice and the Department of Health | 82 |
| 5.2.3 Body of knowledge | 82 |
| 5.3 RECOMMENDATIONS FOR FURTHER RESEARCH | 82 |
| 5.4 IMPLICATIONS OF THE STUDY | 83 |
| 5.5 LIMITATIONS OF THE STUDY | 83 |
| 5.6 FINAL CONCLUSION | 83 |
| REFERENCES | 84 |
| ANNEXURES | 101 |
| ANNEXURE A: APPROVAL CERTIFICATE FROM ETHICS' COMMITTEE | 101 |
| ANNEXURE B: PERMISSION TO CONDUCT RESEARCH AT GAUTENG COLLEGES | 102 |
| ANNEXURE C: APPROVAL LETTER FROM THE DEPARTMENT OF HEALTH | 104 |
| ANNEXURE D: PARTICIPANT INFORMATION LEAFLET AND INFORMED CONSENT | 105 |
| ANNEXURE E: INTERVIEW GUIDE | 108 |

| | |
|--|-----|
| ANNEXURE F: INDEPENDENT CODER AGREEMENT LETTER | 109 |
| ANNEXURE G: EXAMPLE OF AN INDIVIDUAL INTERVIEW | 110 |
| ANNEXURE H: LETTER OF EDITING | 118 |

LIST OF ABBREVIATIONS / ACRONYMS

| | |
|------|---|
| CETU | Clinical Education and Training Unit |
| CRT | Credit Recognition and Transfer |
| EN | Enrolled Nurses |
| ENA | Enrolled Auxiliary Nurses |
| HAP | Human Anatomy and Physiology |
| HE | Higher Education |
| HEI | Higher Education Institution |
| IHET | Institutions of Higher Education and Training |
| GCON | Gauteng Colleges of Nursing |
| NEI | Nursing Education Institution |
| NUC | Nursing Care |
| NQF | National Qualification Framework |
| PoE | Portfolio of Evidence |
| RPL | Recognition of Prior Learning |
| RPLA | Recognition of Prior Learning Assessment |
| SA | South Africa |
| SANC | South African Nursing Council |
| SAQA | South African Qualification Authority |
| VETA | Vocational Education and Training Authority |
| WIL | Work Integrated Learning |

List of tables

| | |
|--|----|
| Table 3.1 Demographic information of the sample | 24 |
| Table 3.2 Overview of themes and sub-themes of the study | 24 |

ABSTRACT

VIEWS OF NURSE EDUCATORS ON THE SUPPORT NEEDS OF RECOGNITION OF PRIOR LEARNING NURSING STUDENTS ENROLLED FOR DIPLOMA IN NURSING AT A PUBLIC NURSING COLLEGE

Introduction: Recognition of prior learning is a means through which knowledge and experience is assessed by both workplaces and institutions of Higher Education and Training. Students enrolled through recognition of prior learning process have extensive clinical experience. However, most of them do not complete the intended qualification due to academic demands and personal factors such as age and language proficiency. Nurse Educators become demotivated when the recognition of prior learning nursing students do not achieve the academic objectives. Recognition of prior learning nursing students need more support to enable them to cope with the workload of the programme.

Objectives: To explore and describe the views of Nurse Educators on the support needs of nursing students enrolled for Diploma in Nursing (R.171) in a Public Nursing College in the Gauteng Province, Tshwane District.

Methods: Qualitative, explorative, descriptive, and contextual design was used to explore and describe the views of Nurse Educators on the support needs of recognition of prior learning nursing students. Non-probability, purposive sampling was used to select the participants. Twelve Nurse Educators facilitating level one and two were interviewed regarding the support needs required by nursing students. Face to face individual interviews were done to gain a better and in-depth understanding of supporting needs of recognition of prior learning nursing students. Data were analyzed using Tesch's descriptive analysis technique. Trustworthiness was ensured through credibility transferability, dependability, and confirmability.

Findings: Five themes emanated from data analysis and are as follows: Nurse Educators' views on recognition of prior learning students' support needs, Nurse Educators' views on factors contributing to recognition of prior learning nursing

students' support needs, Nurse Educators' views on factors facilitating recognition of prior learning nursing students' performance, Nurse Educators' views on support barriers and Nurse Educators' recommendations to support recognition of prior learning students. The study findings revealed that English literacy, age, and technological skills were defined as key competencies towards academic success. Participants revealed that recognition of prior learning nursing students require more support from both Nursing Education Institutions and clinical facilities during training. Continuous support is recommended for achievement of academic and professional endeavors.

Keywords: Diploma in Nursing, Nurse Educators, nursing students, recognition of prior learning, support needs.

CHAPTER 1

OVERVIEW OF RESEARCH

1.1 INTRODUCTION AND BACKGROUND

Recognition of prior learning is a means through which knowledge and experience is assessed by both workplaces and Institutions of Higher Education and Training (IHET). It is a means and a path to access professional and academic progression (South African Qualification Authority (SAQA), 2019:10). In nursing, RPL was introduced to improve the professional and personal status of candidates, thus contributing to skilled personnel who may improve provision of nursing care after the completion of their studies (South African Nursing Council [SANC], 2019:11). According to Browning (2020:16), RPL has the potential to significantly increase the number of qualified applicants, especially for people without a formal school background, however, have relevant life and/or work experience.

According to SAQA (2004:13), learning takes place in all types of circumstances either formal, informal, or non-formal. In a study conducted by Desnita and Surya (2020:162), nursing education supports the hospitals and University campuses regarding competencies and skills that students have, prior to the commencement of their learning journey. Although RPL nursing students have clinical knowledge and experience, they lack academic support such as advising, guiding, and tutoring from Nurse Educators to cope with demands posed by the programme (Briggs, Gebrekristos and Spaulding, 2020:18). The researcher suggests that provision of support needs of RPL nursing students will contribute towards academic success throughout their professional advancement.

Recognition of prior learning nursing students require extensive support due to factors such as personal and learning challenges which impact negatively on their academic performance (Mothokoa and Maritz, 2018:4). Nurse Educators become demotivated when the RPL nursing students are not achieving academic demands and objectives due to training termination and repeating an academic year. On contrary, while RPL nursing students look upon Nurse Educators for academic support, they do not have time to attend to these students due to the structure of the programme. The programme

is congested and leaves no room for consultations with students, leading to inadequate support to RPL nursing students.

South African Qualification Authority is responsible for overseeing the development and implementation of the National Qualification Framework (NQF), and one of its objectives is to support full personal development of candidates (SAQA, 2019:5). According to SAQA (2019:11), RPL is a multi-dimensional process through which both informal and formal learning is measured. Therefore, all steps followed must be feasible and rational as stipulated by SAQA. The current discussion about RPL process in South Africa and around the world is representative of educational reform strategies intended to promote the expansion of participation chances for those who were socially and academically excluded (Kibido, 2021:18). Through effective implementation of the RPL processes, there has been more access to academic journey for previously disadvantaged and marginalized individuals who did not meet the normal criteria for entry into Higher Education Institution. Regardless of RPL nursing students' qualifications, there is still a possibility for advancement in their professional careers. Nursing education institutions (NEIs) are implementing the RPL system to accelerate its benefits by providing access and progression opportunities for students to the nursing profession (SANC, 2019:3). Wall, Fetherston and Browne (2018:11) postulated that the focal point of Nurse Educators should be guiding the RPL nursing students to offer academic support to achieve their academic demands and expectations. The RPL nursing students must be prepared and supported intensively to allow them for readiness of the workload for learning to take place effectively (Mthimunya and Daniels, 2019:54). Although a study conducted by Mothokoa in 2015 investigated the experiences of RPL nursing students in the four-year comprehensive nursing programme (R425), this current study focuses on Nurse Educators' views on the support needs of the students. The findings of the study were that RPL nursing students were not coping with their academic demands as they had their own personal and social responsibilities, thus impeding their performance. The phenomenon of interest in this study is not the same as the one in the previous studies.

In Australia, Osborne and Serich (2020:10) defined RPL as 'the process of evaluating an individual's relevant prior learning and present capabilities to provide them formal acknowledgment'. The same authors stated that credit recognition and transfer (CRT) is a method of recognizing credits earned via formal study toward a qualification which

a student seek credit for. In addition, Kemp Hu, Bishop, Forrest, Hudson, Wilson, Teodorczuk, Rogers, Roberts and Wearn (2019:1) emphasized that the curriculum should encourage peer support thus providing positive academic achievement to students. Nurse Educators have a strong belief that dimensions of wellbeing such as psychological, social and physical wellbeing have a positive impact on students' academic success when adequate support is given (Kemp et al., 2019:2). According to McKelroy (2019: 80) students should throughout their learning trajectory receive a high degree of support from enrollment and until they achieved their academic objectives. In addition, the same author emphasized that this was enabled by what was known as a "white-glove approach," in which students received premium care and attention to their needs through the supply of academic and non-academic supports incorporated into the process of learning.

According to Mbunda, Lello and Tesha (2019:64), in Tanzania, RPL, also known as Recognition of Prior Learning Assessment (RPLA), is a process of assessing and certifying, the knowledge and attributes possessed by an individual (Vocational Education and Training Authority (VETA), 2020:7). Recognition of Prior Learning Assessment (RPLA) is seen as an integral part of Competence Based Assessment (VETA, 2020:8). Like in South Africa, Tanzania is also requiring a Portfolio of Evidence (PoE) from the applicants of RPL, depending on the effectiveness of the role players, such as VETA, to enhance the smooth running of the RPLA programme. According to Nandonde and Malaki (2020:6), financial and moral support are particularly crucial for Higher Education Institutions (HEI) to consider when inspiring students to engage in their studies. According to Nyangarika and Mtani (2020:1687), it is crucial to have an effective and efficient student support structure to enhance global enablement. Furthermore, the same authors classified student support into three main categories: academic, psychological, and administrative support services. The researcher asserts that inspiring students give them a sense of belonging as they receive support thus accelerating students' academic development and advancement. A study conducted by Gemuhay, Kalolo, Mirisho, Chipwaza, and Nyangena (2019:2), Nurse Educators alluded that the environment of learning has either positive or negative influence on the results of the nursing students.

The Nursing profession together with the education and training of nurses in South Africa is regulated by SANC. Furthermore, SANC sees the relevance of RPL as a

breakthrough especially to the previously disadvantaged individuals who were unable to access Higher Education (HE) (SANC, 2009:2). According to SAQA (2004:7), transformation of assessment practices for RPL is of utmost importance and should be able to address the needs of learners and curricula. Furthermore, HEIs differ in the implementation of SAQA regulations and policies. The curriculum has changed from input-based to outcome-based. Input-based is a teacher-centered approach where the teacher has more control over the student's learning (Bruce, Klopper and Mellish, 2011:248; Gowra and Hegde, 2021:121). Outcome-based is a learner centered approach, the focus is on learning rather than teaching, which encourages students to participate more actively in the learning process. Hadžiomerović (2021:42) and Jadhava et al., (2020:791) are in line with RPL, as they are self-directed adult learners (SAQA, 2004:19). Prospective candidates attend an information session for the completion of Portfolios of Evidence (PoE) which serves as evaluation process to determine whether the applicants were ready to pursue a qualification (Brenner, Goodman, Meadows & Cooper, 2021:4). In addition, the same authors postulated that developing a portfolio, on the other hand, allows for the apprehending of a wide range of experiential learning and aids learners connect prior learning to HE programs or qualifications. Working through the portfolio process is closely associated with growth in personal and professional competencies such as increasing self-knowledge, self-discovery and personal empowerment, motivation, self-confidence and critical thinking (Snyman and Van den Berg, 2018:27). Furthermore, Netanda, Mamabolo and Themane (2019:4) emphasized that support interventions are in the best interests of both students and HEIs because they often condense the parameters of student attrition. The researcher has observed that RPL nursing students need academic support to enhance positive progress. There is a need to determine what kind of help students get that leads to them accomplishing their qualifications (Sekonyela, 2019:240). The researcher seeks to investigate the views of Nurse Educators regarding the support needs of RPL nursing students in a public nursing college.

1.2 PROBLEM STATEMENT

Recognition of Prior Learning is applicable in Nursing Education in the interest of the previously marginalized candidates, especially women, and people who were unable to access higher education due to financial constraints and geographical locations e.g., people living in rural areas (SANC, 2019:2; Finn, 2019:43). Recognition of Prior Learning nursing students enrolled for nursing programmes are perceived as the 'cream', in addition most preferred in Nursing Practice due to their extensive clinical experience, and intent to improve on socio-economic wellbeing through academic engagement (Merikallio, 2019:14). However, previously, RPL was limited by the lack of resources, alignment with the University's basic principles, and academic requirements, as well as policy limitations (Browning, 2020:26).

Due to ongoing systemic problems, graduates and their peers did not receive the proper recognition for their accomplishments or general support and encouragement for their efforts (Minnies, 2020:180). Most RPL nursing students are mature adults who are well focused and ready to further their careers in life (Mothokoa and Maritz, 2018:4). The researcher observed that their academic performance is poor, some of them are not coping with the academic demands thus leading to a high attrition rate. Some students are slower to meet the academic demands and they are forced to learn new content while they are still struggling to understand the previous content, thus increasing workload (Ferreira and MacLean, 2018:10).

Other researchers found out that content overload in nursing programs has a negative impact on nursing students' academic performance, success, and retention (Mthimunye and Daniels, 2019:53; Newcomb, 2019:8). Due to their age, some RPL nursing students are unable to use technology for academic purposes as a requirement for self-directed learning (Brenner et al., 2021:11). Student support has been a focus of initiatives for college success that have achieved some of the best results (Briggs et al., 2020:3). Nurse Educators are required to provide emotional, psychological, and spiritual support to students. Students who do not receive this support are at risk of poor academic performance and may drop out of the program.

The researcher observed that Nurse Educators facilitating the Diploma in Nursing (R.171) at the college are experiencing workload challenges and programme demands thus impeding the support needed by students. The researcher observed that there is

a literature gap regarding support needs of RPL students who are enrolled for a new programme that commenced in 2020, therefore, previous studies did not investigate the support needs of the students. The study is aimed at exploring and describing the Nurse Educators' views on the support needs of nursing students enrolled for Diploma in Nursing (R.171) as they have more experience and rich in-depth knowledge about the contributing factors towards poor academic performance among nursing students.

1.3 RESEARCH QUESTION, AIM AND OBJECTIVES / HYPOTHESIS

1.3.1 Research question

What are the views of Nurse Educators on the support needs of RPL nursing students enrolled for Diploma in Nursing (R.171) at a public nursing college?

1.3.2 Aim of the study

The study aims at exploring and describing the views of Nurse Educators on the support needs of RPL nursing students enrolled for Diploma in Nursing (R.171) at a public nursing college, in the Gauteng Province, South Africa.

1.3.3 Objective of the study

- To explore the views of Nurse Educators on the support needs of nursing students.
- To describe the views of Nurse Educators on the support needs of nursing students.

1.4 DEFINITION OF KEY TERMS / CONCEPTS

1.4.1 Views

Views refers to the 'opinions and perceptions regarding a phenomenon of interest' (Daya and Beardb, 2019:278).

In this research, 'views' refer to the perceptions of Nurse Educators on the support needs of RPL nursing students in a public nursing college in the Gauteng Province, South Africa.

1.4.2 Nurse Educators

Nurse Educators are Professional Nurses who have an additional qualification in Nursing Education and are registered with SANC (2014:1).

In this study, Nurse Educators refer to those who are facilitating both theory and clinical accompaniment of the Diploma in Nursing (R.171) at the selected public nursing college.

1.4.3 Support

Support is described as providing an environment in which individuals freely express their differences and feel comfortable when they experience problems (Botma et al., 2010:37).

In this study support refers to measures to assist RPL nursing students to improve academic performance.

1.4.4 A Need

A need is a required aspect which is necessary to achieve the intended goals. (Briggs et al., 2020:10).

In this research, a need refers to an assistive and supportive measure required by adult learners for academic, personal, psychological and soft skills.

1.4.5 Recognition of Prior Learning (RPL)

Recognition of Prior Learning is referred to as the principles and concepts by which a person's prior knowledge and abilities are made apparent, mediated, and assessed for the purposes of alternate entry and admission, recognition and certification, or further learning and development (SAQA, 2019:2).

In this study, RPL refers to 'a process through which the experiences and skills of nursing students are acknowledged and give them the opportunity for entry into Higher Education (HE).

1.4.6 Recognition of Prior Learning (RPL) nursing students

Recognition of Prior Learning nursing student is a nursing student who has successfully challenged the RPL process and has been accepted into a public nursing college and is employed by the Department of Health (Gauteng College of Nursing [GCON], 2003:5).

In this research, 'RPL nursing students' refers to the students that have been awarded credits for access to a Diploma in Nursing (R.171) and are in their first and second year of training in one of the Gauteng NEIs.

1.4.7 Diploma in Nursing (R.171)

A Diploma in Nursing refers to a three-year study in nursing which leads to registration with South African Nursing Council (SANC) as a (Generalist) Staff Nurse (SANC, 2014:1).

In this study, 'Diploma in Nursing' refers to a 'qualification programme that leads enrolled candidates to become Generalist Nurses'.

1.5 CONTEXT / SETTING

A setting is a place where a study is taking place (Gray, Grove and Sutherland, 2017:353). The study was conducted at a public NEI which has four campuses that offers a three-year Diploma in Nursing (R.171) and a four-year Diploma in General (Community, Psychiatric) and Midwifery (R425) in Gauteng Province, South Africa. Research setting will be discussed more in chapter 2.

1.6 PARADIGMATIC PERSPECTIVE

A paradigm is defined as 'the way one interprets the world or the way of looking at a phenomenon of interest in their natural setting' (Polit and Beck, 2017:738). Furthermore, it has assumptions which guide the inquiry. In this study, 'constructivism', which is also known as 'naturalistic paradigm' setting (Polit and Beck, 2017:10), was used to explore and describe the support needs which RPL nursing students require throughout their learning journey.

1.6.1 Ontological assumptions

Ontology refers to a 'theory of existence, which influences how a person views or sees other people in their existence' (Botman, Greeff, Mulaudzi and Wright, 2010:287). Furthermore, it is about the nature of reality (Walach, 2020:1). The constructivist ontology acknowledges that reality holds multifactorial constructs and is interpreted differently by different individuals, as it is not a fixed entity (Polit and Beck, 2017:10). In this study, the researcher explored the views of Nurse Educators on the support needs required by nursing students, as they have an in-depth understanding and interaction with the phenomenon of interest.

1.6.2 Epistemological assumptions

Epistemology is a knowledge theory, which concentrates on what accounts as the truth knowledge; (Holloway and Galvin, 2017:21). Moreover, it is concerned about how to gain knowledge about the world interdependently (Walach 2020:1).

It involves the way the researcher gathers knowledge from the phenomenon of interest. A descriptive method was used to obtain detailed information from Nurse Educators who shepherd nursing students on their support requirements throughout their education. The constructivist paradigm engages in face-to-face interviews to gather knowledge from the participants through a prolonged engagement.

1.6.3 Methodological Assumptions

Methodology is a way in which information is obtained, guides and channels the research process in a specific direction to acquire knowledge (Polit and Beck, 2017:10). Qualitative research approaches are beneficial when there is knowledge regarding the phenomenon of interest (Botma et al., 2010:182). The researcher looks out to find and understand a phenomenon by following the steps guided in the process (Bradshaw, Atkinson and Doody, 2017:3). In this study, the researcher adhered to the rules and principles of qualitative research, by utilizing qualitative descriptive methods to explore and describe the views of Nurse Educators on the support needs required by RPL nursing students. The researcher gained in-depth rich valuable information from the Nurse Educators and the RPL nursing students.

1.7 DELINEATION

The focus of the study is on the support needs of RPL nursing students throughout their studies to achieve academic endeavors. The researcher intended to explore and describe the views of Nurse Educators who are facilitating a Diploma in Nursing students. The study was conducted in one public NEI in Gauteng Province.

1.8 SIGNIFICANCE / CONTRIBUTION

1.8.1 Nursing Education

The study may assist role players who are implementing RPL processes to review preparatory procedures or measures which are followed to improve and enhance the academic performance of nursing students prior to the beginning of training. Nursing students may benefit from the findings of the study as an efficient support structure might be established to enable them to cope with the workload of the curriculum and content in the programme.

The study may improve the learning strategies, study methods and the management of personal aspects that nursing students need to succeed academically.

1.8.2 Nursing Practice and Department of Health

This study could be beneficial to the Department of Health, including the facilities to improve the practices in hospitals and reduce litigation due to poor service delivery. Upon completion of studies, when RPL nursing students go back to their original facilities they might be expected to convert malpractice of poor patient quality through the newly acquired knowledge.

1.8.3 Benefit to Research/Body of Knowledge

The RPL process is implemented throughout the education and training processes of Nurses, therefore, having literature about the current programmes offered at NEIs may assist the body of knowledge with the challenges in the profession. The findings of this study might add benefit to the existing literature and the evolution of RPL into the Nursing fraternity. The body of knowledge might benefit researchers in terms of expanded information about RPL nursing students who are enrolled for Diploma in

Nursing. The research aims at improving and supporting the RPL nursing students to complete their intended academic ladder.

1.9 RESEARCH DESIGN

Research design refers to ‘the instruments, methods or processes used to gather and interpret reality’ (Bradshaw, et al., 2017:3). Gray, et al., (2017:676) refer to it as a ‘framework or plan which a researcher will implement to answer the research question considering several observations of subjects, selection of population sample and data collection’. In this research study, the researcher used qualitative, explorative, descriptive, and contextual design to explore and describe the support needs of RPL nursing students in the NEI (Hunter, McCallum and Howes, 2019:3). The design will be discussed in more detail in chapter 2.

1.10 RESEARCH METHODS

Research methods refers to ‘ways chosen by the researcher during a research process and strategies such as selecting research participants, choosing a setting, collecting, analyzing and interpreting data’ (Holloway and Galvin, 2017:346; Gray et al., 2017:683).

1.10.1 Population / Unit of Analysis

Population is a set of all members or elements of a defined group that satisfy specified criteria for inclusion in each universe of interest to the researcher (Botma et al., 2010:200; Gray et al., 2017:53). The population consisted of twelve level one and two Nurse Educators facilitating RPL nursing students who enrolled for a Diploma in Nursing (R.171) at a NEI in Gauteng Province for the 2020 to 2022 academic year. There was no level three students at the beginning of study.

1.10.2 Sampling method and sample size

The researcher used non-probability purposive sampling which refers to ‘a set of elements that have been chosen from the population by non-randomization methods, thus making the findings less generalizable’ (LoBiondo-Wood and Haber, 2014:236). Purposive sampling was utilized to choose which people to be included in the study (Gray et al., 2017:345). According to Risdianto, Dinissjah and Kristiawan (2020:2), purposive sampling yields good findings. The researcher used this method of sampling

as the participants are rich in information and experts, which is critical to the study. (Gray et al., 2017:345). The inclusion criteria were level one and level two Nurse Educators in possession of Diploma in Nursing Education, facilitating nursing students who enrolled for a Diploma in Nursing (R.171) and have two years of experience and more, facilitating the programme. All Nurse Educators who are not facilitating Diploma in Nursing (R.171) were excluded from the study. There were no level three students Nurse Educators at the college when the study commenced, therefore the nurse educators were excluded during data collection. In this study, the researcher only recruited participants who only met the criteria for the study. Twelve Nurse Educators were recruited to participate in the study, six for level one and six for level two Nurse Educators. The sample size depended also on data saturation (Burns, Grove and Gray 2013:371).

1.10.3 Data collection and organization

Data collection is a process of getting unknown data from the selected participants by answering the research questions (Gray, et al., 2017:493). Collection of data in this study was done through individual face-to-face interviews. The researcher asked open-ended questions to acquire information and explore views of Nurse Educators on the support needs of RPL nursing students. Interviews were audio-recorded, field and reflective notes were taken by the researcher as evidence and to assist the researcher to understand the phenomenon (Polit and Beck 2017:286). Interviews lasted between 45 to 60 minutes for better gaining a deeper understanding of Nurse Educators (Gray et al., 2017:493; Streubert and Carpenter, 2011:42). Data collection was done until data saturation was achieved. Data saturation occurred when further sampling yielded repetitive information from previously collected data in lieu of new data. Detailed discussion will follow in chapter 2.

1.10.4 Data analysis

Data analysis is a compound, systematic, orderly, and structured process which is iterative in nature (Holloway and Galvin, 2017:287). Gray et al., (2017:675) defines data analysis as 'reduction of data, organizing data and revealing the meaning. Data were analyzed by means of descriptive analysis technique by Tesch (in Creswell, 2014:198). A comprehensive discussion will be given in chapter 2.

1.10.5 Rigour / quality control

Rigour refers to 'accuracy and truthfulness' (Holloway and Galvin, 2017:347). According to Rose and Johnson (2020:3) rigour investigates the study's validity. Amin, Norgaard, Cavaco, Wirtry, Hillman, Cermase, and Desselle (2020:1), classified trustworthiness into credibility; transferability; dependability; and confirmability and the researcher implemented these strategies to ensure trustworthiness. Quality control will be discussed in more in chapter 2.

1.11 ETHICAL CONSIDERATIONS

Ethical considerations were formulated to monitor the conduct of researchers to prevent scientific misconduct which is the violation of human rights during a study (Gray et al., 2017:157). The researcher submitted a research proposal to the Research Ethics Committee and the Faculty of the Health Science Research at the University of Pretoria requesting permission to perform a study to avoid misuse of the participants (see Annexure D). In this study the following principles were ensured:

1.11.1 Beneficence

Beneficence is an ethical principle allowing good benefits to the research participants and avoiding harm always (Polit and Beck, 2017:139). Throughout the research procedure, the researcher treated the participants with courtesy and respect. The following dimensions were covered by the principle of beneficence: the right to freedom from harm and discomfort, as well as the right to protection from exploitation.

1.11.1.1 The right to anonymity and confidentiality

The researcher ensured that the participants' anonymity is preserved by assuring them that their data were coded in a way that prevents their names from being easily linked to them. To safeguard the participants' identities, the researcher utilized alpha-numeric codes (LoBiondo-Wood and Haber, 2006:575).

1.11.1.2 The right to protection from discomfort and harm

It is based on the principle of beneficence which states that one must always do good, especially on the side of participants (Gray, et al., 2017:173). Throughout the study, participants were not harmed which is covered by a principle of nonmaleficence (Polit and Beck, 2017:139). Furthermore, participants were protected from risks of discomfort

and harm, participation in the study should be beneficial to both the researcher, participants, and the body of knowledge. The researcher ensured that Covid-19 protocols are adhered to. The researcher and participants wore masks, observed social distancing, and hand sanitizer throughout the interview sessions. Information regarding the objectives of the study were shared amongst the participants, for example that they have the right to withdraw from the study without fear. In terms of any need for emotional and psychological support, the NEI Counselling Department was ready to provide counselling, at no cost (Polit and Beck, 2017:148).

1.11.2 Respect for human dignity

According to Polit and Beck (2017:140), respect for human dignity is an important principle in human research. In this study, the participants were made aware of their right to choose if they want to belong to the study process or not.

1.11.2.1 Self-determination

The researcher requested informed consent from the participants, explained the study's objectives and stated clearly that participation is entirely voluntary (Creswell and Plano-Clark, 2018:178). The researcher made certain that the participants' right to self-determination was maintained.

Participants can resign from the study at any moment without penalties. According to Gray et al., (2017:162), the research was conducted in compliance with the Helsinki Declaration.

1.11.2.2 The right to full disclosure

The details of the study were disclosed to the participants, to observe the right to full disclosure (Polit and Beck, 2017:141). In this study, the researcher emphasized the reasons and importance of the study to the participants.

1.11.3 Justice

Justice is known as the third broad principle in the Belmont Report alluding that participants have the right to be treated with fairness and privacy (Polit and Beck, 2017:141).

1.11.3.1 Right to fair treatment

The ethical ideal of justice promotes the right to fair treatment. It states that everyone should be treated equally and fairly, with no discrimination, and should be given what is due to him or her (Gray, et al., 2017:172). In this study, the researcher ensured that selection criteria were communicated to all eligible participants and an information leaflet regarding their involvement was adhered to.

1.11.3.2 The right to privacy

As enacted by the Privacy Act of 1974, the right to privacy was enhanced to protect collected data (Gray, et al., 2017:168). The stored data has restricted access; only the research team has access to it. The researcher was aware of the participants' personal details but ensured that their identities are kept hidden (De Vos, Strydom and Delpont, 2011:120).

1.12 STRUCTURE OF THE DISSERTATION

Chapter 1 – Orientation to the study

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

Chapter 2 – Research design and methods

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

Chapter 3 – Findings of the study

In this chapter the findings of the study are presented

Chapter 4 – Discussions of the findings

In this chapter of the study with literature control were done

Chapter 5 – Recommendations, limitations, and conclusion of the study

In this chapter, the implications of the study, limitation of the study, suggestions for further studies and conclusion are discussed.

1.13. SUMMARY OF CHAPTER

This chapter provided an orientation, an introduction, and an overview of the study's aims and rationale. The research objectives were to explore and describe the views of Nurse Educators on the support needs of RPL nursing students enrolled for Diploma in Nursing. The research paradigms and assumptions of the study were stated, followed by the research design which included the population, sampling, data collection and analysis.

CHAPTER 2

RESEARCH DESIGN AND METHODOLOGY OF THE STUDY

2.1 INTRODUCTION

In chapter 1, the following were discussed: the background; problem statement; significance of the study; definition of concepts; literature review; and paradigm of the study. This chapter corroborates and explores the study's research design and methodology. More focus is placed on clarifying the design, population, sampling, data gathering techniques and management of the collected data.

2.2 RESEARCH DESIGN

Research design is described as 'the most crucial sketch used by the researcher to answer a research question considering several considerations such as participants and timing of data collection (Gray et al., 2017:676). Furthermore, research design is defined as 'the backbone and a plan of the study' (Botma et al., 2010:108; Gerrish and Lathlean, 2015:123). Other authors describe a research design as 'a blueprint through which the researcher is guided throughout the research processes and approaches to be followed to answer the research question' (Moule, Aveyard and Goodman, 2017:152; Polit and Beck, 2017:56). The researcher used a qualitative, exploratory descriptive and contextual research design to explore and describe the views of Nurse Educators regarding the support needs of RPL nursing students enrolled for Diploma in Nursing (R.171). The design also assisted the researcher to obtain quality and in-depth information from Nurse Educators on the support needs of students as they are in close contact with them on academic activities.

2.2.1 Qualitative design

Streubert and Carpenter (2011:3), describe qualitative research as an approach which is anchored in the social sciences and is concerned with how and why human occurrences interact with the social context'. According to Delport, Fouché and Schurink (in De Vos et al., 2011:310), qualitative research is 'a multi-paradigmatic field which is interdisciplinary, transdisciplinary, and counter disciplinary in nature.' It also focuses on learning the meaning that participants have about the situation, rather than the meaning that the researchers gathered to the research through literature.

Gray et al., (2017:62) further explains qualitative research as 'a systematic scholarly process through which researchers gain insights of human experiences in a natural setting. The richness and depth of explorations and descriptions that the qualitative approach yields, is indeed one of the strongest assets, (Gray et al., 2017:62). In qualitative research, the study attempted to safeguard the integrity of narrative information by using it to reveal unique or key themes which are embedded in settings (Terre Blanche, Durrheim and Painter, 2014:563).

Qualitative design allowed the researcher to explore and understand the views of Nurse Educators regarding the support needs of RPL nursing students enrolled for Diploma in Nursing. The aim of this study was to uncover participants who had direct knowledge with the topic under discussion (Merikallio 2019:38). Close contact of the Nurse Educators with RPL nursing students at clinical and theoretical settings enhances clear knowledge on the challenges and support needs that students might face.

2.2.2 Explorative, descriptive approach

According to Gray, et al., (2017:69), exploratory-descriptive approach is described as 'a method which decreases confusion between quantitative and qualitative descriptive studies without an identified method'. A qualitative, exploratory-descriptive research approach was used to conduct this study as a naturalistic inquiry (Pelzang and Hutchinson, 2018:2). According to Hunter, McCallum and Howes (2019:2), alluded that descriptive component is employed to obtain comprehending and steer the investigation, arguing that "explorative research examines a phenomenon of interest, rather than simply observing and recording incidents of the phenomenon." The study was conducted with the goal of exploring and describing the views of Nurse Educators on the support needs of RPL nursing students enrolled for Diploma in Nursing (R.171).

2.2.3 Contextual

Qualitative research is contextual since the collected data is only valid in a limited situation. The data revealed themes and categories that gave context-bound information describing the phenomenon under investigation, resulting in a more subjective interpretation of the data [Fouché and Delport (in De Vos et al., 2011:64)]. The outcomes of this research are only valid in the context of one of Gauteng's Nursing

Education Institutions, and therefore will not be generalized (Botma et al., 2010:195). In this study, the information gathered from the Nurse Educators regarding their views on the support needs of RPL nursing students enrolled for Diploma in Nursing at a specified NEI cannot be generalized to other settings, nevertheless, the use of appropriate methodology may assist in the possible transferability of the findings to other contexts.

2.3 RESEARCH METHODS

The concept 'research methods' refers to the tactics and guidelines used by the researcher during the research process, such as selecting research participants, selecting a setting, obtaining, analyzing, and interpreting data (Holloway and Galvin, 2017:346; Gray et al., 2017:683). According to Polit and Beck (2017:743), research methods are 'techniques used to structure a study and to gather and analyze information in a systematic fashion'.

The research methods encompassed the foregoing: research setting; participant selection; methods of collecting; and data analysis, as will be detailed later.

2.3.1 Research setting

A research setting is defined as 'a site whereby research is conducted' (Gray et al., 2017:353). It is further explained by Polit and Beck (2017:744), as a 'physical environment whereby the study's data is collected'. The study was conducted in a natural setting, Gauteng Province, South Africa at a public selected NEI that offers a three-year Diploma in Nursing training programme (R.171) and four-year comprehensive nursing programme (R425). Twelve Nurse Educators facilitating the Diploma in Nursing participated in the study guided by data saturation. The NEI has 147 nursing students registered for a Diploma in Nursing. Recognition of Prior Learning nursing students made up 10% of the total population at the public NEI. Through the RPL programme, 15 RPL nursing students have enrolled for training, five were in level two and ten in level one. There was no level three students yet. At the time of data collection there were 75 Nurse Educators, including Academic Heads of Department and the Campus Head.

2.3.2 Population

A population is defined as ‘the total number of attributes that meet the study’s parameters. (Boswell and Cannon, 2014:180). A population is an aggregate of all members or elements of a defined group who satisfies the definition for inclusion in each universe researched (Botma et al., 2010:200; Gray et al., 2017:53). The population consisted of six level one and six level two Nurse Educators facilitating Diploma in Nursing in clinical and theoretical spheres of a selected NEI in Gauteng Province. Level three Nurse educators did not form part of the study as there was no level three students when the study begin.

2.3.3 Sampling method

The process of selecting a sample of a population for data collection is known as ‘sampling’ (LoBiondo-Wood and Haber, 2014:234). Gray et al., (2017:691) describe sampling as ‘a method or a way of selecting elements or events with which the study is conducted’. The purpose of sampling is to ensure that cost-effectiveness and efficiency are maintained, furthermore it allows the researcher to understand the phenomenon of interest, thus assisted the researcher to develop a rich, holistic understanding of Nurse Educators’ views regarding the support needs of RPL nursing students (Boswell and Cannon, 2014:181, Botma et al., 2010:199). Purposive sampling refers to ‘a set of components selected from a population utilizing nonrandomization methods, thereby limiting the generalizability of the findings’ (LoBiondo-Wood and Haber, 2014:236).

Non-probability purposive sampling method was used in the study to allow the researcher to purposefully select participants who are in close contact with the RPL nursing students to yield good findings as well as a contextualized knowledge of the Nurse Educators’ opinions (Risdianto, Dinissjah and Kristiawan, 2020:2).

Inclusion criteria

- The inclusion criteria were level one and two Nurse Educators facilitating RPL nursing students who enrolled for a Diploma in Nursing training programme (R.171).
- Nurse Educators who have two years of experience and above facilitating RPL nursing students.

Exclusion criteria

- All Nurse Educators who are facilitating a four-year comprehensive nursing training programme (R425).
- Level three Nurse Educators who are facilitating RPL nursing students were excluded as there was no level three students at the time the research study started.

2.3.4 Data collection and organization

Data collection is a process of gathering unknown data from the selected participants by answering research questions (Gray et al., 2017:493). Boswell and Cannon (2014:443), described data collection as ‘the systematic gathering and organization of information on concepts and variables in a way that supports the formulation of answers to research questions and hypotheses, as well as the construction of results. Individual face-to-face interviews was to gain a deeper understanding of Nurse Educators which lasted 45 to 60 minutes and this included capturing field notes. The data were collected every two weeks, depending on the availability of the participants. Covid-19 protocols were implemented, the researcher and the participants wearing face masks and social distancing were observed throughout. The researcher collected data in a conducive environment whereby privacy was maintained. Participants gave consent to be audio recorded during interviews. Data collection took place until saturation was reached at participant number ten, the researcher continued to collect data to confirm data saturation and avoid redundancy (Polit and Beck 2017:497). In this study the following process was followed to collect data:

2.3.4.1 Preparatory phase

The researcher requested approval from the Department of Health to conduct research at an NEI. Permission to conduct the study was granted. The researcher and the individual Principal of the chosen NEI campus agreed on the days and times to collect data see Annexure B.

2.3.4.2 Recruitment and access of participants

Gray et al., (2017:354) defines recruitment as ‘a technique of obtaining, accessing and communicating with eligible participants to take part in the study’. According to Botma et al., (2010:13) the recruitment phase is a crucial stage towards successful research.

In this study, the researcher used a face-to-face recruitment strategy (Polit and Beck, 2017:270). During face-to-face recruitment, the researcher explained the research topic to the participants for maximizing consent and cooperation. Participants were provided with an appointment to be interviewed at a time and date that was best and most suitable to be interviewed. Before the scheduled appointment, the researcher double-checked the appointments for availability of participants (Polit and Beck, 2017:168). On the day(s) of the interviews, participants were given informed consent forms stating the study's goal and why data were collected (Polit and Beck, 2017:168).

2.3.4.3 Pilot study

A 'smaller-sample version of the proposed study with the same research population' is referred to as a pilot study (Gray et al., 2017:686). According to Streubert and Carpenter (2011:90), pilot study interviews strengthen the researcher 's interviewing skills. The researcher included two participants to assess and evaluate the appropriateness of the research question for the study. During data collection of the pilot study, the researcher used the same procedure as for the main study. Data collected from the pilot study was included in the findings of this study as the research question did not require any modification and the participants of the pilot study met the inclusion criteria of the study.

2.3.4.4 Individual Interviews

Interviews are the most natural form of interacting with the research participants which fits well in the constructionist approach used in this study (Terre Blanche et al., 2014:297). Interviews are known as 'social and interactional relationships between the researcher and the participants whereby the researcher seeks to obtain in-depth information' [(Greeff (in De Vos et al., 2011:342)]; Maltby, Williams, McGarry and Day, 2010:116). Interviews have the added benefit of allowing the researcher to delve deeper into the meaning of information than other tools offer (Gray, et al., 2017:406.). The researcher gained more insight from the Nurse Educators regarding the support needs of RPL nursing students through qualitative individual interviews. The researcher obtained written consent from all participants before the commencement of the interviews. The researcher embarked on asking open-ended questions to all participants to express reactions and views in their own words (LoBiondo-Wood and

Haber, 2014:280). The following question was asked all participants to answer the research question and to achieve the objectives:

What are the views of Nurse Educators on the support needs of RPL nursing students enrolled for Diploma in Nursing (R.171) at a public nursing college?

Probing questions were asked to gain clarity on the responses of participants. The researcher used a high-quality mp4 voice recorder which was strategically placed to record the interviews with permission from participants. Interviews were conducted at the chosen NEI in the participants' offices. These recorded interviews were later transcribed verbatim. The researcher used techniques such as field and reflective notes during interview sessions. See Annexure E for an interview guide.

2.3.4.5 Field notes

Polit and Beck (2017:729), defines field notes as 'written notes taken by a researcher to document and interpret unstructured observations made in the field. Furthermore, Greeff in De Vos et al., 2011:359), describes field notes as observations in a full description of what the researcher hears, sees, experiences, and thinks about while interviewing'. Field notes were utilized as a method of triangulation. The researcher took field notes during the interviews to make sense of the situation and grasp the genuine nature of the phenomenon under investigation. Field notes were kept throughout each interview that included a detailed account of both verbal and non-verbal communications of the Nurse Educators [(Strydom (in De Vos et al., 2011:335)].

2.3.4.6 Reflective notes

Reflective notes capture a qualitative researcher's personal experiences, reflections, and continued development (Polit and Beck, 2017:743). The researcher kept one diary where personal views and feelings were recorded to reduce preconceived ideas in influencing the reactions of Nurse Educators regarding the support needs for RPL nursing students enrolled in Diploma in Nursing training programme.

2.3.4.7 Establishment of rapport and trust

Qualitative researchers must create an environment during which participants can safely communicate real experiences and feelings (Polit and Beck, 2017:508). The researcher and participants introduced each other to create rapport before interviews.

The researcher asked the participants' permission to record the interviews to capture all the data.

2.3.4.8 Communication techniques

In qualitative interviews there is no set of prepared questions but only an open-ended question to follow the intent and thoughts of the participants. An interview guide was utilized to guide individual interviews. The following communication techniques were used during the individual interviews: probing; paraphrasing; clarification; and reflecting (Uys and Middleton, 2014:180).

a) Probing

In interviews, probing is a technique for extracting comprehensive data from participants (Polit and Beck, 2017:740). Probing was done with the aim to deepen the response towards the question to ensure increased richness of the obtained data. The questions were asked to refocus the direction of the interview (Moule et al., 2017:310). The researcher asked one question which was followed by probing questions as follow up to get more clarity from the participants when insufficient responses are given.

b) Paraphrasing

Paraphrasing is a method of enhancing meaning by rephrasing the participants' statements in a different way but keeping the same meaning (De Vos et al., 2011:301). Paraphrasing the responses elicited more information from participants thus answering research questions accurately.

c) Clarification

Clarification refers to the process of determining the meaning of a communication that has been transmitted (Uys and Middleton, 2014:180). Clarifying the meaning of what has been said makes it easier for both the sender and the receiver of the message to grasp (Townsend, 2012:155). The researcher used clarification by asking questions to understand and be clarified on the support needs for RPL nursing students from the Nurse Educators in the NEI.

d) Reflection

Reflection is a way of communication during which the sender conveys his or her expressed thoughts and emotions to the recipient (Uys and Middleton, 2014:178). The researcher reflected on the feelings that participants had during their training program.

2.3.5 Data analysis

Data analysis is an ongoing process that is detailed, systematic, orderly, and structured (Holloway and Galvin, 2017:287). Data analysis is defined by Gray et al., (2017:675) as 'the process of limiting, organizing, and revealing the content of data'. Descriptive analysis was used to analyze and interpret the text data into meaningful and detailed information about the views of Nurse Educators regarding the support needs of RPL nursing students enrolled for Diploma in Nursing. The researcher and an independent coder analyzed the collected data. See annexure The researcher used a descriptive analysis technique by Tesch (in Creswell, 2014:198).

The process has eight steps:

1. The researcher read through all twelve transcripts carefully to make sense of the whole data at hand. As the researcher was reading the transcribed data, all thoughts coming to the mind were written down.
2. The researcher started to read transcripts from the top of the pile with the most interesting and short transcript, to decode the underlying message.
3. The researcher carried out the same technique with several documents. Group the same topics together and make columns classified as major, unique topics, and left over topics.
4. The researcher now returns to the data using the list. The topics are abbreviated into codes, which are written next to the relevant text segments. The researcher applies this initial organizational scheme to the text to see if any additional categories or codes arise.
5. The researcher arranged the topics into categories based on the most descriptive wording, i.e. By grouping topics that are linked to one another, the researcher hopes to lessen the total number of categories. Interrelationships are depicted by

drawing lines between categories. Five themes and twenty-two categories were identified and will be discussed in detail in chapter 3 of this study.

6. The researcher selects the abbreviations for each category and classifies the codes alphabetically.
7. All the data from each category is gathered in one place, and a preliminary analysis is carried out.
8. If necessary, the researcher encodes existing data.

An independent coder with proficiency in qualitative data analysis was provided with a clean set of data. The researcher and an independent coder had a consensus session regarding data analysis. The agreed findings are presented fully in chapter 3.

2.4 MEASURES TO ENSURE THE TRUSTWORTHINESS OF THE STUDY

2.4.1 Credibility

Credibility refers to the belief in accuracy and its interpretation (Polit and Beck, 2017:724). Credibility was achieved through the following techniques: prolonged engagement; triangulation; member checking; and reflexivity (Amin et al., 2020:2). In this study, the researcher engaged with the participants, used face-to-face interviews, writing field and reflective notes to ensure that data were collected through more than one method.

2.4.1.1 Reflexivity

Reflexivity is the process of a researcher using a diary to reflect on any potential biases that may exist, which could affect data collection, analysis, and interpretation of the study results (Polit and Beck, 2017:298). The researcher used in-depth face-to-face interviews, field, and reflection notes to better capture all verbal and nonverbal communication from participants. According to Amin et al., (2020:8), reflexivity ensured that all trustworthiness sub-criteria were established.

2.4.1.2 Prolonged engagement

Prolonged engagement refers to an extended period of interacting with participants, spending adequate time (Amin et al., 2020:2; Polit and Beck, 2017:298). Once every two weeks, participants were interviewed by the researcher and spent about 45 to 60 minutes each, to gain a strong understanding of the participants' views on support needs required by RPL nursing students.

2.4.2 Dependability

Dependability refers to the consistency and accuracy of data over time at different conditions (Holloway and Galvin, 2017:309). According to Korstjens and Moser (2018:3), dependability discusses indications of data consistency across time. The researcher ensured that there was accuracy of the transcripts including correlation between the research question and the collected data. In this study, the researcher and the Independent Coder analyzed transcribed interviews. The researcher and the Independent Coder agreed on the categories and sub-categories recognized from the transcripts. See Annexure F.

2.4.3 Confirmability

According to Polit and Beck (2017:723), the term 'confirmability' relates to the objectivity or neutrality of information and its interpretation. Participants were tape recorded during data collection, and the transcribed data verbatim was handed to the Independent Coder who is an expert in qualitative research (Gray et al., 2017:256,268). All additional information, such as field notes, reflective notes, was locked away for safekeeping for five years with only the researcher team will have access to it. The researcher made sure that the data was analyzed by an independent coder who is an expert in qualitative research. The independent coder signed the confidentiality agreement before analyzing the data (see Annexure F).

2.4.4 Transferability

Transferability refers to the extent to which study findings can be applied to other settings, and it provides a full description along with interpretations (Amin et al.,

2020:6). The findings in this study cannot be generalized, therefore, may be more applicable to various contexts when the approach provides a good description.

2.5 SUMMARY OF CHAPTER

The chapter addressed research methodology and design thoroughly. The qualitative, exploratory descriptive, and contextual design and method were discussed. The data collection method and analysis were described by the researcher and Independent Coder. Nurse Educators' views on the support needs of RPL nursing students in the NEI were elicited through qualitative face-to-face interviews. The methods of trustworthiness were ensured.

CHAPTER 3

PRESENTATION OF RESEARCH FINDINGS

3.1 INTRODUCTION

The previous chapter focused on the methods and designs of the study. In this chapter, the researcher describes data collection, research data methods, analysis, and the findings. The researcher has answered the research questions in the form of reporting on the findings of the study. The aim of the study is to explore and describe the views of Nurse Educators on the support needs of recognition of prior learning (RPL) students enrolled for Diploma in Nursing (R.171) at a public nursing college.

3.2 FINDINGS

Data was collected at one of the public NEIs in Gauteng Province. Twelve semi structured face-to-face interviews with participants were conducted in English to obtain detailed data. The aim of the study was to explore and describe the views of Nurse Educators on the support needs of RPL nursing students. The participants were asked the following central question:

What are the views of Nurse Educators on the support needs of RPL nursing students enrolled for Diploma in Nursing (R.171) at a public nursing college?

Participants were assisted to understand the question, and where they were uncertain, probing questions were asked until data saturation was reached. Data that emanated from the interviews will be presented in terms of the demographic data of the participants and themes that emanated from the data analysis. Each sub-theme is discussed in detail and verbatim quotations from the participants' interview transcripts are presented as relevant to the respective findings. The verbatim quotes are written in italics. Quotes from the data were utilized as supporting evidence for recognized themes and subthemes. Each quote is followed by the participant's number, gender and age in brackets, for example (*P20, female, 38*).

3.2.1 Description of the demographic profile of the target population and sample

The target population were twelve Nurse Educators who were facilitating level one and level two for both theory and clinical areas, and those who were in close contact with RPL nursing students enrolled for Diploma in Nursing in one NEI in Gauteng Province. Six participants were facilitating level one, and six participants were facilitating level two. There were eleven female Nurse Educators and one male nurse educator. The ages of the participants ranged between 36 and 61 years.

Table 3.1 Demographic information of the sample

| Participant number | Gender | Age | Race | Level of facilitation | Years of experience |
|--------------------|--------|-----|---------|-----------------------|---------------------|
| 1. | Female | 46 | African | 1 | 4 |
| 2. | Female | 43 | African | 2 | 4 |
| 3. | Female | 38 | African | 2 | 5 |
| 4. | Female | 37 | African | 1 | 4 |
| 5. | Female | 61 | African | 2 | 10 |
| 6. | Female | 38 | African | 1 | 8 |
| 7. | Female | 43 | African | 1 | 5 |
| 8. | Female | 56 | African | 1 | 8 |
| 9. | Female | 48 | African | 2 | 4 |
| 10. | Female | 52 | Colored | 2 | 10 |
| 11. | Male | 39 | African | 2 | 12 |
| 12. | Female | 36 | African | 1 | 3 |

3.3 THEMES AND SUBTHEMES

The themes and sub-themes identified in the transcripts were in consensus between the researcher and an independent coder. Five main themes and 22 sub-themes were found from the transcribed interviews. The findings were established reflective of the experiences of participants as shared in their own voices. The identified themes and sub-themes are presented in Table 3.2.

Table 3.2 Overview of themes and sub-themes of the study

| THEMES | CATEGORIES |
|--|--|
| 1. Nurse Educators' views on RPL nursing students' support needs | 1.1 Academic support needs |
| | 1.2 Language support needs |
| | 1.3 Technological support needs |
| | 1.4 Clinical support needs for corrective clinical procedures |
| 2. Nurse educators' views on factors contributing to RPL nursing students' support needs | 2.1 Nurse educator and clinical facilities related factors |
| | 2.2 Program related factors |
| | 2.3 Recognition of Prior Learning (RPL) nursing student related factors (academic and adjustment problems) |
| | 2.4 Recognition of Prior Learning (RPL) nursing student related factors (demographic profile) |
| | 2.5 Recognition of Prior Learning (RPL) nursing student related factors (social responsibilities) |

| | |
|---|--|
| | 2.6 Recognition of Prior Learning (RPL) nursing student related factors (inexperience with educational strategies) |
| 3. Nurse Educators' views on factors facilitating RPL students' performance | 3.1 Recognition of Prior Learning (RPL) nursing student related factors prior knowledge and experience |
| 4. Nurse Educators' views on support barriers | 4.1 Nurse educator related barriers |
| | 4.2 Recognition of Prior Learning (RPL) nursing student related student related barriers |
| 5. Nurse Educators' recommendations to support RPL students | 5.1 Selection of appropriate RPL nursing candidates |
| | 5.2 Orientation of RPL nursing student candidates |
| | 5.3 Appropriate academic support of RPL nursing students (study methods and life skills) |
| | 5.4 Conducive learning environment and educational strategies |
| | 5.5 Remedial classes and sessions |
| | 5.6 Access to counselling and personal support |
| | 5.7 Access to individual support from Nurse Educators |
| | 5.8 Access to cooperative learning groups (peer support) |
| | 5.9 Access to support from clinical facilities |

3.3.1 THEME 1: Nurse Educators' views on RPL students' support needs

Participants communicated their views regarding the support needs of the RPL nursing students during training. In theme 1, the following four sub-themes were revealed: academic support needs; language support needs; technological support needs; and clinical support needs (corrective clinical procedures). Each of these sub-themes will be discussed in this section.

3.3.1.1 Academic support needs

It emerged that RPL students require academic support from the Nurse Educators. Participants reported that some students have difficulties because they have not been studying for a long period of time, this makes it difficult for them to study effectively.

The following quotes support the sub-theme:

“In my opinion many students need more support because they were not studying for a number of years, they have lost touch with study methods, and it feels like they need more support from the lecturers” (P1, female, 46).

“Without our support, they won't be able to achieve their academic demands to achieve their learning outcomes” (P7, female, 43).

Findings revealed that RPL students also struggle to understand the content in the program. This was associated with a variety of factors which participants deemed important when teaching RPL students. This was said by participants:

“Most of them are struggling to understand the content than the other ones (matriculants). Some RPL students enrolled for Diploma in Nursing do not cope with the workload in the program, they lack understanding of the content.”

(P4, female, 37).

“The structure of the programme makes it very difficult for the students to grasp a lot of content offered in one day. Two modules are facilitated in a day, thus contributing to learning backlog for RPL students, remember they lack appropriate study methods” (P5, female, 61).

Academic support appeared to be central to RPL nursing students' needs as reported in this subtheme. Nurse Educators are crucial in identifying such needs and supporting students as required by their level of maturity and ability to cope with stresses of the program.

3.3.1.2 Language support needs

Participants reported that they observed spelling errors during marking of assessments, which changes the meaning of the whole sentence, resulting in it being incorrectly interpreted. The majority of RPL nursing students were struggling to express themselves in English, predisposing them to poor participation in class as they are unable to construct meaningful conversations.

The following quotes support the sub-theme:

“Ma’am, most of the RPL students are making spelling mistakes which either change the meaning of the topic in discussion or does not make sense at all. During marking of assessments, we are correcting a lot of spelling mistakes for example the student wants to say the patient had an abscess but will write absence which does not fit in the question, you will read the sentence many times to try understanding what the student is trying to explain” (P4, female,37).

“According to me, first, they struggle with English in class compared to that one (a group of students young in class). They even fear learning in class because they think that they are adults, and those ones are children. They cannot ask a question in front of them (colleagues). They say they are going to laugh at them, and surely, they laugh at them, truly they do. Because they will judge them with their English not to the core question that they (RPL) will be asking in class. And at times, we as lectures, we do forget that this group of students there are RPL their education is that of BANTU [Bantu Education]” (P5, female, 61).

It has come to light that English, as a means of communication has been a great concern for the RPL nursing students to learn without hindrance and difficulty. Participants further expressed their views relating to the challenges encountered by the students during facilitation of lectures.

“What I am viewing is that the support needs of the RPL students are very important because, without the support, these students, they won’t perform well in their students, because we need to support them, because most of them they are very old, and they have the problem of English language. Most of our classes, let me say all our classes, we facilitate in English, so some of them, it becomes a problem to grab the content that we are teaching, so they are left behind and hence I say, we need to support those students. I think they need extra class for language, for example in the olden days we used to have English classes whereby students would be taken to English class and will be introduced to the computer lessons. I think with this new curriculum they can also introduce the support need of English. The other thing is language. I think they need extra class for language, for example in the olden days we used to have English classes whereby students would be taken to English class and will be introduced to the computer lessons. I think with this new curriculum they can also introduce the support need of English” (P7, female, 43).

“You know at times it will even push you to translate everything that you are teaching in English translate into the language that they do understand. There after you go back to English. Yes, apparently if I can give you an exam if you are telling them about diarrhea, the nursing terms when you are talking about public institutions, both the dominant language is Sotho, Zulu, etc. You are used to the medium of institution is English, but it is not like that in the hospital. In the hospital, you're focusing on the patient that you are nursing, you need to align yourself with the language that your patient is using that is why the RPL student are struggling with is nursing concept” (P5, female, 61).

The majority of RPL nursing students are struggling to communicate clearly in English, and this impact their academic performance because they are unable to comprehend what is being taught in class. Teaching and learning are the core function of NEIs, it takes place through English making it the prime language for communication.

3.3.1.3 Technological support needs

Participants alluded that technology is used to facilitate content as strategies for learning and teaching. Most participants expressed concerns regarding RPL

nursing students who are unable to learn employing these teaching and learning methods.

The following quotes support the subtheme:

“Due to the fact that they are not performing well, I think as I said earlier, it is the teaching and learning methods that we are using these days, it impacts on their understanding in class because, most of the teaching strategies like “bo” [plural in vernacular] flipping the class and Mentimeter are more technology based, whereas these RPL students are not computer literate, hence it increases or impacts on their performance in class because they are not conversed with them”
(P7, female, 43).

“And then considering with this program, students need to be technology wise, so they have to be very much skillful when it comes to technology because, you'll find that most of our staff as academics or lecturers they are using technology. So, now at the moment when communicating with students, I use Google workspace. Of which I realized that most of them, I know few of them who say, they struggle to access Google workspace. When I follow it up, and then I just realized that no man, these students who are struggling with this are those RPL students. Because now it's like OK, Google workspace? “Yes, Sir, we do not know how to access Google workspace” then I said, good people, you got training with this so now what happened? So, I must go through with them again”
(P11, male, 39).

Technological tools such as Google-workspace, Google classrooms and Microsoft Teams are used as soft mechanisms for teaching and learning. These tools are utilized when contact classes are not possible, for example during National lockdown where movement was restricted, and online facilitation was implemented.

Participants expressed concerns about the importance of the use technology in teaching and learning to prevent content backlog and workload for students.

Participants said in the following quotes:

“Yes Ma'am, we used to have online classes during Covid-19, the pandemic, whereby we had a lot of challenges that time because most of the students did

not know how to log on. They are computer illiterate. Most of the RPL students struggled to log on. They had a lot of challenges in terms of logging in and accessing online activities. So, I think these people really need support to technology. They are struggling with connectivity, which has an impact. For example, if they don't log in, they miss a lot of content because they don't catch up” (P7, female, 43).

“And some of them are no tech savvy. We need to support them that way as module lectures. Some of them have been more than 10 years without studying now they are faced with books, and they are faced with the prospect of searching for information from the Internet and all the search engines that is the first biggest challenge” (P8, female, 56).

When incorporated appropriately and efficiently in Nursing Education, technology enhances the learning environment in the classroom and in the clinical setting. Technology has an important role to play in the delivery of support to academics and students.

3.3.1.4 Clinical support needs (corrective clinical procedures)

Participants voiced concerns that support and guidance by clinical nurses to students is very crucial. The study revealed that RPL nursing students find it difficult to cope with the pressure of relearning the procedures they thought were easy and familiar with in comparison to their learning objectives. It emerged that, although RPL nursing students have a lot of clinical experience, most procedures are of great challenge to them.

The following quotes support the sub-theme:

“Most of them went to school a long time ago and they are now working on experience and not according to the books” (P4, female, 37).

“RPL students must unlearn wrong or incorrect ways of doing procedures and relearn according to the expectations of the program, this takes a lot of time.”

(P1, female, 46).

Clinical practice is the core competency required for every nurse to become a skilled and safe practitioner. The finding revealed that procedures are not performed as supported by literature or new professional developments, but experience is the master of the day'. Participants further supported the findings by saying:

"I think it needs quite a bit of attention. Because like I have mentioned, the challenges with RPL students is that because they have already been in the field, some practices have now become a norm to them, and you find that not all of them are necessarily according to the book, so, we find that the RPL students are in a position that they have to unlearn certain ways of doing things because now the literature is saying this is actually incorrect, this is the rationalization or maybe sometimes even the new developments. So, generally I feel they do need a lot of support in terms of just helping them to adjust from being practicing professionals at whatever their level is, to being learning students" (P6, female, 38).

Participant six further mentioned an important aspect regarding safe practice by saying that:

"Most of them, let me say those I have experienced, maybe it will be unfair to put them all under one umbrella, but again, you find because of these reasons that I have mentioned earlier, their performance in work integrated learning (WIL) is somewhat questionable because of this habits that now they carry or bring along, you know, so you find many of them, you have to reinforce and try to undo what habit has done to them now they have to learn to unlearn what they been doing all this time and relearn what is ethical or what is professionally correct. They usually have challenges, especially in the beginning, also they take it for granted that we have been here, I have been doing this, so you find that they come with this confidence and then now it is like almost cultural shock to bring them back to what is ethical, what is correct what is prescribed (P6, female, 38).

"Hmm ... maybe just to get to add on their challenges that I have encountered with them some of them are struggling with the procedures because they have been practicing them in a wrong way, so when they are being corrected it

becomes difficult to relearn what one thought it is a familiar procedure” (P10, female, 52).

Clinical support from clinical nurses and Nurse Educators has a pivotal role in grooming RPL nursing students to improve quality of training and knowledge in performing correct procedures for a safe practice.

3.3.2 THEME 2: Participants expressed their views on factors facilitating RPL nursing students' support needs.

In theme 2, the following six sub-themes were identified: Nurse Educators and clinical facilities related factors; program related factors; RPL student related factors (academic and adjustment problems); RPL student related factors (demographic profile); RPL student related factors (social responsibilities); and RPL student related factors (inexperience with educational strategies).

3.3.2.1 Nurse educator and clinical facilities related factors

It emerged that in the subtheme, participants explained factors contributing to RPL nursing students' poor performance into two categories: Nurse Educators and clinical facilities related factors.

3.3.2.1.1 Nurse educator related factors

The findings of the study revealed that Nurse Educators do not provide support to RPL nursing timeously due to high number of students in classrooms. The ratio of students per lecturer is very high, thus Nurse Educators are not able to identify struggling students for support and referral to Counselling Department for study methods.

The following quotes support the sub-theme:

“The ratio of student lecturer is also high that lecturers are unable to pick up those struggling students on time” (P1, female, 46).

Another participant added saying:

” The lecturers themselves need to be aware of how to handle them. I say this because many a times we take it for granted that they are RPL, we often say that so and so you will take care of the new babies, and I feel that it gives them so

much pressure because they now feel they are being watched by the so-called babies or new students. I have come to realize that this is something that we do very loosely as lecturers and I realized that you know what, we are giving these students pressure, added pressure. They now feel the pressure to perform, they now feel the pressure to be above the rest of the students when in fact they themselves are also finding themselves in a situation where all that they thought they knew was somewhat not exactly right. As lecturers, a student in a class is a student in a class and not replacing a facilitator. It is not going to be one student must lead other students just because they are RPLs” (P6, female, 38).

The findings revealed that Nurse Educators are having their own work pressure such as high ratio of students, which affect RPL nursing students' academic. Participants alluded that on many occasions Nurse Educators are exerting pressure on these students instead of offering more support to them. Nurse Educators are responsible for accompanying students at various clinical facilities for experiential learning, thus, integration of theory and clinical practice.

3.3.2.1.2 Clinical facilities related factors

Participants reported that clinical facilities are experiencing many students especially post the pandemic, and that the recommended number of students has been drastically reduced posing challenges in placing the students. It also emerged that clinical facilities are experiencing shortage such as human and material resources needed for clinical practice.

The following quotes support the statement:

“Lack of resources again, just simple principles of sterility. You find that they must make and do with what they have in terms of the facilities. They have been practicing and they are going on with this they no longer go according to the strict requirements of what is in the book. So, just to name a few principles of sterility, correct solutions, or correct procedure of just doing certain things, you find that a single dressing trolley is being moved from one patient to another, the next to the next because of time constraints, because of availability of staff, lack of human resources” (P6, female,38).

“Support for RPL students? Ma’am, what I have noticed with RPL students is that most of them they fall into the cracks, as we lecturers assume that these students have the nursing background hence, I think the approach to them is very superficial compared to students who are first timers” (P10, female, 52).

Clinical facilities are central institutions in nurse training and a platform to learn in real life situations. Integration of theory and practice is key to train excellent and nurse practitioners.

3.3.2.2 Program related factors

Findings revealed that the structure of the programme is congested that both Nurse Educators and students do not have extra time to clarify misunderstood content. Most participants reported the challenges the programme has which impact negatively on students’ learning. Participants highlighted the fast pace of the programme and the limited time students have for clinical exposure before assessments. Most participants reported about the structure of the timetable that it leaves students no spare minutes to consult with Nurse Educators as classes commence at 07:30am until 16:00pm Mondays to Thursdays and Fridays until 13:00pm.

The following quotes support the subtheme:

“The pace in R.171 is amazingly fast, some of them do not cope with the fast pace used in the programme” (P1, female, 46).

“The packed programme also impacts on their academic progress, the interval between theory and clinical is very short leaving students with a lot of work left for a student to deal with alone. Most RPL students do not cope with the workload in the programme for instance, students in first year, started the first semester in June and in October they were sitting for the exams and November they started their second semester which according to me it is way making study life harder especially for people with adjustment challenges” (P12, female, 36).

Participants further expressed concerns about the programme which puts more strain on RPL nursing students. The quotes supporting the statement are as follows:

“The program itself ... this curriculum, it’s so complicated Ma’am.

Of which, uhm ..., even with us as lecturers, we really don’t get time to rest because of, once you are finished with this, you must attend this. Even before you finish this one, already something is on your desk. Oh ok, what to do now? So, am I if this program it is so complicated or let’s say is a load to lecturers, what about these RPL students?” (P11, male, 39).

“And with R.171 it is something else that, the program itself is really denying them the privilege to be taught enough, the privilege of being guided enough or maybe the privilege to be supported enough, especially now that we are offering this program in semesters there is no time” (P5, female, 61).

The fast pace of the programme is limiting most RPL nursing students, the opportunity to learn and master critical clinical skills as students always are having backlog of workload between class and WIL.

3.3.2.3 Recognition of Prior Learning (RPL) student related factors (academic and adjustment problems)

The findings revealed that most RPL nursing students do not adjust well academically. Most participants reported that RPL nursing students have adjustment problems which impact on their academic performance more on theory component than Work Integrated Learning (WIL) component. Some participants indicated that the students find it very difficult to adjust as they have not studied in a long time.

The following quotes support the subtheme:

“I think they have massive experience in the clinical area because they are already being socialized in the field of Nursing, they already know a lot of clinical procedures, but when it comes to theory, I think it is two sides of the coin here... when it comes to theory, I think they have a lot of challenges, in terms of studying because it is long that these students have not being studying and now all of a sudden they have got content that they must internalizes I think it can lead to poor performance” (P9, female, 48).

“They come with the minds saying, “I can do this, I am a nurse”, and when they are in, we are teaching them according to literature, they do not cope. They realize that what they thought they know, especially at the clinical setting is different from what we teach, they become so frustrated and confused hence they perform poorly. They want to match their experiences with the current situation, and they clash somewhere, their pre knowledge sometimes does not substantiate the current situation, it is just here and there especially at first year. Their pass rate is average and mostly when results are published you find that an RPL is among the failing students and this is across all levels” (P12, female, 36).

The findings revealed that there is a high failure rate amongst the RPL nursing students as well as amongst newly recruited students at the NEI.

Further quotes to support the subtheme were:

“I am referring to the academic demands. The reason why I am saying this is that when you check the results of formative or summative, they are the ones who are not passing well than those who are not RPL, hence I said they are not performing well” (P7, female, 43).

“Maybe let me say, if you can say OK, let me say from my point of view, because it's my view. I realized that also in most cases, if you look at failure rate there's no way that you cannot find one or two RPL students in every assessment. It can be informative, it can be a summative, but in most cases RPL students always appear. Of which, that is why I am saying that this topic is very relevant to what we are facing now because of ... RPL it will always be there” (P11, male, 39).

It was evident that RPL nursing students lack support from Nurse Educators for academic adjustment to achieve their learning outcomes throughout the learning journey. Nurse Educators are the key academic support structure at NEIs.

3.3.2.4 Recognition of Prior Learning (RPL) nursing student related factors (demographic profile)

It emerged that some RPL nursing students are 35 years and above, and those who are older do not perform well academically and this is due to multifactorial aspects related to this. Most participants reported that RPL nursing students are amongst students who repeat modules or semesters and, in most cases, is older students.

The following quotes support the subtheme:

“Their age is an impacting factor. Most of them were above 40 years, they will even say to you “Ma'am slow down. You are too fast for us, understand that we are Gogos [grannies in vernacular]”, they will tell you that. They will say “Please understand us, explain to us step by step” (P2, female, 43).

“Most of them, they were in their fifties. You can see that they are old! It is a granny with grandchildren so you cannot even imagine that this granny can read their own books and help their own grandchildren with homework” (P3, female, 38).

Participants expressed their views about the impact of age on academic performance of RPL nursing students. Some supporting quotes are as follows:

“Ma'am, truly speaking we do have those RPL students in our classes, and we have seen everything that they are going through. According to my analysis, they are struggling. They are struggling! They do struggle they do I won't know whether it is the course. Bear in mind that when we recruit restate the age. We prefer the age of 25 to 35 years. Regarding the RPL most of them are above that age, which means that in the class we have two different groups. They differ in everything” (P5, female, 61).

“They have done nursing very long time ago most RPL students are older, when I say older, I mean they are older than 40 years of age. The new students that we are recruiting are matriculants they are still young” (P12, female, 36).

It appeared that the age of RPL nursing students recruited for training in the NEI has a negative impact on academic performance and achievement. Nursing Education Institutions (NEIs) and clinical facilities to analyze the demographic (ethnicity, gender,

age and disability) profiles of RPL nursing students to provide an inclusive environment for all students.

3.3.2.5 Recognition of Prior Learning (RPL) nursing student related factors (social responsibilities)

The subtheme revealed that RPL nursing students are social beings who have many responsibilities. Most participants revealed that RPL nursing students need support from families to meet the academic demands of the programme.

Most participants revealed that RPL nursing students are finding it difficult to be wives, mothers, fathers and students, and feel torn between family and academic responsibilities. Participants of the study pointed out that, due to social responsibilities the RPL nursing students have, sometimes they miss attending classes as well as clinical content, thus it contributing to absenteeism and poor academic performance.

The following quotes support the subtheme:

“Yes Ma’am, because when they get home, they still have some duties to perform, so for them their plates are full and they are struggling, and they do not get support. We need to be there for them” (P4, female, 37).

“They have a lot of responsibilities; the support must go deeper than academically. There are social issues, besides age, that may be giving them, some of them are married, some or divorced, children and grandchildren, and so all these baggage that they are carrying from home is the one that is disturbing them in class” (P5, female, 61).

Findings of the study revealed that some RPL nursing students are struggling to balance academic demands and social life which led to poor performance.

“Because they have challenges in terms of learning because of their age group some of them they have families that they are leading, they are breadwinners so you may find that they have challenges in terms of balancing their duties and social life including studying” (P9, female, 48).

Another participant added:

“They are having families, we are talking about mothers with children at school, fathers and grandmothers, their social life is a challenge to their academic life they are having a lot of responsibilities which put more pressure on them” (P12, female, 36)

“We cannot escape from supporting them because, we knew from the start when we accept these students even their families, so with this one the only way is to support them in order to make their families, spouse, partner to accept that they are students, they are studying and there will be changes in their life systems” (P11, male, 39).

Social support is an integral component of success in RPL nursing students' academic achievement. Families are a strong social support for RPL nursing students to cope with the demands of the programme.

3.3.2.6 Recognition of Prior Learning (RPL) nursing student related factors (inexperience with educational strategies)

This subtheme discusses the challenges that RPL nursing students have regarding the teaching approaches used in classrooms to cover a lot of content in a short period.

The findings of the study revealed that most of the RPL nursing students are struggling to learn using the innovative teaching strategies as they are used to the traditional teaching methods. Participants reported that most RPL nursing students are acquainted with the use of technology thus, creating learning glitches.

The following quotes support the subtheme:

“Most RPL students are struggling to learn in theory, study methods and teaching strategies are of most concern, these students are used to traditional method of teaching and currently we are using innovative and teaching strategies” (P1, female, 46).

” I have realized that it's like they are from an old school of thought. They learn by being lectured to, and they know that after the lecture has been given, they have to go home and utilize what was taught. Internalization does not happen

once, you know for somebody to master something, you must repeat it and repeat it. Unlike these ones, the new ones, they are the visual students, they like videos and I think they perform better with gadgets and touching. When you are doing simulation, they don't learn without you showing or letting them touch. They need to touch, they need to see videos and Google" (P3, female, 38)

"Without our support, they won't be able to achieve their academic demands to achieve their learning outcomes. And another thing, we need to support them with the teaching and learning strategies that we are using. They are used to the traditional methods of teaching, now currently with this new curriculum we have introduced the learner centered approach whereby students are to do more work, because the lecturers can just come and facilitate. So, it is very important to assist them or to support them in those changes because the new curriculum has changed from the old one to the new one. Most of them, these people need our support for them to succeed in their studies". (P7, female, 43).

It appeared that innovative teaching and learning strategies are the key methods of learning which are implemented in the R.171 programme. Recognition of prior learning (RPL) nursing students should learn and understand the innovative teaching strategies for academic purposes.

3.3.3 THEME 3: Nurse Educators' views on factors facilitating RPL students' performance.

The theme discusses Nurse Educators' views on factors facilitating RPL nursing students' performance under the following subtheme: Recognition of Prior Learning (RPL) nursing students' prior knowledge and experience.

Participants reported that RPL nursing students displayed extensive clinical nursing knowledge and their performance is very good. RPL nursing students have been in nursing practice for a long period, and this makes them to be valuable for clinical nursing practice. Most participants reported that RPL nursing students were observed to be practicing diligently in assisting the newly recruited students during clinical practice.

The following quotes support the subtheme:

“I saw some RPL students in clinical to be very good, some of them they are eager to assist fellow colleagues, that is new students. They tend to feel comfortable during clinical placement, I think this happens because they have been practicing these procedures for a long time. I realized that there is a difference in performance in clinical and theoretical spheres” (P10, female, 52).

“You know, what I like about RPLs, they are real nurses. You know, we used to say nursing is a calling. When you look at this group of students you can see real nurses, they are not scared of the hospital situations, they are not scared of the patients, and they know how to communicate with the patients as compared to those who are coming from school. You know, even the etiquette, you can realize that this one knows an etiquette, which is what I like about RPLs” (P5, female, 61).

Some participants reported that there is minimal clinical support needed by RPL nursing students as they look more competent and confident at Work Integrated Learning (WIL) this is supported by the following quote:

“Okay, okay, my views regarding the support needs of the RPL students that are enrolled for R.171 is that: since they are from practice already, they are not like somebody that is coming from high school or from home, they are already in the field of Nursing. They are practicing in Nursing, so their support needs will not be that much as compared to somebody that is a new student coming from home or high school. Yes, they do need to be supported, they need to be guided, but I think they have a background and as serves as an advantage to them, because if you are talking about thermometer, urinalysis, vital signs, you don't start from the scratch. They have an idea of what you are coming from, and you are going. Their support needs according to me is not that much” (P3, female, 38).

“Okay, from my view, since I am teaching the students, what I have seen with these people is that they have knowledge because they are not from school straight. When you teach them in class, they can be able to take what you are teaching them and correlate it with what their experiences or what they have learned at their hospital” (P2, female, 43).

3.3.4 THEME 4: Nurse Educators' views on support barriers

In this theme, the findings of the study revealed that Nurse Educators discussed support barriers under two subthemes: Nurse Educators and RPL student related barriers.

3.3.4.1 Nurse Educators related barriers

It emerged that there are barriers experienced by Nurse Educators during teaching which negatively affect the learning of RPL nursing students. Participants revealed that most of the Nurse Educators do not have the required knowledge of technology to facilitate online classes as they relied on Information and Communication Technology (ICT) personnel for their assistance. It was also reported that Nurse Educators need some training in technological skills to function independently.

The following quotes support the subtheme:

“Most of us lecturers, we are also not sure about this technology regarding online classes. We didn't know how to create a link. It took most of the time of the class trying to create a link, we must call for help from the Information Communication Technology Department. Teaching and learning strategies are also a challenge with us lecturers yet, we expect the poor RPL students to be able to use them profitably” (P7, female, 43).

“But now we as lecturers from our side, we should also take initiative on how do we assist them but, also considering, are we lecturers well trained? Are we okay with this technology? Because if I'm not well trained and try to use technology, I struggle and someone comes and ask me how to, and so if I'm not okay with this technology then I'll also struggle” (P11, male, 39).

The findings of the study revealed that Nurse Educators are not supporting RPL nursing students in terms of availing themselves for individual consultation on the content either missed or not clearly understood.

Participants supported the findings by saying:

“We must not be strict on appointments because students will be discouraged. You will hear a lecturer say, “I don't have an appointment with you” or “I am busy

with something”, hence I say let us have an open-door consultation. If you find me, you find me, it will depend on the situation. This thing of making appointments discourages students to come for consultations because they do not know what you will be doing then” (P8, female, 56).

“Because we often say to students, if you have a challenge, you make an appointment with a lecturer of concerned module, for example if as a student, I'm writing a test but I'm having trouble with this certain, Umm ..., let me say topic or maybe unit, or a certain outcome I will say ‘Sir, can I make an appointment so that we can talk about this outcome, it's not clear to me?’, by the time the student is free it's 4:00 o'clock ,you have to leave that class at 4:00 o'clock it's “CHAILE time” [knock off time] for me, yes, I'm going home so, as a lecturer I come tomorrow. If I have to deliver new content in class, the student is left with a load to carry with to the next content and I don't have the time of saying I will attend to one particular student, I have work to do this because of, I have to I have to consider all students, so, this one, he or she must come along” (P11, male, 39).

The findings revealed that Nurse Educators do not support students adequately to overcome their individual learning challenges. RPL nursing students always need support from Nurse Educators to accomplish academic realization.

3.3.4.2 Recognition of Prior Learning (RPL) nursing student related barriers

Participants revealed that RPL nursing students do not cope with a shift from traditional approach to learner centered approach whereby students have to do more work than the Nurse Educators. Most participants added that students are failing to voice their concerns timeously to Nurse Educators for support such as asking questions in class for clarity. Some participants mentioned that RPL nursing students are not eager to participate in class because they fear that the newly recruited students will laugh at them due to English literacy.

The following quotes support the subtheme:

” With RPL students who struggle a lot, you find that they came struggling from their facilities like that. Maybe they were not inquisitive to learn new things at the facilities. If you want to learn, be inquisitive. Some of them, opportunities were given but not utilized and they say, “it is not my scope” but, if you are interested

and say “I want to learn” and you say, “One day I want to be a Registered Nurse”, you will learn under supervision” (P3, female, 38).

“I tried Ma’am, I want to talk for myself, I tried to say to them, you guys you can come to me in my office so that me and you can talk alone without the young ones, Ma’am they do not come. They are afraid of telling us their problems, they don’t want to talk about their social life of which their social life is affecting their educational life” (P5, female, 61).

Additionally, some participants revealed that RPL nursing students find it difficult to communicate in English, thus creating another communication barrier with educators and colleagues in class. The quotes supporting the findings are as follows:

“Repetition of what we taught this curriculum is very impacted, so these people they don’t voice out. They don’t consult, they don’t raise up their hands if they don’t understand in class” (P7, female, 43).

“Students themselves they came with the ideas that, how can I put it, that we think that they come with certain knowledge and should be understanding concepts that are used in the nursing field because they were exposed prior their learning or academic journey. I think they are not free to indicate that to us, to say, despite us being qualified nurses in their different levels or ranks and as a result they sort of regress instead of looking comfortable with these concepts as they are not new in the profession” (P10, female, 52).

The barriers to teaching and learning were identified to strengthen the support needed by RPL nursing students to achieve in their academic progression.

3.3.5 THEME 5: Nurse Educators' recommendations to support Recognition of Prior Learning (RPL) nursing students

Participants communicated the recommendations to support RPL students. The following subthemes were revealed: selection of appropriate RPL candidates; orientation of RPL candidates; appropriate academic support of RPL students (study methods and life skills); conducive learning environment and educational strategies; remedial classes and sessions; access to counselling and personal support; access to

individual support from Nurse Educators' access to cooperative learning groups (peer support); and access to support from clinical facilities.

3.3.5.1 Selection of appropriate Recognition of Prior Learning (RPL) candidates

Participants reported their views on selection of appropriate RPL candidates as a burning subject, which has undesirable bearings on the academic success of the students. Participants revealed that the selection criteria must be investigated, especially the age of RPL nursing students who a qualified for a Diploma in Nursing. Participants reported that most of the RPL nursing students are older than 40 years and this has an adverse effect on academic performance.

The following quotes support the subtheme:

“You know, I think the selection criteria should be looked into, I am not saying they must not be chosen but some of them are almost going pension what is the point of selecting older nurses while there are young ones” (P1, female, 46).

“With me I may say, we must sit down look at this issue of saying: -Let us consider the age. If someone I over the age of 40, we must leave him/her. You know Ma'am, I don't know the best and correct criteria that we can use RPL, yes, I agree it is here (with us) to stay. Can't it be age-restricted even if it is RPL? Truly speaking if we want to save the State's money, are we still going to take a 59-year-old nurse, staff nurse or nursing assistant and we say it is her turn she must go for training. Apart from that what about the state money that we are wasting, when she completes, she is on pension” (P5, female, 61).

“You see this RPL, being a load, their support needs were too much even though they were from practice. It looks like they came to school for change of environment, it's like they wanted a change of scene, get away from the workplace and push, get their Diploma and go back for two years, and they go on pension” (P3, female, 38).

It appeared that age as a criterion for selection should be relooked into and thus not to recruit candidates who are almost due for pension for training to avoid high failure rate.

3.3.5.2 Orientation of RPL candidates

Participants reported that RPL nursing students need to be re-orientated in studying as some of them have been out of touch with studies. Furthermore, participants revealed that there should be in-service training or classes for RPL nursing students at either their facilities of origin or the recruiting NEIs, to support them in various teaching and learning developments.

The following quotes support the sub-theme:

“For those who still wish to access the program, they must be exposed to class situations for one or two months. This will give them the opportunity to evaluate themselves if they will cope or not. Exposure to class before starting of the program will help them to understand the innovative teaching strategies used currently. It will help us to improve on how to manage and teach them class” (P1, female, 46).

“Oh, Ma’am, I think they can have an orientation. After selection students can come to the college and receive some study materials regarding the modules to be facilitated, for example, study guides. So that they can also orientate themselves regarding course content. The institution can identify the RPL candidates who will need extra support. Institutions can do orientation about policies regulation to in enable them to familiarize them with program regulation, for example they will know that they need to pass and obtain a certain percentage of pass so that when they have this information prior their access of this RPL maybe they can do an introspection whether to, continue with the RPL process or whether to stop. It will enable them to evaluate if they are really fit or will cope with the course content” (P7, female, 43).

Participants further recommended that facilities which have Clinical Education and Training Unit (CETU) Department should support the RPL nursing students before the commencement of the programme. Participants revealed that some facilities do not provide enough support to RPL nursing students.

Some of the participants aired their views as follows:

“From their institutions, first things first, they are to assist them from their facilities. Isn't that they have training and development units in their hospitals, in that case they would have to do their assessment on the students who are to be taken as RPL students, so they can undergo a certain program where they are going to assist them in all theory as knowledge wise professional wise or maybe skills wise” (P2, female, 43).

“Hospitals should identify their own prospective students and develop them in a way to re orientate them to cope with the academic demands” (P12, female, 36).

It appeared that orientation is key to informing RPL nursing students on the academic expectations and demands which may allay fear and anxiety, thus instilling confidence, positive attitude towards their studies.

3.3.5.3 Appropriate academic support of RPL students (study methods and life skills)

Participants revealed that RPL nursing students need academic support from the Nurse Educators by identifying their shortcomings, such as poor performance, especially theoretical assessments. Most participants reported that NEIs have structures in place to offer academic support and life skills enrichment such as time management and study methods.

The following quotes support the sub-theme:

“As a nurse educator, we need to identify their shortcomings. We need to do SWOT analysis: strengths, weaknesses, opportunities, threats; so, it will depend on an individual. I don't think we can have a blanket of support program to say we are going to teach them study methods of all of them, because somebody might not be struggling in that area of studying. They want to be taken the extra mile. The R.171 RPLs, I think it will depend on an individual and it won't be that much. Yes, we can offer study methods to those who need it.” (P3, female, 38).

“Ma'am, another support structure that we may utilize is our counselling department. They teach them time management, how to manage their time between class, family and clinicals. Study tips, they were out of the game a while

ago. The course has a lot of strain and workload is too much, it will be helpful for them to know how to juggle between these responsibilities” (P4, female, 37).

Findings revealed that RPL nursing students are not familiar with the current innovative teaching strategies used in R.171 whereby seventy percent (70%) of the work is done by students. Participants supported by the following quotes:

“Regarding the teaching strategies, I think we need to give them service training. We did not even introduce these strategies to them, we are just using them. We just do flip the classroom. They don’t understand what it is. Instead of giving them in-service training about the teaching strategies, instead of going back home and internalizing what is this, what is this. I think we must give them in-service training prior classes or course or using them so that when they go to class they have information, so that they can be in par with the other ones and be able to participate in class” (P7, female, 43).

“As I have already mentioned the innovative teaching strategies, this can assist them, although you cannot use these methods of teaching on somebody who does not have direction, planning in place we must teach them empower them how they can plan to balance their life at home and balancing their studies there has to be balance in between their social life and life as students” (P9, female, 48).

It appeared that appropriate academic support as such as study methods and innovative teaching strategies play a vital role to enhance academic success of the RPL nursing students.

3.3.5.4 Conducive learning environment and educational strategies

Participants revealed that Nurse Educators are putting pressure on RPL nursing students when they are in class and at clinical facilities whereby, they are used as role models since they have nursing experience. A conducive learning environment should be created for RPL nursing students to succeed in their studies.

“Ma’am, I think we can treat them as new students not putting them under spotlight or indirect pressure, we should not conclude to say they are

knowledgeable about certain information about, and, in Nursing the basis is we must treat them afresh as all students” (P10, female, 52).

“It is a matter of, we are all students, and we are all going to find our footing. We may have a stronger student and that student helps the peers as they do with peer tutoring. We must take the pressure away from the RPL students to be the ones that are almost expected to be an example to the peers. I think that frustrates them a lot” (P6, female, 38).

Findings revealed that RPL nursing students need support on innovative teaching strategies which are used to facilitate content in classes. A conducive learning environment in collaboration with teaching strategies improves the learning abilities of students. Some participants revealed that RPL nursing students need separate classes away from the newly recruited students.

In addition, a participant said:

“Let us learn how best we can and whoever needs support, please feel free to raise your voice that I need support” because, I think once we give them pressure of being examples, we are always shutting the door for RPL students to vocalize that PLEASE may I have support. Supporting the students should be standard so that the RPL student is also comfortable to come forward and say Ma’am please, assist I do need support, uhm... again lecturers must change their mindset that the expectations of the RPL students should be equal to any other student, let us offer the same expectation and the same amount of attention and support to RPL students as we do with any other new students” (P6, female, 38).

3.3.5.5 Remedial classes and sessions

The findings revealed that remedial classes for RPL nursing students are of paramount important for the professional success. Participants emphasized the role of extra classes for RPL nursing students as follows:

“The other thing is that, if possible, the Institution can make extra classes for these students, because at the moment for example, if a lecturer is from class there should be one-hour extra class for the students so that they can catch up

the work done in class by the same day so that they do not carry content to the next day” (P7, female, 43).

“Ma’am, I think these students need to be given extra classes” (P8, female, 56).

Participants revealed that remedial classes may assist RPL nursing students to catch up with the missed content offered in their absence.

“Extra classes are required, like we have online WhatsApp consultations, we are having a WhatsApp group with RPL students so that they can consult even during the weekend we also invest time after hours for consultations” (P12, female, 36).

It appeared that remedial classes are central to assist and support RPL nursing students to cover-up for content clarification and missed during facilitation.

3.3.5.6 Access to counselling and personal support

Most participants reported that RPL nursing students are encouraged by Nurse Educators to utilize available support structures at the NEIs such as Counseling Department for academic and personal benefit. The findings further revealed that RPL nursing students, apart from academic challenges, have social responsibilities they are carrying which also may impact negatively on academic progress.

The following quotes support the subtheme:

“We do have our own counselling department; we refer them to our internal counsellor. Internal counselling is the one that can refer to external, then when they have managed them I will concentrate on the support regarding education not social so that I do not create a gap between me and the student, because if I know their problems they may misinterpret me and say “the lecturer knows my problems that is why she is treating me differently”, and they may end up personalizing it. We can only support them regarding education itself” (P5, female, 61).

“Because they also have to study and maybe we can refer them to counselling yes they can go for counselling because counselling have the strategies that

students can use in terms of handling the pressure from their social life and studying because they also have to concentrate” (P9, female, 48).

In addition:

“They must also be encouraged to visit the counselling department for their personal challenges. I think, Ma’am, it will assist them to know that they can be assisted free of charge” (P4, female, 37).

It has been shown that counselling services provide students with some background information on the coping mechanisms to support RPL nursing students personally and professionally. The focal point of counselling is to ensure academic reliance for RPL nursing students.

3.3.5.7 Access to individual support from Nurse Educators

Most participants reported that Nurse Educators do not provide enough support to individual students due to lack of time and clash of academic activities, thus making consultation with Nurse Educators problematic. Participants revealed that technological methods should be used to support students even after hours through Google classrooms to cover time for contact consultations.

The following quotes support the sub-theme:

“Really, Ma’am, the class timetable is structured in such a way that students do not have time to consult at the college. Classes start at 07:00 until 16; 00, therefore they cannot consult and leave the class for consultation with another lecturer, you miss what is taught and it makes work to pile up a student.”

(P12, female, 36).

“We can also open a Google classroom, especially during block weekdays and weekends to allow students to consult throughout, like we need to have an open-door consultation for them” (P4, female, 37).

The findings revealed that Nurse Educators should accommodate struggling RPL nursing students by ensuring that students are offered open door consultation whereby students are not compelled to make appointments with Nurse Educators.

“Have an open-door consultation anytime they can come when they find you, you attend to their problems and become polite. You talk to a student and tell them that “right now I only have a few minutes but please let us meet at this time”, it will make it easy for them” (P8, female, 56).

It is evident that RPL nursing students are unique learners with special educational support needed to achieve the intended goals. Support needs of RPL nursing students is an important aspect which should be established in NEIs to ensure adequate care for academic adventures.

3.3.5.8 Access to cooperative learning groups (peer support)

Participants reported that RPL nursing students must be encouraged to attend peer tutoring to benefit from positive interactions which enhance a more relaxed learning environment. Some participants revealed that peer tutoring services are difficult to access, especially for RPL nursing students.

The following quotes support the subtheme:

“Peer tutoring services are offered after hours and on weekends, therefore it is not easy to attend. When you do group teaching, because sometimes, I see that they like it, and understand their colleagues better when the peer is explaining.

Once there is that support, I will encourage them to do peer tutoring and especially the weak ones” (P2, female, 43).

“We also encourage peer tutoring. Pairing a good student with those who are struggling to ensure a well-balanced group” (P12, female, 36).

“Encourage them to have groups, once the course has started, probably on weekends, where they will study in groups” (P4, female, 37).

It is vital that peer tutoring be utilized to support RPL nursing students as it is sometimes easier when learning from a peer student.

3.3.5.9 Access to support from clinical facilities

The findings revealed that clinical facilities and education and training units can play a crucial role to support RPL nursing students in correlating theory into practice. Some

participants reported that the Clinical Education and Training Units (CETU) should be involved during clinical assessments of RPL nursing students in preparation for the selection process. Some participants revealed that there is a challenge of resources and staff to mentor students as well as placing students at the facilities as placement accommodation has been reduced drastically during Covid-19 pandemic leaving Nurse Educators struggling to place all recruited students.

The following quotes support the subthemes:

“I strongly believe that the Clinical Education and Training Units (CETU) can play a vital role. The unit should start training students so that they get used to the procedures for their level for example they must be taught procedures of level one” (P1, female, 46).

“As much as we have been having an orientation program for them, I think what we did is that we have involved the Registered Nurses from the hospitals and CETUs to be with them during orientation, so that they can be able to assist them and to follow up on them. Another thing, the hospitals need to be aware about the facilities where these students come from, they need to be aware that these students need support. They shouldn't wait for the results without supporting them. They should be with them throughout and form a relationship that will help the students and be able to approach the Registered Nurse” (P8, female, 56).

Another participant coincided by saying:

“Ijooh! [Exclamation in vernacular] Ma'am, we are struggling to place all the students at most clinical facilities as they have reduced the number of students they can accommodate. I think we need to sit down with facilities to place all students for the benefit of their training. This is a big challenge, as a clinical nurse educator, you end up being left in a predicament of having unplaced students at the time they are expected to report at facilities” (P4, female, 37).

“I think a better collaboration should be in place with the facilities in terms of training so that they can identify their training needs and then as educators we can also be empowered in the new developments in the facilities so that we are able to create better opportunities for the RPL learning needs” (P9, female, 48).

Clinical facilities are the heart of Nursing Practice where students are placed for experiential learning and support. Collaboration between the clinical facilities and NEIs is of paramount importance.

3.4 SUMMARY OF CHAPTER

This chapter reports the findings of the study where participants' words were written verbatim to ensure that the correct support of the themes and sub-themes were presented in detail. The main themes identified were Nurse Educators' views on RPL; students' support needs; Nurse Educators' views on factors contributing to RPL; students' support needs; Nurse Educators' views on factors facilitating RPL students' performance; Nurse Educators' views on support barriers; and Nurse Educators' recommendations to support RPL students. The study revealed that RPL nursing students enrolled for a Diploma in Nursing need more support from Nurse Educators, colleagues, and clinical staff for both academic and professional growth. Nurse Educators outlined the impact that the programme has on academic performance of RPL nursing students. Discussion of the findings will be explained and elaborated in chapter 4.

CHAPTER 4

DISCUSSIONS OF THE FINDINGS

4.1 INTRODUCTION

This chapter discusses the study findings described by Nurse Educators on the support needs of RPL nursing students enrolled for Diploma in Nursing (R.171) at a Public Nursing College, situated in the Gauteng Province, South Africa. The findings will be discussed under five themes and twenty-two sub-themes.

4.2 THEME 1: Nurse Educators' views on the support needs of RPL nursing students

Findings indicated that support plays an important role in student success. Support is described as 'providing an environment in which individuals freely express their differences and feel comfortable when they experience problems' (Botma et al., 2014:37). Furthermore, support is also described as 'an action taken to support and encourage someone or something because you want them to be successful' (Macmillan Dictionary, 2023). The researcher asserts that support is a measure through which individuals are given courage to be able to continue with a situation despite the challenges encountered.

Academic support need

Academic support refers to 'a wide range of activities directed towards successful learning and teaching' (Mayisela, Govender and Hodgkinson-Williams, 2022:153). Similarly, in this study participants reported academic support activities such as referring students to Counseling Department for study methods and life skills. According to Micari, Sriram, Getty, McCune, Rice and White (2021:3), academic support means a coordinated activity that takes place both in and outside of the regular classroom with the purpose of supporting students towards a successful learning journey. Academic support includes tutoring, advising, and guiding RPL nursing students that have already been admitted to the program with their studies (Briggs et al., 2020:18). The researcher asserts that RPL nursing students are supported academically by referring them to the Counselling Department for study methods regarding unsatisfactory performance. Peer tutoring classes are offered as a means of

academic support regarding content and clinical procedures for the purpose of achieving learning outcomes. Despite the available support, RPL nursing students are not performing well. Snyman (2022:9), confirmed that nurse educators should provide adequate support for RPL nursing students to achieve academic demands. Most of the RPL nursing students are struggling to cope with academic activities such as content overload.

Language support needs

Participants identified that most RPL nursing students were observed to be struggling to understand and express themselves in English. Through language, views and thoughts are communicated. Language is defined as a tool for communication and a way for communicating views, thoughts, and emotions to other people' (Iman, 2019:1). Furthermore, Weiten (2018:323) asserts that language is 'the synthesis of sounds that are used to portray thoughts and feelings. English is as official language of instruction in NEIs for learning, teaching and assessments. The researcher affirms that English is regarded as the lingua franca in academia as it enhances communication between Nurse Educators and nursing students both at clinical settings and classrooms. Bopape, (2018:16), argues that language is an integral part of the communication process through which teaching and learning occurs. According to Moche, de Swardt and Havenga, (2021:2) Nurse Educators need to adjust their teaching and supporting strategies to accommodate students who speak English as a second language. Previously the NEI offered English proficiency classes which were playing a valuable role in empowering students at classroom level. Currently English classes are no longer offered which pose a challenge for RPL nursing students who are not conversant with language. Language Policy 13/GCON/2018:3 affirms that English literacy and proficiency support should be given to all stakeholders including RPL nursing students.

The findings of the study revealed that poor performance was seen in the RPL nursing students due to inability to comprehend academic content offered in English. Mthimunye and Daniels (2019:61), alluded that most students perform poorly due to failure to comprehend English content.

Technological support needs

The study findings also identified a challenge of technological incompetency amongst the RPL nursing students enrolled for Diploma in Nursing at a selected NEI. Technology is defined as the coordinated utilization of scientific or prearranged expertise to carry out a practical task integrating theory and professional practice (Hugo and Fakude, 2016:410). Furthermore, Bester, Smit, De Beer and Myburgh (2021:2152) argue that technology, includes the hardware and software used to store, process, and retrieve data, and communication technology is the electronic systems that facilitate communication between individuals and groups.

Nurse Educators are implementing innovative teaching strategies that involve technology such as mentimeter (presentation tool that is designed to work digitally) and flipped classrooms, to engage students even when out of classrooms, in promoting interaction during teaching and learning. Students are given assignments whereby they are supposed to access the library for searching databases such as EBSCOhost and other engine search, thus technology knowledge is required. The researcher views technological tools such as Google-workspace were utilized when contact classes are interrupted by factors such as national lockdown and water disruption at the NEI. Technology usage in teaching and learning sometimes poses challenges that impede complete implementation in nursing education (Essel, Awuni, and Mohammed, 2020:2). According to Culh (2019:76), the use of technology has allowed meaningful and productive engagement both in the clinical context and the classroom. When incorporated appropriately and efficiently in nursing education, technology enhances the learning environment in the classroom and in the clinical setting. Technology has an important role for teaching and learning, and it has been used by institutions of higher learning for academic and student support (Briggs, et al., 2020: 9).

Clinical support needs

Participants indicated concerns on clinical support needed by RPL nursing students during clinical placement in the facilities. Clinical teaching and learning are a means to apply theoretical knowledge of nursing into practice through integration of theory and clinical skills in the practical setting. The main aim of the clinical nursing practice for nursing students is to gain competency through clinical support (Mekgoe, Lepedi,

Makhutle, Makhado, Madiba and Langa, 2019:2). Clinical training is a significant, intricate and challenging part of students' professional advancement. (Spence, Zamba, Mannix, Jackson and Neville, 2019:1). In clinical practice, most clinical staff perceive RPL nursing students as having knowledge about the procedures done at first level of training, hence there is minimal support. Maritz, (2019:46), ascertain that there is a significant decline in clinical support at the facilities due to several factors such as lack of active preceptors, large numbers of students in the facilities and shortage of material and human resources. Recognition of Prior Learning (RPL) nursing students have insight into procedures as they have extensive clinical experience in the profession, yet, not done according to the NEI's training manuals and workbooks, thus support is sought for these students. The clinical guidance and support for nursing students had been a challenge for nursing staff due to, heavy workload to attend to, such as providing care to many patients and they feel that providing guidance and support to students is an extra workload which is overburdened by understaffing (Mekgoe et al., 2019:2). Some nursing staff do not support RPL nursing students to complete their learning objectives because they are deemed that they could accomplish it on their own considering their knowledge and experience. Udeagha, van der Wath and Moagi (2022:3) postulated that some nursing staff are adamant to support RPL nursing students. The researcher affirms that clinical support is very important as the profession itself relies on competent and skillful human resources.

4.3 THEME 2: Nurse Educators' views on factors contributing to RPL nursing students' support needs.

The findings of the study revealed that there are several factors contributing to students' academic achievement. The RPL nursing students seek support and guidance from Nurse Educators and clinical staff in clinical facilities.

Nurse educator related factors

Nurse Educators have two-fold functions in academia, namely: to conduct theoretical training and to accompany students at clinical facilities. Participants identified that facilitating more than 150 students in class is having disadvantages to students who need more support, they are either missed or identified very late for academic support. According to Workload distribution Policy 29/GCON/2021:4, the ratio is 1:30 in theory

and 1:15 - 20 in WIL, which guides how many Nurse Educators are supposed to be allocated per component. Currently there are more educators for theory than clinical Nurse Educators. The less numbers of clinical Nurse Educators at clinical facilities pose a challenge for students to meet their learning outcomes. Presently, the ratio of educators/student is 1:150 in theory and 1:40 WIL. Both ratios are high as compared to what is outlined in the policy. In clinical facilities, nurse educators are responsible for teaching nursing practice to student nurses. According to Maritz, et al., (2019:46), a positive learning milieu has to be created at clinical settings to stimulate the development of students. The researcher observed that the RPL nursing students are not coping with the clinical academic demands due to the current structure of the timetable as it creates content workload. Participants revealed their concerns on content overload, especially on struggling RPL nursing students by indicating that two modules are offered in a day such as HAP [Human Anatomy and Physiology] and NUC [Nursing Care]. It is important to have a fair distribution of duties so that Nurse Educators from both theory and clinical can assist with the cooperative learning implementation process (Muñoz-Martínez; Gárate-Vergara and Marambio-Carrasco, 2021:13).

Clinical facilities related factors

Participants reported that due to the many students recruited by NEIs, clinical facilities do not have enough resources either human or material to meet clinical learning objectives of students. Clinical facilities refer to clinical practice environments in real life situations where students are given opportunities to do Work Integrated Learning (WIL) skills (Atakro et al., 2019:2). According to Maritz (2019:53), clinical facilities do not have sufficient learning resources such as wound care materials for students to achieve their objectives. The same authors assert that clinical facilities do not have private designated areas for teaching and remediation purposes with students. Participants expressed their concerns on the challenges encountered at clinical facilities especially when student training is compromised. According to Ulenaers, Grosemans, Schroote and Bergs, (2021:1) clinical placement has always been a difficult phenomenon in nurse training. The researcher observed that RPL nursing students are not well supported by Nurse Educators and clinical staff as they assume that they have more nursing knowledge than the newly recruited students.

Program related factors

The findings of the study indicated that the programme, Diploma in Nursing, R.171 is congested and structured in a way that Nurse Educators and RPL nursing students have contact only when the Nurse Educators are in class especially during block periods. Participants reported that the challenges are experienced by all students for both theory and clinical content and that the R.171 is a programme that is offered in semesters, two semesters per academic year. The programme has theoretical and work integrated learning (WIL) components. The intervals between both components are very short with a lot of content and procedures to learn and practice. These challenges have a negative impact on some RPL nursing students because of the workload demands.

The researcher asserts that the way the timetable is structured leaves no room for students to do one-on-one consultations with the module Nurse Educators for clarification. Mthimunye and Daniels (2019:60), confirm that a well-structured timetable and the curriculum should give room to students to promote a conducive teaching and learning environment.

Recognition of Prior Learning (RPL) nursing student related factors (academic and adjustment problems)

The findings revealed that RPL nursing students find it difficult to adjust to educational life and academic workload as some of them were not engaged in studies for a long period. Adjustment is a process whereby individuals keep the obligations of their daily living in equilibrium with the external world (Sarangm, Kharatm, Talot, Joshi and Chavan, 2020:1). The researcher asserts that the RPL nursing students do not cope with the course workload therefore in most instances, they do not meet examination entry requirements, academic exclusion repeating modules, and carrying modules often pose a challenge to them. According to Montgomery, Gregg, Somers, Pernice-Duca, Hoffman and Beeghly, (2019:6), academic adjustment in most cases does not occur as silos, it is mostly accompanied by factors such as social adjustment, personal or emotional adjustments. When an RPL nursing student fails or struggles to adapt to the social environment, they experience emotional distress, anxiety, unease, and restlessness (Sarangm, et al., 2020:1). RPL nursing students need support from both

the NEIs, Nurse Educators and the clinical settings they originate from, to cope with academic obligations which contribute to their success.

Recognition of Prior Learning (RPL) nursing student related factors (demographic profile)

Findings of the study revealed the effect of age of RPL nursing students on their academic performance. The NEI recruits RPL nursing students of different age groups. The demographic information of students is crucial to learn more about their backgrounds, including age, gender, education, the number of years of work experience and enrollment in the NEIs to provide individual support (Kulal and Nayak, 2020:288). The Nursing profession is accessible to a marginalized population hence the majority of RPL nursing students are black females, who did not have enough resources to further their studies like their counterparts in other races. Recognition of Prior Learning (RPL) nursing students are both males and females. Females constitute almost three quarters of the RPL nursing students while, currently the NEI has seven males and 33 females. Historically, the main factors used to predict students' academic performance were demographic and cognitive characteristics (Al-Sudani and Palaniappan, 2019:288). Participants reported that most RPL nursing students are amongst the students who failed or repeating modules which is more related to their age. Some RPL nursing students are 35 years old and above, those who are older do not perform well academically, multifactorial aspects are related to this. The researcher asserts that most RPL nursing students are amongst students who repeat modules or semesters and amongst them is older students. Mothokoa and Maritz (2018:4), in their study, revealed that it was a drawback to be allowed to study when they are older. In a study conducted by Moche, et al., (2021: 2), it revealed that there is a diverse outcome on age, gender, and culture as influential predictors of success.

Recognition of Prior Learning (RPL) nursing student related factors (social responsibilities)

Participants reported that most RPL nursing students have social responsibilities which impact on their academic endeavors. Social responsibility refers to one 's ability to take care of the family, financially, and provide for basic needs such as food, clothing and transport (Drew, 2022:1). Responsibility includes taking better care of oneself and

others, meeting one's obligations (Buğdayci, 2019:1). The researcher confirms that most RPL nursing students are wearing many hats such as being an adult student, mother, father, uncle etc. The findings revealed that social responsibilities sometimes interfere with academic activities whereby these students are called out of the academic arena to attend to a child that is sick or parents' meetings at schools. The researcher asserts that during their absence, lessons continue, thus there is content is missed, and it accounts for content backlog, absenteeism and poor academic performance. Social support is an eminent assistance and protection given by others; it may be formal or informal. According to Kachur (2020:40), it is very important that RPL nursing students balance social and academic demands to prevent unplanned workload. Family social and financial support were emphasized as important elements for program success (Moche et al., 2021:9).

Recognition of Prior Learning (RPL) nursing student related factors (inexperience with educational strategies)

Findings revealed that most RPL nursing students do not cope well with technology based educational strategies used by Nurse Educators in classes as they are not conversant with the use of technology. Educational strategies are described as techniques which enable students to feel more relaxed and participate in learning activities to enhance their interest (Herman, 2016:4). Ringane, (2022:89) affirms that innovative teaching strategies encourage students to learn more and seek out more information. The researcher confirms that using a variety of teaching strategies is essential to ignite students' interest and involvement in enhancing academic performance. However, the use of innovative teaching strategies in class assists Nurse Educators to identify barriers faced by RPL nursing students (Ringane, 2022:88). Innovative teaching strategies enhance interactive learning, thus improving understanding of students (Tohara, Shuhidan, Bahry and bin Nordin, 2021:3347).

Due to lack of knowledge with the teaching strategies, the researcher argues that RPL nursing students do not benefit from teaching strategies as they are dependent on other students to operate these technology-based strategies. The findings revealed the RPL nursing students do not cope with learner centered teaching approach whereby the student is doing most of the work on their own.

4.4 THEME 3: Nurse Educators' views on factors facilitating RPL nursing students' performance.

It emerged that knowledge and clinical experience the RPL nursing students have is valued and appreciated by Nurse Educators in both clinical and theoretical spheres of nurse training. Experiences are the quality and meaning of every interaction, whether direct or indirect, clinical, or non-clinical, over the period of working in a specific environment (Wolf, Niederhauser, Marshburn and La Vela, 2014:9).

Recognition of Prior Learning (RPL) nursing student related factors prior knowledge and experience

Brenner, et al., (2021:4), stated that RPL nursing students bring a significant amount of valuable professional and life experience with them. The researcher observed that the more clinical experience and prior knowledge RPL nursing students have, the better, as this improves their understanding, thus enhancing academic performance. Although RPL nursing students seem to be doing good at clinical practice, most of these students are not good in class, hence their academic performance is poor. The core modules are having theory and WIL components, if a student fails theory and passes WIL, the student fails the module. The findings revealed that RPL nursing students have the capability to mentor the newly recruited students at clinical facilities during WIL placement and share their work experience, yet some procedures are not performed according to literature. Recognition of prior learning nursing students' contributions from their practical experience are believed to strengthen and deepen their involvement in the academic curriculum (Brenner, et al., 2021: 4). According to Dornan, Conn, Monaghan, Kearney, Gillespie and Bennett (2019:1098), RPL nursing students should be motivated to work harder towards achieving the best results in the career as they have much clinical experience.

4.5 THEME 4: Nurse Educators' views on support barriers

Most participants identified the barriers to performance of RPL nursing students as follows; Nurse Educators and students themselves. Barriers are defined as anything that interrupts or prevents learning. It impedes the way students engage with learning, encode information, store knowledge and retrieve it during practice' (Chalk, 2022). The World Health Organization (WHO) defines barriers as 'factors in a person's

environment that, through their absence or presence, limit functioning and create disability' (Centers for Disease Control and Prevention (CDC), 2020).

Nurse educator related barriers

Participants revealed that Nurse Educators are not well skilled in using web-based approaches for teaching and learning, thus support is sought for them from NEIs and ICT Department to accomplish this vital phenomenon of teaching effectively. The use of technology can, therefore, be stressful for Nurse Educators who are not skilled in the use of computers and other digital devices; inadequate training of health tutors to use ICT in teaching (Essel, Awuni and Mohammed, 2020:2). However, the researcher argues that NEIs have an important role to play in equipping Nurse Educators with technological skills for the benefit of students training at their institutions. Nurse Educators may be more willing to use technology-based mechanisms of teaching and learning when they feel supported by the NEIs in their professional growth (Lee, Nie and Bai, 2020:7). Moreover, the support provided by NEIs can have a good impact on Nurse Educators' psychological fulfilment, as well as their performance at work and in professional learning (Lee et al., 2020:13). Nurse Educators should be aware of RPL nursing students' goals and objectives to deliver services and support that are in line with their learning needs and expectations (Maloney, 2019:151). Collaboration among Nurse Educators improves their practices, broadens the range of support ideas, promotes sense of ownership over all students' development, and has a favorable impact on teacher training (Muñoz-Martínez et al., 2021:13).

Recognition of Prior Learning nursing students related barriers

Participants reported barriers on RPL nursing students as hindrances to academic progress. It was revealed that the RPL nursing students do not progress well in learner centered approach and online classes compared to the traditional approach. Momanyi, Riechi and Khatete (2021:3) propose that a sudden transition from live lectures to internet-based instruction results in disproportionate access to training opportunities. However, the researcher asserts that learning alternatives that are put in place may not take the role of contact lecture. Participants revealed that RPL nursing students are not participating in classes as they are not confident to communicate in English. A major barrier to their ability to form meaningful connections, understand

course content, and interact with peers is their limited English language proficiency (MacPherson, Abram, Brophy, and Mauger, 2019:439). Participants revealed that there is a communication barrier amongst RPL nursing students during class discussions. Findings revealed that potential barriers such as language proficiency should be recognized so that relevant learner support can be incorporated into NEIs policy (Maloney, 2019:161).

4.6 THEME 5: Nurse Educators' recommendations to support RPL nursing students

Participants revealed the recommendations to improve support of RPL nursing students under the following subthemes: selection of appropriate RPL candidates; orientation of RPL candidates; appropriate academic support of RPL students (study methods and life skills); conducive learning environment and educational strategies; remedial classes and sessions; access to counselling and personal support; access to individual support from Nurse Educators access to cooperative learning groups (peer support) and access to support from clinical facilities.

Selection of appropriate RPL nursing candidate

The findings revealed that selection of appropriate candidates is an alarming concern as it has an impact on the academic performance of these candidates. Selection refers to a process whereby suitable applicants who meet the criteria set, are chosen for the advertised post or field of study' (Business Jargons, 2023). Furthermore, van der Westhuizen and Wessels (2013:232), describe selection as 'the process of seeking to link applicants to professional roles in the institutional environment of the public sector, considering significant differences, professional criteria, and the institution's internal and external factors. Recognition of Prior Learning in a particular context entails several conditions, including unambiguous admission requirements as well as supporting candidate preparedness (Snyman, 2022:9). Clinical facilities and NEIs have specific criteria that RPL nursing students as applicants should meet to be selected. According to RPL policy 02/GCON/2018:7, applicants should have at least two years of work experience to qualify as a student at NEIs. Despite the outlined requirements by NEIs, the researcher observed that some RPL nursing students' age has a negative impact on their academic performance as they face more challenges compared to the

younger students/colleagues. Participants revealed that older RPL nursing students are struggling academically when compared to the younger students. However, there are young and older RPL nursing students who are performing very well.

Orientation of RPL nursing student candidates

The study revealed that orientation of RPL nursing students will be of great importance in supporting these students to cope with the academic demands of the programme. Orientation process is defined by Coogan (2019:6) as 'a process oriented in taking an individual through an unfamiliar environment and circumstances to ensure full participation and improved quality outcomes. Orientation is perceived as a chance for students to interact with prospective fellow colleagues, undertake information sessions, and hear from college academics and management about the institution and its activities (Cohen and Jody, 2018:1). The researcher has observed that the majority of RPL nursing students studied years back therefore are out of touch with current trends of teaching and learning strategies, thus support it sought for these students to strengthen their study abilities. It appeared central that the orientation program is to allay anxiety and fear of the unknown, thus instilling confidence, positive attitude towards their studies. However, Udeagha, et al., (2021:57) said that most RPL nursing students alluded to the fact that there is inadequate orientation especially during their first year of study.

Appropriate academic support of RPL nursing students (study methods and life skills)

The recommendations reported by participants revealed that RPL nursing students need appropriate academic support to promote and improve their performance. Participants revealed that knowledge of innovative teaching strategies have a negative outcome to RPL nursing students, hence support in this regard is crucial. The NEIs have structures such as the Counselling Department for study methods and life skills to support the students to cope with academic demands. The researcher argues that despite the availability and dedication of the staff, they do not achieve their academic demands. In a study conducted by Mthimunya and Daniels (2020:4), it was reported that despite students experiencing programme related challenges, they try to keep a positive mind to allow learning to take place effectively as they receive support. According to Emekako and van der Westhuizen (2021:67), academic support is an

important phenomenon to RPL nursing students and support centers of teaching and learning such as Counselling Departments, to improve student performance and retention RPL nursing students are offered assistance and support from Nurse Educators, campus support services (including counselling, and student mentors), and their families (Brenner et al., 2021:14).

Conducive learning environment and educational strategies

The findings indicated that RPL nursing students need to be supported by Nurse Educators to create a conducive learning environment whereby the students do not experience a lot of pressure but feel ready for effective learning. Learning environment refers to the social interactions, organizational culture and structures, and physical and virtual settings that surround and shape the learners' experiences, perspectives, and learning (Gruppen, Irby, Durning and Maggio 2019:969). Participants revealed that RPL nursing students need support on learner-centered approach which NEIs are using for teaching and learning. Snyman (2022:9), argues that a learner-centered approach, which is incorporated in the RPL process, could strengthen adult learners' motivation by connecting their work experiences to learning expectation. The researcher observed that RPL nursing students need a positive learning environment which involves technological resources such as innovative teaching strategies that are incorporated in teaching and learning. High learning motivation creates a conducive learning environment which influences the acquisition value achievement (Gruppen et al., 2019:969). According to Immonen, Oikarainen, Tomiett, Kääriäinen, Tuomikoski, Kaučič, Filej, Riklikiene, Vizcaya-Moreno, Perez-Canaveras and De Raeve (2019:9), the usage of cellphones, role plays and videos as technological resources, in a conducive learning environment, may be rewarding for nursing educators who are prepared to provide learning and teaching strategies that support the excellence and satisfaction of today's RPL nursing students. Utilizing collaborative and cooperative teaching and learning strategies that are student tailored will enable students who are admitted to the program through the RPL process to become independent learners (Brenner, et al., 2021:64).

These RPL nursing students must be supported in their learning environment to balance the demands of education (Ringane, 2022:19).

Remedial classes and sessions

The findings revealed that remediation is a great support structure towards a successful breakthrough of RPL nursing students' academic performance. Remedial education is a mechanism used by HEIs to improve the academic performance of underperforming students to the required level for their academic year (Yolak, Kiziltepe, and Seggi, 2019:24). Furthermore, remedial teaching creates a platform whereby Nurse Educators and students are discussing assessment outcomes therefore making results to be understood and interpreted (Ren, Xu, Lin, Zhang, and Yang, 2021:10). Nurse Educators perform post formative assessment remedial lessons through which students are given feedback on their performance, allowing them to raise areas of concerns such as wrong interpretation or misunderstanding of questions in the assessments. Remediation classes should be provided by Nurse Educators so that the students' current poor performance can be resolved (Calanoga and Arellano-Tamayo, 2019: 227). The researcher asserts that remedial classes may improve academic performance of RPL nursing students. Through remedial classes, students can cover up the missed and misunderstood content (Mukhari and Sanders, 2023:116).

Access to counselling and personal support

Most participants reported that RPL nursing students have academic and personal challenges which result in poor academic progress which necessitate counselling to assist in coping mechanisms, skills and study methods. Yusop, Zainudin, Ahmad, Othman, Surat, and Fung (2020:513), described counselling as 'an interdependent process that improves self-understanding of surroundings, resulting in the beginning and justification of goals and ideals for the future'. Student counselling is a human art that improves communication with student development in a manner that effectively reflects individuals' best intellectual, emotional, and personal goals for achieving academic achievement (Emekako, and van der Westhuizen, 2021:65). The researcher asserts that RPL nursing students benefit and improve academic performance through multiple visits to Counselling Department for support.

The Counselling Department assists RPL nursing students in comprehending and clarifying their perspectives of their living spaces, and in learning how to achieve their

self-determined goals by making meaningful, informed decisions and by finding solutions to interpersonal or emotional problems (Nor, 2020:2). Recognition of Prior Learning (RPL) nursing students are experiencing study challenges that require counselling services because academic success is impacted when they are unable to solve their problems (Fahyuni, Taurusta, Hariastuti, and Arifin, 2022:192). Student counselling offers a theoretical viewpoint on purposeful advice and how this correlate to probable academic improvement of RPL nursing students. Participants reported that RPL nursing students need more support from Nurse Educators as some of them have personal and social responsibilities such as family and financial responsibilities that hinder their performance. (Mothokoa and Maritz, 2018:4).

Although Nurse Educators are willing to offer individual consultations, the timetable poses some hindrances, such as lack of time to conduct these consultations. Students are unable to consult due to time constraints. Nurse Educators have a supportive role for RPL nursing students by offering individual consultations to the needy. In order for Nurse Educators to provide adequate academic support for individual students, they will need to significantly upgrade their teaching and problem-solving skills. This will involve time and guidance regarding study methods to enhance their academic performance (Jowsey, Foster, Cooper-loelu, and Jacobs, 2020:9). When students have confidence and access to individual support, academic achievement increases. The trusting relationship between students and lecturers encourages them to have more access to support structures offered by Nurse Educators (Jowsey et al., 2020:10). Bakker et al., (2019:21), argues that RPL nursing students are struggling to learn the content at a faster rate, hence individual consultations and support is sought. This issue may be aggravated by inadequate supervisory support of Nurse Educators. In order to support the students, Nurse Educators need to avail themselves and consider their personal challenges such as multiple responsibilities that might affect academic progress (Dewart, 2020:2). In a study conducted by Mthimunya and Daniels (2020:5), students reported to have taken responsibility for their learning by ensuring that they attend classes and consult with Nurse Educators.

Access to individual support from Nurse Educators

The findings revealed that due to time constraints and a clash in academic activities, Nurse Educators are unable to provide sufficient support to RPL nursing students for

individual consultations. The NEIs offer peer tutoring classes for students to study guided by fellow colleagues outside academic hours which has a negative impact on RPL nursing students as they do not reside on campus, they must travel before it is late to go home. Peer learning is social engagement in which students work together to learn both in informal and formal educational contexts (Räisänen, Postareff and Lindblom-Ylänne, 2020:1142).

Access to cooperative learning groups (peer support)

Cooperative learning is described as a structured teaching method that allows teachers to prepare their students for close collaboration (Abramczyk and Jurkowski, 2020:1). The researcher encourages group discussions especially for RPL nursing students, as adult learners learn better from peers than from Nurse Educators. Innovative teaching strategies may also make it possible for students to access brand new, real educational resources, and when combined with peer support, this is an improvement above the traditional educational lectures that students previously encountered (Muslem, Sahardin, Heriansyah, Djalaluddin and Hankinson, 2022:3). Most students relied on peer support because of their unique study challenges. However, not all students used other students' support methods for studying. It can be concluded that recommendation skills have a key role in experienced study-relate (Räisänen, Postareff and Lindblom-Ylänneet, 2020:1135).

Access to support from clinical facilities

Participants revealed that a positive collaboration between the clinical facilities and NEIs will create a harmonious learning climate where real-world patient care activities are occurring, exposing them to the expectations of the nursing profession (Salifu, Heymans and Christmal, 2022:2). Furthermore, NEIs utilize clinical placements to assist students in improving their clinical competence. However, challenges such as lack of resources and support from clinical Nurse Educators and staff, are restricting learning opportunities. Clinical facilities including Clinical Education and Training Units (CETU) play an important role in experiential learning for students (Mthimunye and Daniels, 2020:6). CETU can assist in providing in-service training to RPL nursing students as an ongoing, there is a need for NEIs and Clinical facilities to plan and communicate so that all support structure to keep them abreast with nursing

developments. Nursing education institutions (NEIs) were experiencing a challenge in placing students at clinical placements due to the Covid-19 pandemic, whereby there was a cut in the number of students who are to be placed as compared to pre

Covid-19 era. Even though the number of students has decreased, clinical placement of students should be done accordingly to meet their clinical objectives (Rainford, Zanardo, Buissink, Decoster, Hennessy, Knapp and McNulty 2021:473). Nursing is a clinical profession, most of the training sessions are conducted at clinical settings for live learning. As a result, students can be academically motivated or demotivated by the clinical environment (Saeedi and Parvizy, 2019:5).

4.7 SUMMARY OF CHAPTER

The findings of the study per theme were discussed and supported with relevant literature sources in detail. Views of Nurse Educators on support needs of RPL nursing students enrolled for Diploma in Nursing at a Public College were explained. It was revealed that RPL students did not obtain appropriate support and inspiration from Nurse Educators, peers and staff at the facilities which had an impact on their studies. They reported that the teaching approach and strategies had an impact on their learning. The recommendations, implications, limitations and conclusion of the study follow in chapter 5.

CHAPTER 5

RECOMMENDATIONS, IMPLICATIONS, LIMITATIONS AND CONCLUSION

5.1 INTRODUCTION

In the previous chapter, the focus was placed on the discussions of the study. This chapter discusses the recommendations, implications, limitations and conclusion. In chapter three and four Nurse Educators stated their views on the support needs of RPL students enrolled for Diploma in Nursing. The results of the study were discussed under five themes and twenty-two sub-themes. A literature review was done to support the findings.

5.2 RECOMMENDATIONS

The recommendations were made based on the research findings and participants' views during data collection. Recommendations were made in relation to nursing education, nursing practice, the Department of Health's requirements/guidelines, and the body of knowledge.

5.2.1 Nursing Education

Nursing education is the most important discipline to ensure adequate nurse training which will alleviate shortage of nurses in South Africa. There is an alarming shortage of Nurse Educators to facilitate both theoretical and clinical components in the NEIs. Therefore, the researcher suggests the following:

- Recruitment of more clinical Nurse Educators in the NEIs should be made to manage and accompany many students.
- Computer classes for students to be able to search for information and attend to online learning platforms such as mentimeter and flipped classes. Students will feel more supported by NEI.
- The recruitment process and the advertisement should be specific to differentiate the type of nurse educator in the NEIs want to hire e.g., if there is a shortage of clinical Nurse Educators, the advert should indicate this. If there is a shortage of theory Nurse Educators, it should indicate it so, so that when applicants apply, they are given an opportunity to choose the type of work they are most fond of. The suggested recruitment process may reduce shortage and burnout of Nurse Educators.

- The researcher suggests that classes should run three hours for each module, allowing for a two-hour class recession in between, for students to be able to consult with Nurse Educators. Recognition of Prior Learning nursing students will use the available time fruitfully by attending to the areas of concern while being present at the NEIs and during working hours.

5.2.2 Nursing practice and the Department of Health

- Clinical facilities and Clinical Managers should try to implement continuous in-service training for staff to equip them with current information regarding clinical practices. The Department of Health has invested more in RPL nursing students with the experience and expertise that these nurses have for clinical practice.
- The Department of Health and the clinical facilities should provide adequate support to RPL nursing students, through the approval of study leave by including them in the bursary system. This may be done so that they do not pay for their own studies with their salary which is used for social survival. The professional growth of the RPL nursing students will benefit Nursing Practice and the Department of Health, as they are giving back the quality education and training to their patients in the hospitals and clients in the clinics.
- The researcher believes that the Department of Health and the clinical facilities could improve the practices in hospitals and reduce litigation due to poor service delivery.

5.2.3 Body of knowledge

- The RPL process is implemented throughout the education and training processes of nurses, therefore, having literature about the current programmes offered at NEIs, may assist in the body of knowledge as well as with the challenges within the profession and the process.
- There is limited literature on RPL nursing students who are enrolled for the Diploma in Nursing R.171), therefore more research regarding challenges and support needs on these phenomena can be conducted to enrich the body of knowledge.

5.3 RECOMMENDATIONS FOR FURTHER RESEARCH

An explorative study on views of Nurse Educators on the support needs of RPL nursing students thus to achieve a more generalized outcome is recommended. Qualitative research

on coping mechanisms of RPL nursing students' at NEIs is recommended, to explore how they cope with the academic challenges.

5.4 IMPLICATIONS OF THE STUDY

The study will contribute towards improving academic performance and strengthening the quality of support needed by RPL nursing students at NEIs. The study may improve the structure of the RPL students' timetables and how they will be able to have a balance in between classes and consultations with Nurse Educators. Good academic performance will boost the morale of both RPL nursing students and the clinical facilities where they originate.

5.5 LIMITATIONS OF THE STUDY

The study's findings were derived from twelve participants in unstructured interviews at one NEI in Gauteng, using a qualitative, explorative, descriptive, contextual approach. The research participants were only from level one and level two Nurse Educators, who are facilitating RPL nursing students enrolled for the Diploma in Nursing. At the time of commencement of the study, the NEI did not have level three students and Nurse Educators, hence they were excluded. Most of the participants were females, and only one male was part of the study. In terms of racial presentation, most of the participants were black, this is due to the composition of employees at the NEI.

5.6 FINAL CONCLUSION

The purpose of this study was to explore and describe views of Nurse Educators on the support needs of RPL nursing students enrolled for a Diploma in Nursing at a public Nursing College. The research was qualitative in nature, and data were gathered and analyzed using a descriptive analysis technique by Tesch (in Creswell, 2014:198). The findings of the study highlighted the importance of support for RPL nursing students to enhance academic performance and professional growth. The researcher has made recommendations based on the inputs highlighted by participants during data collection. Recognition of Prior Learning nursing students need more support in various contexts. It is essential that possibilities should be widened for supporting and assisting these students.

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ANNEXURES

ANNEXURE A: APPROVAL CERTIFICATE FROM ETHICS' COMMITTEE



www.up.ac.za

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

24 May 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: Mohlatleho Gloria Modise (21823503)

Title: Views of nurse educators on the support needs of recognition of prior learning students enrolled for a diploma in a public nursing college

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 6 April 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,

A handwritten signature in black ink, appearing to read 'Kitty Uys'.

Professor Kitty Uys

Chairperson: Research and postgraduate committee
School of Health Care Sciences

ANNEXURE B: PERMISSION TO CONDUCT RESEARCH AT GAUTENG COLLEGES



Ref no: 01/10/2022
Enquiries: Ms M. Ndlela
Telephone Number: 011 644 8951
Email: Mavis.Ndlela@gauteng.gov.za

TO : MS M.G. MODISE
SUBJECT : APPROVAL FOR RESEARCH DATA COLLECTION
RESEARCH TITLE : VIEWS OF NURSE EDUCATORS ON THE SUPPORT NEEDS OF
RECOGNITION OF PRIOR LEARNING (RPL) STUDENTS ENROLLED FOR
DIPLOMA IN NURSING (R.171) AT A PUBLIC NURSING COLLEGE.
NHRD NUMBER : GP202207 103

Dear Ms M.G Modise

Thank you for showing an interest in collecting data at our campus of Gauteng College of Nursing. The campus Research Committee has met and reviewed your application for data collection. Your request to collect data at the Campus is granted by the Principal of Gauteng College of Nursing


Please take note of the following:

- The office of the Principal of GCON wishes to inform you that permission for data collection at **SG Lourens Campus** has been granted as all documents required has been submitted.
- The research committee of GCON would like to schedule a discussion on tentative dates and times.
- Should you not be able to honor the scheduled appointment, you are required to inform the relevant campus/ institution within 48 hours.
- All information and data collection should be treated as confidential and ethical considerations adhered to as stated in the proposal.
- All data collected from the institution will be treated as confidential and purely for academic purposes etc.

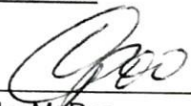
- Failure to adhere to ethical principles the GCON Research Committee will revoke the permission to collect data and report to the GCON Ethics Committee.
- The name of the organization will not be mentioned in the research report.
- Upon completion of your research study, kindly furnish the GCON with the study results and a copy of your Dissertation/ Thesis for the Institutional repository.
- The research committee may invite you to present the study during the annual research day.
- You will be expected to present your study findings at a GCON event.

We hope you will comply with the terms and conditions of collecting data in the institution

Sincerely yours.

Signature: 
 Ms M. Ndlela
 GCON Research Committee Chairperson

Date: 02/10/2022

Signature: 
 Ms. M. Poo
 Campus Head: SG Lourens Campus

Date: 4/11/2022

Approved: N.D. Gidimisana
 Ms. N.D. Gidimisana
 Director: GCON

Date: 04/11/2022

ANNEXURE C: APPROVAL LETTER FROM THE DEPARTMENT OF HEALTH



GAUTENG PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

OUTCOME OF PROVINCIAL PROTOCOL REVIEW COMMITTEE (PPRC)

| | |
|----------------------------|--|
| Researcher's Name (PI) | Ms MG Modise |
| Organization / Institution | University of Pretoria |
| Research Title | Views of nurse educators on the support needs of Recognition of Prior Learning (RPL) students enrolled for Diploma in Nursing (R.171) at a public nursing college. |
| Contact number | 078 004 8846 |
| Protocol number | GP202207 103 |
| Sites | SG Lourens Campus |

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 Department of Health.

Permission granted

Permission denied

Recommended by

MR LR SERONGWA

ACTING DIRECTOR: NURSING COMPLIANCE AND RESEARCH

DATE: 21-09-2022

ANNEXURE D: PARTICIPANT INFORMATION LEAFLET AND INFORMED CONSENT

STUDY TITLE: Views of Nurse Educators on the Support Needs of Recognition of Prior Learning (RPL) Students Enrolled for Diploma in Nursing (R.171) at a Public Nursing College.

Dear Participant

Dear Mr. / Mrs. date of consent procedure/...../.....

1) INTRODUCTION

The study is underway to explore and describe the views of Nurse Educators on the support needs required by RPL nursing students enrolled for Diploma in Nursing (R.171).

You are invited to participate in a research study as a volunteer. This information leaflet will allow you to determine whether you want to participate or not. Before agreeing to participate in this study, the volunteer should have a thorough understanding of what is expected. If you have any queries that are not answered in this leaflet, please contact the investigator. You should not accept to participate unless you are entirely comfortable with all the processes. Before signing the consent form, please read the contents carefully.

2) THE NATURE AND PURPOSE OF THIS STUDY

You are cordially invited to participate in a study. The goal of this research is to acquire a better understanding of RPL nursing students and Nurse Educators' perspectives on the support needs to be given to students. Since you are seen as a trustworthy source of information, you are asked to volunteer to participate in this study. To reach the goal, the following objectives are proposed:

To explore and describe the views of educators on the support needs of nursing students.

To identify the effective and efficient support systems which enhances the academic progress of RPL nursing students at a NEIs. The study intends to make recommendations to the NEI to curricula a programme which prospective nursing students will access prior enrolment into the Diploma in Nursing (R.171) programme.

3) EXPLANATION OF PROCEDURES AND WHAT WILL BE EXPECTED FROM PARTICIPANTS

This study involves one-on-one interviews to gain understanding and views of Nurse Educators facilitating levels one and two nursing students enrolled for Diploma in Nursing (R1.71) both theory and clinical. With your consent, the interview will be audio recorded, notes taken, and observations made. During the interview, the researcher may ask extra questions to address other issues.

4) POSSIBLE RISKS AND DISCOMFORT INVOLVED.

The study will not incur any risks during your participation, therefore feel free to answer questions asked. Interviews will be conducted in a comfortable environment for approximately 45-60 minutes.

5) POSSIBLE BENEFITS OF THIS STUDY.

Although the study's findings will not directly help the participants, they will shed light on the support needs of nursing students enrolled in Diploma in nursing program and help them enhance their academic performance.

6) COMPENSATION

There will be no monetary or compensation of any form that is attached to your participation.

7) YOUR RIGHTS AS A RESEARCH PARTICIPANT

As a research volunteer, your participation in this study will be entirely voluntary. You will be allowed to drop out or stop the research at any time without having to offer a reason. There will be no penalty if you withdraw.

8) ETHICAL APPROVAL

This study has received official approval from the University of Pretoria's Faculty of Health Sciences Research Ethics Committee and the Nursing Education Institution. The research adopted the Declaration of Helsinki, which provides guidance for nurses performing human research (last updated: October 2013). A copy of the Declaration is available upon request. If you have any questions about ethical approval, please feel free to contact the Research Ethics Committee. The Faculty of Health Sciences University of Pretoria's Office: Tel: 012 356 3084 or 012 356 3085.

9) INFORMATION

Any inquiries about your involvement in this study that require clarification should be sent to the research team. Please feel free to raise your concerns regarding any aspect of the study.

Principal Investigators: MG Modise Institution: University of Pretoria

Daytime and after-hours telephone number:

Mohlatleho Gloria Modise Cell: 078 004 8846

Email address: gmodise11@gmail.com or

Contact my supervisor: Mr. ME Moeta

10) CONFIDENTIALITY

All information gathered during this research will be kept private. No one will be able to see what you've said in this study. The results and reports will be published in peer-reviewed journals and presented in a way that protects your anonymity as a participant.

11) CONSENT TO PARTICIPATE IN THIS STUDY.

The contents of the informative leaflet have been explained to me. I agree that the study's nature, methodology, risks, problems, and benefits have been outlined to me. I have read and understood the

study's content (Overview Brochure and Informed Consent). I have been told that the study's findings, as well as my personal information, would not be released. I have no objection in participating in this study. The researcher has given me the opportunity to ask questions related to my participation. It is to my knowledge that there is no penalty, if I wish to discontinue with the study and my withdrawal will not affect me in any way. I, therefore, utilize this opportunity to participate in the study at my own discretion.

I have received a copy to sign this informed consent agreement.

.....

Participant's name (Please Print) Date

.....

Participant's signature Date

.....

Investigator's name (Please Print) Date

.....

Investigator's signature Date

.....

Witness's name Date

.....

Witness's signature Date

ANNEXURE E: INTERVIEW GUIDE

Main question for the interview

What are the views of Nurse Educators on the support needs of RPL nursing students enrolled for Diploma in Nursing (R.171) at a public nursing college?

Examples of probing questions:

- What are your perceptions regarding poor academic performance of RPL nursing students?
- How much support is given to RPL nursing students in both theory and clinical areas of learning?
- How can current students and others who wish to further their studies in future through the RPL process be supported?
- What do you think can be done to improve this?

ANNEXURE F: INDEPENDENT CODER AGREEMENT LETTER

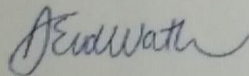
Dr Annatjie van der Wath (M Cur, PhD) annavdw@mweb.co.za

CODING CERTIFICATE **Qualitative Data Analysis**

This serves to confirm that Annatjie van der Wath has co-coded the following qualitative data: 12 interviews for the study:

VIEWS OF NURSE EDUCATORS ON THE SUPPORT NEEDS OF RECOGNITION OF PRIOR LEARNING STUDENTS ENROLLED FOR A DIPLOMA IN A PUBLIC NURSING COLLEGE

I declare that the candidate, Mohlatleho Gloria Modise, and I have reached consensus on the major themes and categories as reflected in the findings during a consensus discussion.



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ANNEXURE G: EXAMPLE OF AN INDIVIDUAL INTERVIEW

Researcher

Good afternoon Ma'am

Participant

Good afternoon Ma'am

Researcher

How are you?

Participant

Fine and you Ma'am

Researcher

I am alright, thank you. Thank you for availing yourself for the interview that is about to start. The interview is recorded for quality and control purposes and the recordings will not be accessible to anybody except myself and my supervisor. The information shared here today will remain confidential and your name will not be attached to it or whatsoever so feel free to say anything as it will be anonymous and will assist in achieving the objectives and purpose of the study.

Participant

Thank you, with everything

Researcher

Thank you Ma'am.

My name is Gloria Modise. I am a student from the University of Pretoria doing Master's degree

My topic reads as follow views of Nurse Educators on the support needs of recognition of prior learning students enrolled for Diploma in Nursing at a Public Nursing College. Can we continue Ma'am?

Participant

Yes ma'am. I am Participant number 5 a lecturer at one of the public nursing colleges. Luckily Ma'am, I think you have approached the right person because I am in that program of R-171. Thank you Ma'am.

Ma'am, truly speaking we do have those RPL students in our classes, and we have seen everything that they are going through. According to my analysis, they are struggling. They are struggling! They do struggle they do I won't know whether it is the course. Bear in mind that when we recruit restate the age. We prefer the age of 25 to 35 years. With regard to the RPL most of them are above that age, which means that in the class we are having two different groups. They differ in everything.

Researcher

[With interest sighing!]

Participant

Methods of studying. The kind of education they underwent. The quality of results that they are having are not the same.

Researcher

[With interest sighing!]

Participant

According to me, first of all, they struggle with English in class compared to that one (a group of students young in class). They even fear learning in class because they think that they are adults and those ones are children. They cannot ask a question in front of them (colleagues). They say they are going to laugh at them, and surely, they laugh at them, truly they do.

Researcher

[Ijoooh! Vernacular Exclamation!]

Participant

Because they will judge them with their English not to the core question that they (RPL) will be asking in class. And at times, we as lectures, we do forget that this group of students there are RPL their education is that of BANTU. [Bantu Education]. So according to me, we do not give them enough support. I don't know is just my suggestion. I feel like it would be nice if we are having RPLs one side, can it be possible to group them together to have their own class. The new method of teaching that we are employing now is not suitable for them. They want the old method of teaching, that traditional way of teaching. Meanwhile this one (young group) and the other one are able to learn with the new methods of teaching that we now use in class.

Researcher

The one group you mean the ones from school.

Participant

Yes, the ones from school, they are mostly focused on technology, they are technology wise meanwhile these ones are struggling, they were born before technology. The only time when you see that the RPL student is better is when we go to practical situation. Some of them they do better in practical. Why? Because he/she was a nurse before but if we are saying RPL, and we are including those who are in admin section you see, are struggling.

They are struggling a lot. Because we are focusing on the issue that we are teaching Nursing we don't dwell on much on them. They don't know much those people, they don't know what the patient itself is.

But we lecturers we tend to forget, we tend to forget, that is why I am saying I think we don't give them enough support.

Even if when we check the results. In theory Nursing performance is moderate meanwhile in practical they excel. Even if I say they excel those that are from admin

are totally blank as compared to those who are enrolled nurses and enrolled nursing assistants. And with R.171 [Diploma in Nursing] it is something else that, the program itself is really denying them the privilege to be taught enough, the privilege of being guided enough or maybe the privilege to be supported enough, especially now that we are offering this program in semesters there is no time

Researcher

Nodding the head

Participant

Really there is no time that we can focus on the RPLs that is why I am saying we don't give them enough support. With me I may say, we must sit down look at this issue of saying: -Let us consider the age. If someone I over the age of 40, we must leave him/her. At some stage, we are wasting the State's money because this particular person will fail until we terminate/exclude her/him academically, that is the experience I have seen with RPL.

Another thing when we are saying RPL let's look at the prior learning that we want to recognize with that Nursing was there or we taking them because they are employees. If we can look at this two things when they arrive and class can we try to group them together, guide them and offer something that can improve their English before they can come in class. Yes before they can come to class so that they can talk with these young ones or from school.

We must also consider technology skills. We must consider computer literacy, let us guide them in that so that when we say go and Google even the RPL can understand how to go about it.

I think in that way it will improve their performance and they will be safe to say we are supported by the lecturers. We really don't support them as lecturers.

Researcher

In your experience Ma'am, since well you have identified that the support is minimal, what support do you think lecturers should give the students to improve their

performance, especially that you mentioned earlier that they are feeling lonely and fearing that the young ones are laughing at them or maybe one may come out on their own for help?

Participant

I don't know Ma'am, like you mentioned that maybe one can come out I tried Ma'am. I want to talk for myself, I tried to say to them, you guys you can come to me in my office so that me and you can talk alone without the young ones, Ma'am they do not come. They have a lot of responsibilities; the support must go deeper than academically. There are social issues, besides age, that may be giving them, some of them are married, some or divorced, children and grandchildren, and so all these baggage that they are carrying from home is the one that is disturbing them in class. They are afraid of telling us their problems, they don't want to talk about their social life of which their social life is affecting their educational life.

Researcher

Hmm! Hmm!

Participant

Truly speaking, I think we need to go back to their life file, but really to tell the honest truth they are having a lot of social challenges that we need to start with. I think it is not the lectures only who can do that but introduce Counselling Department so that they can go there and be able to vent most of them they need referral as support/outside.

Researcher

In terms of referral, as a lecturer where do you refer these students?

Participant

We do have our own counselling department; we refer them to our internal counsellor. Internal counselling is the one that can refer to external, then when they have managed them, I will concentrate on the support regarding education not social so that I do not create a gap between me and the student, because if I know their problems, they may misinterpret me and say "the lecturer knows my problems that is why she is treating

me differently”, and they may end up personalizing it. We can only support them with regard to education itself.

As well with that one I think we need to create time with them. Make room to accommodate the RPL for example make it a point that for this one you need to repeat and repeat until they understand. So, they need more time compared to that one. If we lecturers we do not accommodate them we cannot win this battle. We must just avail ourselves to the students and offer them the kind of support they need. You know at times it will even push you to translate everything that you are teaching in English translate into the language that they do understand. There after you go back to English.

Researcher

“Hmm “...

Participant

Yes apparently if I can give you an exam if you are telling them about diarrhoea, the nursing “terms when you are talking about public institutions, both of them the dominant language is Sotho, Zulu, etc. You are used to the medium of institution is English but it is not like that in the hospital.

In the hospital, you're focusing on the patient that you are nursing, you need to align yourself with the language that your patient is using that is why the RPL student are struggling with is nursing concept.

Researcher

Hmm. oh okay [Acknowledging]

Participant

They come from the practice but they only know the terms in the language that the patient is using. When they come here even when you explain to them that medium of instruction is English, they are struggling to understand all these terms (medical term). That is why I am saying we need to give them enough time if possible, to explain everything with the language they best understand.

Researcher

I hear you.

Participant

Ma'am that I'd how they are struggling.

Researcher

Looking at the problems/challenges that you have identified here, what do you think the future holds for us with RPL, because the way RPL is, RPL is here to stay. What do you think we can put down as a way forward?

P: You know Ma'am, I don't know the best and correct criteria that we can use RPL yes I agree it is here (with us) to stay. Can't it be age-restricted even if it is RPL? Truly speaking if we want to save the State's money, are we still going to take a 59 year-old Nurse, Staff Nurse or Nursing Assistant and we say it is her turn she must go for training. Apart from that what about the State money that we are wasting, when she completes she is on pension.

Researcher

Ijooo-oo! [Exclamation in vernacular]

Participant

Yes. They must have age limits so that only young ones can be given chance to improve their professional status. What are we going to benefit after training a 59-year-old? This will relieve pressure on the campus with that regard to teaching because once you consider the age, there will be no age gap for students, therefore it will be easier for them to study and socialize together free and class. You can even utilize them to teach their colleagues in class. Learning will take place in both groups. That is the best thing we can consider. I do not say we do not want RPL, no. If you are an Institution who is planning to take somebody to school can you please prior to sending that particular person expose him flash her to all disciplines and Nursing like exposing to them on what is going to be taught at school will relieve pressure on that individual. When they come to the college learning will take place easily.

Researcher

Thank you Ma'am. Do you have anything to tell me?

Participant

You know what I like with RPLs, they are real nurses, and they are real nurses. You know we used to say Nursing is a calling. When you look at this group of students you can see real nurses, they are not scared of the hospital, they are not scared of the patient, and they know how to communicate with the patient as compared to those who are coming from school. You know even the etiquette; you can realize that this one knows an etiquette that is what I like about RPLs. We need not look down upon them, no. Let's have change, let them mentor the new ones. It will make the new ones to understand them better, to say it was not the lecture they do not know about, it is not that.

Researcher

Thank you very much Ma'am. This is the end of our interview.

ANNEXURE H: LETTER OF EDITING



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LETTER FOR EDITING OF THE DISSERTATION OF MOHLATLEHO GLORIA MODISE

**VIEWS OF NURSE EDUCATORS ON THE SUPPORT NEEDS OF RECOGNITION OF PRIOR LEARNING NURSING
STUDENTS ENROLLED FOR DIPLOMA IN NURSING AT A PUBLIC NURSING COLLEGE**

Dissertation submitted in fulfilment of the requirements for the degree *Master in Nursing Education*, at the
Department of Nursing Science, Faculty of Health Sciences, University of Pretoria

17 May 2023

To whom it may concern

I have edited the dissertation of Mohlatleho Gloria Modise for her degree Masters in Nursing and I have sent her and her Supervisors my comments/suggestions.

Declaration of professional editing: This document certifies that the manuscript listed below was edited by an Editor of B Square Synergy Consultants in accordance with the instruction of the author.

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Kind regards

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1