

**EXPERIENCES OF THE POST BASIC-NURSING STUDENTS
WITH CHRONIC ILLNESS IN SELECTED CAMPUSES OF THE
KWAZULU-NATAL COLLEGE OF NURSING**

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of Health Sciences in Nursing in the Faculty of Health Sciences at the Durban
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Declaration

This is to certify that the work is entirely my own and not of any other person, unless explicitly acknowledged (including citation of published and unpublished sources). The work has not previously been submitted in any form to the Durban University of Technology or to any other institution for assessment or for any other purpose.

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Abstract

Introduction and background: Chronic illness is an illness, disease or disorder that persists for a long period, often for the remainder of the person's lifetime. Post-basic nursing (PBN) students are at greater risk of having chronic illness because of their age compared to the younger basic nursing students. Usually students in PBN courses experience challenges balancing life and school demands and end up having elevated stress levels. The situation is compounded when the student is also ill, especially when the illness is chronic and uncontrolled.

Aim of the study: The aim of the study was to explore and describe the experiences of the PBN students with chronic illness in selected campuses of the KwaZulu-Natal College of Nursing (KZNCN).

The objectives of the study were to: Explore and describe the experiences of PBN students with chronic illness in selected campuses of the KZNCN, identify the challenges if any that are experienced by PBN students with chronic illness in selected campuses of the KZNCN, and to determine the support measures that are essential to facilitate academic performance and achievements for PBN students with chronic illness in selected campuses of the KZNCN.

Method: A qualitative research design using an exploratory descriptive approach was used to conduct the study. The Health Behaviour Model was used to explore and describe the experiences of the PBN students with chronic illness. The study identified the predisposing factors, enabling factors and need factors, which, according to Andersen's Health Behaviour Model, are the three dynamic characteristics that influence behaviour. The sample size was guided by data saturation, which was reached after ten interviews and confirmed with five additional interviews. Data was collected from PBN students who were doing their training in the two main campuses of KwaZulu-Natal Nursing College in eThekweni District between July and August 2018 using one-on-one semi-structured interviews. Data was analysed using thematic analysis guided by Tesch's method of data analysis.

Findings: The six themes that emerged from the interviews were: additional demands on the life of the student, fear and anxiety, acceptance and support

received, discrimination and lack of confidence, other compounding and some motivating factors. These findings reflected the challenges that were experienced by the PBN students with chronic illness. These, together with the motivational factors, guide the determination of support measures that are essential to facilitate academic performance and achievements for PBN students with chronic illness.

Conclusion: Both the demands of training and that of chronic illness cause added stress on a PBN student and have the potential to adversely affect both the studies and the health of the PBN student. PBN students with chronic illness suffer from emotional stress caused by trying to balance between the effects of illness, the side effects of medication and the demands of the PBN programme. Support from various sources including family, peers, employers, education institutions and educators is important to facilitate the academic achievement of these students.

Recommendations: Recommendations are made in relation to policy formulation and implementation, service delivery, nursing education and research. Protocols on care management and support of PBN students with chronic illness should be available in academic institutions so as to guide the educators in supporting such students. The PBN students with chronic illness and the education institutions need to work together to establish and continue good communication to facilitate and maintain a clear understanding of what is required to support them and to be clear on what can, and cannot, be done so that expectations are possible and realistic. The unique issues related to students with chronic illness can be addressed through pre-service and in-service training programmes for educators to make them understand how to handle the situation. A broader study involving other provinces, educators and peers is recommended. In addition to further research on PBN students with chronic illness, research on technological resources essential to support students with chronic illness is recommended.

Dedication

I dedicate this dissertation to the Lord God almighty who gave me strength and faith throughout the programme; my three daughters, Linda, Gugulethu and Phumelele who have ever supported and believed in me; my mother, Regina Buthelezi a strong widowed woman of God; and my late dad Ambrose Buthelezi, I know he would be proud of this great achievement, may his soul rest in peace.

Proverbs 1: 7 - The fear of the Lord is the beginning of knowledge, but fools despise wisdom and instruction.

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- To the ethics committee, thank you for giving me permission to conduct the study.
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Glossary of Terms

Chronic illness

Chronic illness is a condition that affects the body in many ways such as productivity, work ability, and most importantly quality of life (Davis 2012: 1). Illness is an interference in the life cycle, lack of harmony among the parts and sub-parts of the individual system, and a personal subjective feeling. (Geyer, Mogotlane and Young 2009: 20).

Desired behaviour

Behaviour is defined in the English Oxford Dictionary (n.d.) as the way in which an animal or person behaves in response to a particular situation or stimulus, and a desire is defined as what is strongly wished for or intended. Therefore, a desired behavior is the way in which a person strongly wishes or intends to behave in response to a particular situation or stimulus. In the current study the desired behaviour is the way in which the post-basic nursing student strongly wishes or intends to behave in response to having a chronic illness while studying.

Desired outcome

Desired is defined in the English Oxford Dictionary (n.d.) as what is strongly wished for or intended and an outcome is the way thing turns out, a consequence. Therefore, the desired outcome is the way it is strongly wished to be or intended to be. In the case of the current study the way it refers to what is strongly wished for or intended for by post-basic nursing students with chronic illness in relation to the consequences of having a chronic illness while studying.

Enabling factors

The definition of enabling in the English Oxford Dictionary (n.d.) is to make something possible. Therefore, enabling factors are those factors that make something possible. In the current study the enabling factors are the factors that make studying possible for basic nursing students with chronic illness.

Need factors

A need is something that is required because it is essential or very important rather than because it is just desirable (English Oxford Dictionary n.d.). Therefore, the need factors are those factors related to essential or very important needs. In the current study the need factors are the factors related to essential or very important needs of the post-basic nursing students with chronic illness.

Post-basic learning

Post-basic learning in nursing refers to all nursing programmes undertaken following basic nursing programme, where a professional nurse obtains an additional qualification approved and registered by the South African Nursing Council (Kubheka 2001: 42). Therefore, post basic Nurse (PBN) refers to a nurse after having completed a basic nursing programme undertakes further training programme

Predisposing factors

Predisposing factors are defined as the socio-cultural characteristics of individuals that exist prior to their illness. They can either be within the social structure e.g. education, occupation, ethnicity, social networks, social interactions, and culture, include health beliefs e.g. attitudes, values, as well as knowledge that people have concerning and towards the health care system, and their demographic e.g. age and gender (Andersen and Newman 2005)

Programme

The word programme literary means a set of related measures or activities with a particular long-term aim (English Oxford Dictionary n.d.), a plan which has been developed for a particular purpose (The Free Dictionary n.d.). According to the South African Nursing Council (SANC), programme means recognition of a learning programme, criteria and standards for a specific nursing education and training programme or refers to a complete curriculum leading to the award of a diploma as prescribed in regulations made under the Nursing Act, 1978 (Act no 50 of 1978) as amended.

Registered nurse

A registered nurse is a person registered with the SANC as a nurse under Article 16 of Nursing Act, No. 33 of 2005, as amended (South Africa, Department of Health 2005). The terms 'registered nurse' and 'professional nurse' are used interchangeably.

South African Nursing Council

The South African Nursing Council is a professional body entrusted to set and maintain standards of nursing education and practice in the Republic of South Africa. It is an autonomous, financially independent, statutory body, initially established by the Nursing Act, No. 45 of 1944, and currently by the Nursing Act, No. 50 of 1978 as amended (South Africa, Department of Health 2005).

List of Acronyms

Acronym	Full term
AIDS	Acquired Immunodeficiency Disease Syndrome
CINAHL	The Cumulative Index of Nursing & Allied Health Literature.
CNS	Clinical Nurse Specialist
DoH	Department of Health
DUT	Durban University of Technology
EBSCO	Host search engine focusing on nursing journals.
HIV	Human Immunodeficiency Virus
ICN	International Council of Nurses
KZN	KwaZulu-Natal
KZNCN	KwaZulu-Natal College of Nursing
MEDLINE	Medical literature on-line.
PBN	Post-Basic Nurse
SANC	South African Nursing Council
TB	Tuberculosis
WHO	World Health Organization
IREC	Institutional Research Ethics Committee

Chapter Outline

Chapter no	Title	Contents
Chapter 1	Overview of the study	Introduction and background, purpose and objectives, problem statement and significance of the study
Chapter 2	Literature review	The views, assumptions and investigations made by various authors and researchers on chronic illness and post-basic learning
Chapter 3	The theoretical framework guiding the study	Describes the theoretical framework and its application to the study
Chapter 4	Research methodology	Describes and justifies the research design and method used for this study
Chapter 5	Presentation of the Findings	The findings of the study are presented, highlighting the themes and sub-themes that emerged from the interviews
Chapter 6	Discussion of the results	Presents the discussion of the study findings. The literature used in the previous chapters, and new relevant literature, are integrated to contextualise the meaning of the themes and sub-themes
Chapter 7	Summary of findings, conclusions, limitations and recommendations of the study	Discusses the summary of findings, conclusions, limitations and recommendations of this study

CHAPTER 1: OVERVIEW OF THE STUDY

1.1 INTRODUCTION AND BACKGROUND

Illness is a period of feeling physically unwell leading to the failure to perform normal daily activities (Geyer, Mogotlane and Young 2009: 22). Illness can be acute or chronic. The difference between acute and chronic illness is that an acute illness is a disease or a symptom beginning abruptly with marked intensity or sharpness, then subsiding after a relatively short period (Elsevier Health Science Right Department 2006: 31). The United States National Centre for Health Statistics (1996-2016: 1) defines chronic illness as a disease that persists for a long period lasting three months or so, which cannot be prevented by vaccines or cured by medication and will not just disappear. Elsevier's Health Sciences Right Department (2006: 381) concurs stating that chronic illness is an illness, disease or disorder that persists for a long period, often for the remainder of the person's lifetime.

Chronic illness impact on a much wider spectrum of the population than acute illness and affect both affluent and poor people alike (Ataguba et al. 2012: 276). Common examples of chronic illness prevalent in South Africa include: hypertension, diabetes, cardiac, cancer, asthma, HIV and AIDS, and arthritis to mention but a few. Vawda (2011: 2) attests to this and further states that respiratory disease, cardiovascular disease, diabetes, cancer and hypertension account for a large majority of the country's mortality and morbidity burden. This is supported by the World Health Organisation (WHO) (2005: vii) who have reported that the lives of far too many people in the world are affected and eventually cut short by chronic diseases such as heart disease, strokes, cancer, chronic respiratory diseases and diabetes.

South Africa, like other sub-Saharan African countries, has an increased burden of non-communicable diseases including hypertension, cardiovascular diseases and type 2 Diabetes (Dalal et al. 2011: 889). The main risk factor for chronic illness in South Africa include smoking, eating habits, physical inactivity and alcohol intake (Ataguba et al. 2012: 276). The authors further highlight that the risk of acquiring chronic illness increase with age, and that in South Africa (at the time of writing) about half of all 17 million adults had

one or more chronic health conditions and one of four adults had two or more chronic health conditions. Furthermore, Ataguba et al. (2012: 276) state that statistics show that an estimated 5.7 million people in South Africa are living with the human immunodeficiency virus (HIV). Rispel and Kibua (2011) attest to this stating that the prevalence rate for adult living with HIV and acquired immunodeficiency disease syndrome (AIDS) is estimated at 16.9%. This information about chronic illness is evident in the observations made by the researcher in the KwaZulu-Natal College of Nursing (KZN CN). The researcher observed that a number of students doing post-basic nurse (PBN) training had one or two chronic illness, especially those who were above 35 years old. The most common chronic diseases observed were diabetes, hypertension, HIV, renal diseases and tuberculosis (TB). The implications for this is twofold, in that it affects their academic performance as well as their general well-being.

This paragraph seeks to explain and contextualise the PBN programmes in South Africa. Post-basic courses, usually done over one or two years, are available in numerous specialisation areas after initial registration as a registered nurse and midwife. The nurse training in South Africa allows for two routes/approaches to basic nurse training either as a comprehensive four-year course (R.425 of 22 February 1985) or as bridging courses. The four-year route allows for training in a combination of nursing fields so that at the end of training the person is qualified as a general, community, and psychiatric nurse and as a midwife. The second route, which is longer, is available for nurses who initially trained as enrolled nurses. This is done as follows: first a bridging course from enrolled nurse (R.683 of 14 April 1989) to general nurse over two years and subsequently another one-year training in midwifery (R.254 of 14 February 1975) (South African Nursing Council [SANC] Regulations Index 1987 as amended January 1997). The person then becomes registered as a general nurse and midwife. The two are considered to be the basic nurse qualifications in South Africa. It is only after these two basic nurse trainings that a nurse can proceed to do a post-basic nurse training.

It is commonly the case that nurses will have worked for a number of years before pursuing their further studies for post-basic courses. The majority of the academic institutions require that the nurse must have worked for a minimum of two years as a basic nurse before enrolling for a post-basic programme. Furthermore, the skills development policy requires that government employees are sent out for training based on a first-come first-served basis. This in most cases results in delays for government

employees being able to enrol for post-basic programmes which means that they are already of advanced age by the time they go for training and a number of them already have some chronic illness. Mercer (2010: 16) describes an adult student as a student between the mid-20 years to 50 years. According to SANC the ages of nurse students in post-basic courses is between 24 and 65 years [South Africa Department of Health (DoH) 2013:29].

The training for post-basic programmes is usually very intense and demanding because it is aimed at making a nurse practitioner become a specialist in a specific field referred to as clinical nurse specialist (CNS) or advanced nurse practitioner (ANP). Nieminen, Mannevaara and Fagerström (2011: 661) define nurses at this level as registered nurses who have the required expert knowledge, the ability to make complex decisions, the clinical competence for expanded work descriptions, and whose character is formed by the context and/or the country where they have the right to work. According to Nieminen, Mannevaara and Fagerström (2011: 662), during the post-basic training programme, nurses are prepared for advanced nursing practice by virtue of the knowledge and skills obtained through a post-basic or advanced education programme of study acceptable to the State Board of Nurse Examiners. At this level the nurse provides direct care to patients in one of a range of specialties, such as paediatrics, geriatrics, emergency care, oncology, midwifery, nursing education, theatre etc. The nurse may also serve as a consultant, assisting other medical professionals to improve patient outcomes and influence all levels of care. On completion of the post-basic training programme the scope of practice for the nurse increases. The added scope involves the preparation of a nurse who is able to work beyond conventional nursing responsibilities which is a change from working mostly as a dependent practitioner to begin working mostly as an independent practitioner. An example is the nurse who has done a post-basic course in Clinical Health Assessment, Diagnosis Treatment and Care. Her/his scope includes provision of direct patient care, diagnosing and treating diseases, injuries and/or disabilities within his/her field of expertise, and they serve as expert consultants for nursing staff and take an active role in improving health care delivery systems (SANC 2014:1-7).

As mentioned earlier in the introduction, students in post-basic courses experience challenges balancing life and school demands and end up having elevated stress levels (Dailey 2010: 15). Mercer (2010: 4) pointed out that adult students face several challenges including: despair and doubt, difficult emotions, and dealing with specific

stressors. The situation is compounded when the student is also ill especially when the illness is chronic and uncontrolled. Singh (2015: 3) discovered that the majority of these students quit training and fewer nursing students complete training as a result. Barber (2010: 39) states that, students who are having anxiety due to illness perform worse in their studies than those who are less ill. Barber further states that the student that is sick for a long time lacks confidence in knowledge and requires more time with lecturers to make up for work done during his/her absence.

Chronic illness is generally viewed as affecting the physical but they affect the psychosocial dimension as well. Chronic illness has the greatest effect on psychological functioning, followed by physical and social functioning (Megari 2013: 141). Most of the studies reviewed for the current study were in relation to the influence of chronic illness on academic achievement of children. Nevertheless, the findings of these studies can be applied to the PBN students. UC San Diego Health (2006: 3) states that there is an association between a child's health and school attendance, and in some cases the diseases also affected academic achievement. This could be true for an adult PBN student as well because of the similar influence of chronic illness on adults and children.

The demands of training and chronic illness cause additive stress on a PBN student and this combination has the potential of adversely affecting both her/his studies and health. The PBN students who get ill during training may suffer from emotional stress since they have to maintain the balance between the effects of illness, the side effects of medication and coping with post-basic training challenges (Dailey 2010: 15). This makes them lose self-esteem which could potentially affect their studies. Stress is described by Brooker and Waugh (2013: 241) as being a reactive state to demands or potential demands made on the adaptive capacities of the mind and body which, if a person is unable to deal with demands made upon them, may overwhelm their coping resources. Furthermore, in situations where a person constantly feels under pressure with little respite, with stressors which are constant every day, the adaptive effects of stress become harmful and may damage health. Brooker and Waugh (2013: 241-242) list a number of stress related health problems, including:

- Increased demands on physiological, cognition, affect and behaviour in order to increase the chances of survival in difficult and dangerous environment.
- Depletion of physical and mental resources.

- Reduced behavioural control.
- Physical and psychological 'wear and tear' and inefficient use of energy which ultimately increases other risks and reduces the individual's ability to deal with new challenges.

This may be a stimulus to trigger illness, influence control or recovery and worsen the condition in individuals with pre-existing vulnerabilities.

Illness on the part of the PBN student may contribute to absenteeism from clinical placement and or theoretical learning areas either because of the need to take time off for recovery or for attending medical appointments. According to Baloyi (2014: 29) student absenteeism is caused by illness, learning difficulties, lack of motivation, students feeling that lecturers are doing nothing to motivate them, the class environment not being conducive enough to learning (for example poor ventilation). If such absences exceed the stipulated hours of class attendance, it may lead to demotion or termination of training (SANC 2010).

1.2 PROBLEM STATEMENT

The PBN students are at greater risk of having chronic illness because of their age compared to the younger generation of students. Post-basic learning demands a lot of sacrifice and dedication from the student, requiring a fully functioning mind and body to be able to cope with the demanding structure of the theoretical learning and clinical practice components of post-basic courses. The situation becomes compounded for a student who already has stress from chronic illness. Dailey (2010: 16) attests to this by stating that the post-basic training curriculum which usually consists of heavily packed schedules and inflexible requirements puts more stress on the chronically ill student. The SANC stipulates training conditions and a number of clinical and practical hours that are compulsory for all students. The implications are that the PBN who is chronically ill needs to balance between managing and controlling her/his chronic illness and meeting the requirements for the post-basic programme.

The majority of the nurses that are enrolled into post-basic training courses are sent from their health care institutions in order to meet the increased demand for update of skills by members of the health profession. The South African government health care institutions send out their nurse employees for post-basic training programmes and the cost of

training is borne by the DoH. The government employee that is in training still forms part of the staff establishment for their health institution. The government policy does not provide for the replacement of staff who are in training and therefore the health institution becomes short staffed up until when the person comes back from training (KZN CN 2011: 4). The health institution expects that the employee comes back on time to take up her/his position and solve the shortage of staff problem. When this does not happen the institution is compromised in terms of human resources. Secondly, the nurse is expected to come back with added skills and knowledge to be able to meet the needs of the health profession. Challenges are experienced when a student quits training or does not complete within the expected time frame. When she/he quits training the objective of the health institution of increasing the number of employees with advanced skills is not met. If she/he takes longer to complete the institution suffers a longer period of staff shortages.

Thus, chronic illness of the student can have an impact on health care services delivery. Therefore, exploring the experiences of the PBN students with chronic illness could assist in identification of strategies to facilitate academic performance and achievement for these students which will ultimately benefit health service delivery.

1.3 RESEARCH QUESTIONS

The study was intended to answer the following research questions:

- What are the experiences of PBN students with chronic illness in selected colleges in KwaZulu-Natal (KZN)?
- What challenges if any, are experienced by PBN students with chronic illness in selected colleges in KZN?
- What support measures are essential to facilitate academic performance and achievements for PBN students with chronic illness in selected colleges in KZN?

1.4 AIM OF THE STUDY

The aim of the study was to explore and describe the experiences of the PBN students with chronic illness in in selected campuses of the KwaZulu-Natal College of Nursing (KZNCN).

1.5 RESEARCH OBJECTIVES

The objectives of the study were to:

- Explore and describe the experiences of PBN students with chronic illness in in selected campuses of the KZNCN.
- Identify the challenges if any that are experienced by PBN students with chronic illness in selected campuses of the KZNCN.
- Determine the support measures that are essential to facilitate academic performance and achievements for PBN students with chronic illness in selected campuses of the KZNCN.

1.6 SIGNIFICANCE OF STUDY

Awareness of challenges and identification of support systems to facilitate performance and achievement for PBN students with chronic illness will benefit both the student and the South African DoH. Good academic performance and achievement is self-satisfying to an individual who has pursued learning and boosts their self-esteem and morale. Dropping out and failure demoralises a person and causes stress which may further compromise the health of a student who is already ill. This study hopes to identify the support system/s necessary to facilitate academic performance for PBN students with chronic illness which will ultimately improve academic achievements. The South African DoH and the health care institutions will benefit from the study in that strategies to assure completion and facilitate timeous completion of the post-basic courses by students with chronic illness could be identified and presented as recommendations from the study. The community will also benefit from health care services provided by health care workers with improved skills. Drop out and failure rate affects the throughput rate for nursing education institutions. Nursing education institutions will benefit from this study as they will be made aware of the challenges faced by PBN students who are chronically ill during training so that strategies to address these could be addressed during future planning.

1.7 CHAPTER SUMMARY

Chapter 1 presented the overview of the study which included the background, the problem statement, the research questions, aim and objectives and the significance of the study. The purpose of this chapter was to give an overview regarding chronic illness among PBN students and its potential influence on academic performance in order to support the need for the study. The next chapter will present a literature review regarding chronic illness among PBN students and its influence on these students.

CHAPTER 2: LITERATURE REVIEW

2.1 INTRODUCTION

Chapter 1 presented an overview to the study. Chapter 2 presents a review of relevant literature pertaining to post-basic learning with a particular focus on the influence of chronic illness on learning. The literature reviewed was mainly on college experiences for students with chronic illness regarding the challenges that they face and relevant approaches to deal with these within the global, national and South African contexts. Analysis of existing knowledge and evidence served to inform the study's focus and the design of the data collection instrument for this study. The literature reviewed highlighted issues such as the challenges faced by learners with ill-health in particular chronic illness and the need for additional support for these students during learning.

2.2 STRATEGIES USED TO SEARCH THE LITERATURE

A set of keywords was decided upon before engaging in the search. Identifying keywords for the subject before initiating any literature search ensured that correct results were obtained. The keywords and phrases that were used as search terms included: chronic illness, post-basic learning, influence of chronic illness on post-basic learning, influence of illness on post-basic learning, influence of chronic illness on learning experiences, challenges for PBN students with chronic illness, factors influencing post-basic learning, strategies to support PBN students with chronic illness, etc. Each of the search terms were initially used individually, and then combined using Boolean operators AND, OR and NOT which are the three most widely used operators to expand or delimit a search (Polit and Beck 2012: 99). The resources that were available for the literature search were books and journals, which included both hardcopy and electronic databases. The initial hardcopy library search did not reveal many current sources. Therefore, the primary focus was on searching various electronic databases as indicated below:

- EBSCO Host – Search engine focusing on nursing journals.
- CINAHL – The Cumulative Index of Nursing and Allied Health Literature.
- MEDLINE – Medical literature on-line.
- Pub-med Public/Publisher Medline database.

The Durban University of Technology's (DUT's) library resources including institutional repository were used. There was an optimal use of databases for local and international input through the inter-library loan system. The latter enabled the researcher to obtain documentary and electronic information and data only available from other academic institutions and organisations to which the DUT library is affiliated. The archives, databases and websites of other local and international sources of information, such as reputable research institutions and organisations including the WHO, SANC, and the South African DoH were consulted in the process of obtaining a multi-perspective approach to the research topic.

2.3 A GLOBAL PERSPECTIVE REGARDING CHRONIC ILLNESS AMONG POST-BASIC NURSING STUDENTS

According to Deasy et al. (2014: 7), the psychological stress and physical illness of nursing students is closely related. Illness among nursing students is mainly caused by the nature of the training or the course itself since it has lots of assessments, exams, assignments and clinical exposure. Deasy et al. (2014: 2) go further to state that stress can lead to health damaging behaviours and is associated with negative physical health outcomes. In the study by Deasy et al. (2014: 2), the student who was ill while on training seemed to encounter high stress levels aggravated by the high workload of the post-basic programme. Mercer (2010: 10) stated that illness is also caused by social and financial concerns of students. Some nursing students find it difficult to cope with the demands and expectations of training which include workload, academic related issues and assessments including tests, examinations and assignments. All these perceived stressors by students lead to maladaptive coping strategies which consequently have a negative impact on their health and physical well-being (Deasy et al. 2014: 8). While all students are subjected to stress, Deasy et al. (2014: 1) assert that programmes involving practicum components such as nursing expose students to additional stressors.

According to Madibana (2010: 90), illness is the main reason why nursing students absent themselves from both clinical blocks and lectures. Selekman (2016:314) mentions that being chronically ill affects an individual's daily functioning and it becomes important for the sick person to better understand themselves and find other strategies of getting the expected duties done. The author further explains that the problem is that not all strategies succeed, because of fatigue due to treatments side effect causing difficulty for

a student to complete learning outcomes and to cope with all the demands of the training and clinical exposure. A chronically ill student does not only deal with the effects of physical illness but with the side effects of medication (Madibana 2010: 12). For example, nursing students with diabetes mellitus not only experience the physical effects of fatigue, but also the mental cloudiness associated with elevated blood glucose levels. The feelings of frustration and lack of control, when chronic illness impacts a nursing student's performance, examination or clinical assessment, lead to some students choosing not to disclose illness, thus putting their lives and the lives of patients they care for at risk (Dailey 2010: 16).

Dailey (2010: 18) mentioned that social support networks are important components of the ill student's experience because the invisible nature of certain illness can cause the chronically ill person to be viewed as a hypochondriac. Maheady 1999 (cited in Dailey 2010: 17) points out that illness disturbs a person's previous assumptions about the relation between the body and self and disrupts a sense of wholeness of the body and self. This makes them feel ashamed but at the same time they do not want people to feel sorry for them (Dailey 2010: 18). The author continues to mention that it is therefore the duty of a student to disclose the invisible problem to protect the college from liability.

2.4 THE SOUTH AFRICAN PERSPECTIVE REGARDING CHRONIC ILLNESS AMONG POST-BASIC NURSING STUDENTS

PBN students with reported long-term illness contribute to the delay in turnaround time and reduces enrolment by the SANC as they often have to deregister mid-training. Therefore, declining numbers of PBN personnel lead to insufficient skilled personnel. Vance (2011: 9) states that, globally, nursing shortages are complex and could intensify in the future due to an ageing workforce as well as declining enrolment at nursing schools. De Beer, Brysiewicz and Bhengu (2011:8) state that illness among PBN students has affected even the critical areas in health like intensive care nursing and has resulted in poor quality patient care. The National DoH Strategic plan (South Africa, Department of Health 2013: 30), concurs with the statement. Zerwekh and Garneau (2012: 556) expressed the view that the shortage of nurses is just starting, and that there will be more shortages in years to come as illness during training seems to be of major concern. In order for nursing students to become experienced nurses they need to complete training and this can be challenging due to high rates of absenteeism caused by illness among

PBN students (Singh 2015: 17). The author further explains that, another challenge for PBN students with chronic illness is that different funding models are currently used to fund students, which impact on the status of students in nursing programmes. These range from receiving a salary (with all the benefits of employment), a bursary, a stipend or study leave. These benefits get affected by an elongated period of learning when a student has to extend the study period due to ill-health and/or poor progress (South Africa DoH 2007: 5).

2.5 ILLNESS VERSUS DISEASE

A regression in physical capacity and life expectancy is the opposite of being healthy and is a personal subjective feeling (Geyer, Mogotlane and Young 2009: 20). These authors further explain that disease refers to functional changes of the body that may affect the scope of a person's capabilities or specific ability, and which may even shorten an individual's life span. Chronic illness is one of the factors leading to depression (Shaw et al. 2010, Trindade 2018). People with these conditions often feel despair and sadness as the side effects of medication lead to depression, too. Chronic conditions are expected to increase dramatically in the next ten years if there are no intervention strategies put into place (Vawda 2011: 4). Already chronic illness is experienced by a large number of individuals, are life-threatening, and have serious social, economic and psychological implications, and demand urgent priority in the field of health (Vawda 2011: 3). Many patients survive chronic conditions through dedication to constant treatment and taking their medication regularly (Ramike 2013:67), but as Mostert (2012: vii) points out, drugs do not work in patients who do not take them.

For the post-basic student to acquire psychomotor skill so as to be competent practically, an individual nurse needs to know subject-specific skills and algorithms (nursing skills), as well as subject-specific techniques and methods (nursing process). In addition, students must know the criteria for determining when to use appropriate procedures such as diagnostic and laboratory tests. Students must have the ability to successfully execute technical tasks which require coordination (for example eye-hand coordination) and the relevant gross and/or fine psychomotor skills, therefore a healthy mind and body is imperative at all stages. Chronic illness often impedes this coordination, leaving educators not confident enough to grant the student full credits when coordination has not been consistent (Maree 2012: 134).

The National Collaborating Centre for Mental Health (UK) (2010: 23) states that major depression and chronic physical health problems interact with one another. Major depression might be due to poor self-management of chronic health problems which increases the burden of the disease. Diseases mentioned in that study include hypertension, asthma, arthritis and rheumatism, back pain, diabetes, heart disease and chronic bronchitis. Bearing in mind the above factors, the researcher is aware of the need to understand the most important outcome to be achieved by the student in spite of being ill, that of balance in terms of psychomotor and cognitive skills.

2.6 PSYCHOSOCIAL IMPACT OF CHRONIC ILLNESS

In most instances when there is illness, an adult will think of the negative impact on family progress, career path, and failure to retain employment which can then lead to feelings of depression (National Collaborating Centre for Mental Health 2010: 57). In addition to the psychosocial impact, Custodero (2013: 2) mentions that increased risks for anxiety and depression are present. According to Barber (2010: 11), attendance has a direct positive effect on class participation, so has an impact on the pass rate.

2.7 CHAPTER SUMMARY

Chapter 2 presented the literature that was reviewed in support of the current study and a description of how the literature search was conducted. The theoretical framework that was used to guide the study was introduced. The next chapter focuses on the theoretical framework that was used to guide the study.

CHAPTER 3: THE THEORETICAL FRAMEWORK GUIDING THE STUDY

3.1 INTRODUCTION

Chapter 2 presented the literature that was reviewed in support of the current study. Chapter 3 describes the theoretical framework that was used to guide the study and its application to the current study.

3.2 BACKGROUND INFORMATION REGARDING USE OF THEORIES TO GUIDE THE RESEARCH PROJECT

Henning, van Rensburg and Smit (2004: 14) describe theories as statements about how things are connected in order to explain why things happen as they do. Theories assist in sorting out the world and making sense of it, guiding people on how to behave and predict what might happen. Polit and Beck (2012: 142) define a theoretical framework as the overall conceptual/theoretical underpinnings of a study. Henning, van Rensburg and Smit (2004: 25) further state that a theoretical framework provides orientation to the study. It positions the research in the discipline or subject in which the researcher is working and enables the researcher to theorise about the research helping him/her to make explicit the assumptions about interconnectedness of the way things are related in the world. In the current study Andersen's Health Behaviour model was used as a theoretical framework to guide the study.

3.3 DESCRIPTION OF ANDERSEN'S HEALTH BEHAVIOUR MODEL

In this section the author gives a brief description of Andersen's Health Behaviour Model without applying it to the current study in order to allow the reader a clear understanding of the model. Subsequently in the next section (section 3.4) a description on how Andersen's Health Behaviour model was used as the theoretical framework to guide the current study is provided.

Andersen's Health Behaviour model was developed by Ronald M. Andersen in 1968, and has since gone through four phases. The fourth phase was developed in 1995 (Andersen and Newman 1995: 1). Over time the model has gone from focusing on the family as the unit of analysis to focusing on the individual as the unit of analysis (Andersen and Newman 2005:1). The original model (Andersen 1968) evolved throughout the years to include concepts and constructs that are representative of psychology (e.g. behaviours of the individual, feedback loops) as well as public health and healthcare (e.g. resources) (Andersen and Newman 2005:3).

3.3.1 Predisposing factors

Predisposing factors are defined as the socio-cultural characteristics of individuals that exist prior to their illness. They can either be within the social structure e.g. education, occupation, ethnicity, social networks, social interactions, and culture, including health beliefs e.g. attitudes, values, and knowledge that people have concerning and towards the health care system or can be related to demography e.g. age and gender (Andersen and Newman 2005:7). According to Andersen and Newman (1990: 15), people with certain characteristics which exist prior to the onset of specific episodes of illness such as demographic, social structural, and attitudinal-belief variables are more likely to use health services even though the characteristics are not directly responsible for health service use. What an individual thinks about health may ultimately influence health and illness behaviour. Babitsch, Gohl and von Lengerke (2012:13) attest to this and list the contextual factors predisposing individuals to the use of health services as the demographic and social composition of communities, collective and organisational values, cultural norms and political perspectives.

3.3.2 Enabling factors

Enabling factors are the logistical aspects of obtaining care which are either personal or within the family such as the means and know how to access health services, income, health insurance, a regular source of care, travel, extent and quality of social relationships. These can be within the community such as available health personnel and facilities, and can include genetic factors and psychological characteristics (Andersen and Newman 1995: 1). Andersen and Newman (1990: 15) state that even though individuals may be predisposed to use health services, some means must be available for them to do so. According to these authors a condition which permits a family to act on

a value or satisfy a need regarding health service use is defined as enabling. Enabling conditions make health service resources available to the individual and can be measured by family resources such as income, level of health insurance coverage, or other sources of third-party payment, whether or not the individual has a regular source of care, the nature of that regular source of care, and the accessibility of the source. Babitsch, Gohl and von Lengerke (2012:13) state that financing and organisational factors are considered to serve as conditions enabling services utilisation. Financing includes individual financing factors such as income and wealth at an individual's disposal to pay for health services and the effective price of health care, the resources available within the community for health services, such as per capita community income, affluence, the rate of health insurance coverage, the relative price of goods and services, methods of compensating providers, and health care expenditure. Organisational factors include whether an individual has a regular source of care and the nature of that source which include means of transportation, travel time to and waiting time for health care, physician and hospital density, office hours, provider mix, quality management oversight, outreach and education programmes the amount, varieties, locations, structures and distribution of health services facilities and personnel and health policies.

3.3.3 Need factors

Need factors are the most immediate cause of health service use, i.e. functional and health problems that generate the need for health care services. They are either perceived needs which help to understand care-seeking and adherence to a medical regimen, or evaluated needs which are more closely related to the kind and amount of treatment that is provided after a patient has presented to a medical care provider. Perceived needs refer to how people view their own general health and functional state, as well as how they experience symptoms of illness, pain, and worries about their health and whether or not they judge their problems to be of sufficient importance and magnitude to seek professional help. Evaluated needs represent professional judgement about people's health status and their need for medical care (Andersen and Newman 1995:3).

In addition to need, Andersen and Newman (1990: 16) describe illness level. The authors acknowledge that the individual or her/his family must perceive illness or the probability of its occurrence for the use of health services to take place, but assume that illness level represents the most immediate cause of health service use. Andersen and Newman state

that in addition to perception of illness by the individual or his family, a clinical evaluation is also included in the model since once the individual seeks care from the formal system the nature and extent of that care is in part determined by them.

Babitsch, Gohl and von Lengerke (2012:14) differentiate between perceived need for health services (i.e. how people view and experience their own general health, functional state and illness symptoms) and evaluated need (i.e., professional assessments and objective measurements of patients' health status and need for medical care). Furthermore, these authors make a distinction between environmental need characteristics and population health indices. Environmental need reflects the health-related conditions of the environment (e.g. occupational and traffic and crime-related injury and death rates) and population health indices being the overall measures of community health, including epidemiological indicators of mortality, morbidity, and disability.

3.3.4 Desired outcome/behaviour

Andersen and Newman (1995: 6) propose that the three factors (predisposing, enabling and need) are all responsible for the person's behaviour or outcome. Behaviour is defined as the way in which a person behaves in response to a particular situation, while an outcome is the way thing turn – what will happen at the end of an occurrence (Oxford Dictionary n.d.). Therefore, a desired behavior or outcome is the way in which a person strongly wishes or intends to behave in response to a particular situation or stimulus or what someone wants the outcome to be, a range of expected actions and mannerisms. Baker (2009: 485) concurs with Andersen and Newman that both enabling and need factors predict perceived outcomes and that the impact of predisposing factors on needs, personal practices, use of services, and outcomes, is indirect; that is, mediated by intervening factors. Baker (2009: 491), in line with Andersen's model, proposes that while there may be some individuals who are more predisposed to a situation than others, there has to be the means, that is, the enabling resources for them to act, and where predisposing and enabling conditions are present, more action is possible.

Andersen's Health Behaviour model is appropriate for understanding human behaviour and was originally meant for health care services utilisation (Babitsch, Gohl and von Lengerke, 2012:13). In the current study the model was adapted and used to critically explore and describe the experiences of the PBN students with chronic illness.

Application of the Heath Behaviour Model (Figure 3.1) in the current study is described in detail in the next section.

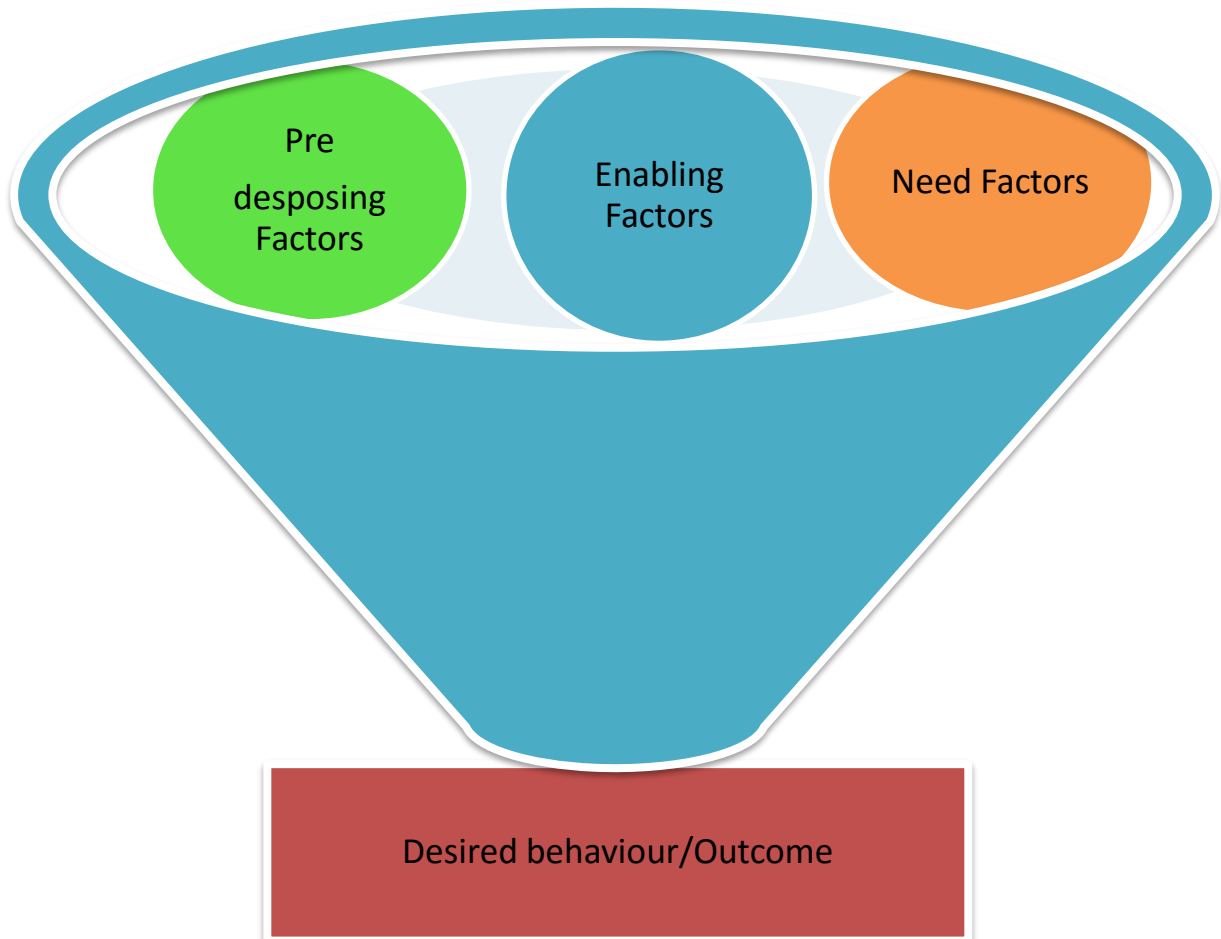


Figure 3.1: Diagram showing the elements of the Health Behaviour Model

3.4 HOW ANDERSEN'S HEALTH BEHAVIOUR MODEL WAS USED AS THE THEORETICAL FRAMEWORK TO GUIDE THE CURRENT STUDY

Andersen's Health Behaviour model was deemed appropriate as a conceptual framework guiding the study on the basis for understanding human behaviour. The focus of the current study was on the PBN student with chronic illness within the learning environment. The Behavioural Model of Health Service was appropriate to the discussion within this study because the model not only examines human behaviour (e.g. the ability to learn) but also lends itself to the expansion on this behaviour (e.g. coping with learning and

chronic illness) as well as an examination of the dyad in which the behaviour and its application occurs (Andersen and Newman 2005: 5).

Andersen (1968: 3) describes the three dynamic characteristics that influence behaviour as the predisposing factors, enabling factors, and need factors. In the current study the model was used to explore and describe the experiences of the PBN students with chronic illness. Andersen's health behaviour model guided the collection and analysis of data and the discussion of the study findings. Probing questions used during the interview were based on the model, focusing on the three dynamic characteristics. The information gathered during the interviews was grouped into the predisposing, enabling and need factors for the PBN students with chronic illness. The participants shared some information regarding to the factors that either predisposed them to good academic or to poor academic achievements. Some information included factors that predisposed them to getting sicker such as the demands of the training programme, having no rest and missing treatment. The researcher was able to identify challenges and needs faced by the participants, most of which, according to them, were not met. Enabling factors included what in the opinion of the participant could enable them to cope with their studies despite having chronic illness. This information included the support measures that were essential to facilitate academic performance and achievements for PBN students with chronic illness. Table 3.1 presents the application of the model in the current study.

Table 3.1: Application of the model in the current study

Person	Pre-deposing factors	Enabling factors	Need factors	Desired outcome/ behaviour
Post-basic nursing student with chronic illness	<ul style="list-style-type: none"> • Demands of illness • Demands of training • Other social factors: Age 	<ul style="list-style-type: none"> • Health status • Control and stabilisation of the chronic illness • Availability of support 	<ul style="list-style-type: none"> • Support for learning • Support with illness • Additional support as determined by needs and predisposing factors 	Learning process Progress and outcome Chronic illness remaining stable

3.5 SUMMARY OF THE CHAPTER

Chapter 3 described the theoretical framework that was used to guide the study. A description on how the framework guided the study was presented. The next chapter focuses on the design and methodology that was used to conduct the study.

CHAPTER 4: RESEARCH METHODOLOGY

4.1 INTRODUCTION

Chapter 3 focused on the theoretical framework that was used to guide the study. Chapter 4 presents the methodology that was utilised in this study. Details with regard to research design and the entire research process including research rigour and ethical consideration, are presented.

4.2 RESEARCH DESIGN AND METHOD

Polit and Beck (2012: 764-270) describe the research design as the overall plan for addressing a research question. A qualitative research design using an exploratory descriptive approach was used to conduct the study. According to Grove, Burns and Gray (2013: 66) exploratory descriptive qualitative studies are studies conducted with the purpose of exploring and describing a topic of interest and to address an issue or problem in need of the solution. The selected design enabled the researcher to elicit information from the participants regarding their experiences as PBN students with chronic illness (Creswell 2014: 181).

4.2.1 Qualitative research

Creswell (2014: 4) describes qualitative research as being an approach for exploring and understanding the meaning individuals or groups ascribe to a social or human problem. The semi-structured interviews allowed participants to share their own experiences regarding chronic illness while on training. The strength of qualitative research is its ability to provide information about the 'human' side of an issue (Grove, Burns and Gray 2013: 271).

4.2.2 Exploratory research

According to Polit and Beck (2012: 727), exploratory research explores the dimension of a phenomenon. An exploratory design is used to increase the knowledge about a particular concept when little is known about it (Burns and Grove 2009: 700). Limited availability of literature on the experiences of PBN students with chronic illness indicates that little is known about this issue and that a need to explore the issue exists. The

exploratory nature of this study enabled the researcher to gain a better understanding regarding the experiences of the PBN students with chronic illness.

4.2.3 Descriptive research

A descriptive research approach is used to develop a complex picture of the problem which involves reporting multiple perspectives, identifying the many factors involved in a situation, and generally sketching the larger picture that emerges (Creswell 2014: 176). This aids in establishing a holistic picture giving a full description of the problem. In addition, Polit and Beck (2010: 269) state that descriptive research relies primarily on in-depth interviews with individuals who have experienced the phenomenon of interest. In the current study, the descriptive research design was used to gather information from PBN students with chronic illness using semi-structured interviews.

4.3 RESEARCH PARADIGM

Polit and Beck (2012: 13-15) describe a paradigm as a world view, a way of looking at natural phenomena that encompasses a set of philosophical assumptions and that guides one's approach to inquiry. The authors differentiate between positivist and naturalist paradigms, asserting that the fundamental assumption of the positivist paradigm is that there is a reality out there that can be studied and known. This paradigm is mostly allied to quantitative research. The naturalist paradigm, sometimes referred to as constructivist paradigm, is mostly allied to qualitative research and assumes that reality is not a fixed entity but rather a construction of the individual participating in the research, and that many constructions are possible. In line with these descriptions the researcher's position was aligned with that of a naturalistic paradigm, believing that the experience of chronic illness as perceived (constructed) by PBN students with chronic illness will help the researcher understand their reality. The researcher believed that the challenges if any that were experienced by the PBN students with chronic illness while on training could be identified and be used to articulate support measures that could be put in place to facilitate the academic performance and achievements of PBN students with chronic illness.

The researcher embraced this paradigm based on other philosophical assumptions as well, namely, feminist ontology, feminist epistemology and feminist methodology (Creswell 2014: 19-22). Ontology is defined as a belief about the nature of reality (Creswell 2014: 20). In the current study this is characterised by how the participants

viewed studying while having a chronic illness. The researcher believed that the experiences of participants were real life situations but which would be experienced differently by different participants. Thus, the researcher conducted interviews with different participants on a one-on-one basis to get a deeper understanding of each unique real situation. Epistemology is about assumptions of what counts as knowledge and the way the claimed knowledge and the information about the phenomenon is collected. The epistemological premise in the current study were that PBN students with chronic illness were assumed to be the best sources of knowledge and information about their experiences. Methodology is the procedures and rules that specify how the study should be conducted in order to achieve the intended outcome or achieve the stated objectives (Botma et al. 2010: 41). The researcher in the current study had to listen to and seek to understand the participants' testimonies and worldviews in order to develop subjective meaning from their multiple experiences. The researcher believed that the nature of reality was inherently meaningful and that the participants had the ability to interpret their own experiences (Creswell 2014: 24-25) and that the study method and processes adopted (methodology) were ideal.

4.4 RECRUITMENT SETTING

The study was conducted in eThekweni district, one of the 11 health districts of KZN. There are 24 nursing education institutions that are distributed throughout the KZN province. Up until 2005 all the nursing education institutions were stand-alone nursing colleges. In 2005 all the nursing colleges were merged into one college, the KwaZulu-Natal College of Nursing (KZNCN) for functionality and control purposes. The college was then subdivided into campuses and sub-campuses based on the size and number of programmes offered. Thus, the KZNCN has 11 main campuses and 12 sub campuses (KZNCN 2017). The main campuses offer basic and post-basic diploma nursing courses. The basic courses include a four-year comprehensive nurse training programme leading to registration as a nurse (general, community and psychiatric nursing) and midwife (R425). The PBN courses include Clinical Nursing Science, Health Assessment Treatment and Care (R48), Advanced Midwifery and Neonatal Nursing Science, Paediatric Nursing, Nursing Education, Theatre Technique, Critical Care Nursing Science, Nursing Management, Occupational Health Nursing Science and many others. The type and number of PBN courses offered in each main campus differ from campus to campus. The PBN students have basic qualifications in general nursing and midwifery.

All the PBN courses are offered at a diploma level. The minimum duration of a PBN course is one year and the maximum is two years.

The sub-campus offer certificate training programmes which include: a one-year training programme leading to enrolment as a nurse auxiliary (R2176), a two-year training programme leading to enrolment as a nurse (R2175), a one-year bridging course from enrolled nursing auxiliary to enrolled nurse (R2175), and a two-year bridging course from enrolled nurse to professional nurse (R683).

The above explanation is given to put the reader in the picture concerning the structure of the college. Furthermore, it must be stated that while the focus is on the PBN students, there has been quite a few students who met the criteria age wise regarding the phenomena understudy. Nevertheless, the results maybe applicable to all the students affected in this institution hence the need to highlight the structure of the college.

The focus of the current study was the campuses that offer PBN training programmes in eThekweni District. There are four main campuses in eThekweni District and no sub-campus. Two of the main campuses offer the PBN courses and were both used as study sites. The two campuses are referred to as Campus A and B to ensure confidentiality and anonymity throughout the study.

4.5 STUDY POPULATION

Grove, Burns and Gray (2013: 351) distinguish between the population, the target population and the accessible population as follows: the population is a group of people or type of element that is the focus of the study, the target population is the entire set of individual or elements who meet the sampling criteria, while the accessible population is the portion of the target population to which the researcher has reasonable access. In the current study the target population was all the nursing students with chronic illness who were enrolled in the PBN training programmes in eThekweni District and the accessible population were those who were enrolled in these selected main campuses at the time of the study and who were willing to take part in the study.

A total of six PBN courses are offered at campus A and only one PBN course is offered at nursing campus B. A minimum of 25 and a maximum of 30 PBN students are enrolled into each PBN course per intake per annum. Therefore, between 175 and 210 PBN students are available in the two study sites at any given point because there are also a

number of repeating students. Table 4.1 presents the list of post-basic courses and the number of PBN students per intake at the selected campuses.

Table 4.1: List of post-basic courses and number of PBN students per intake at selected campuses

Post-Basic Courses	Number of students per intake		
	Nursing Campus A	Nursing Campus B	Total Number of students
1. Diploma in operational technique.	25-30	0	25-30
2. General critical care	25-30	0	25-30
3. Orthopaedics	25-30	0	25-30
4. Advanced Midwifery and Neonatal Nursing Science	25-30	0	25-30
5. Child Nursing Neonatal care	25-30	0	25-30
6. Clinical Nursing Science, Health assessment, Treatment and care	0	25-30	25-30
Grand Total	150-180 students	25-30 students	175-210 students

4.6 THE SAMPLE

Sampling is the process of selecting a portion of the population to represent the entire population when conducting a study (Polit and Beck 2010: 307-332). In the current study sampling was conducted in two phases. Phase 1 included identification and sampling of the study sites and phase 2 included sampling of the study participants.

Both Maree (2012: 79) and Creswell (2014: 178) refer to purposeful sampling as the process of selecting participants who have defined or specific characteristics who will enhance the data needed for the study and will best help the researcher understand the problem and the research question. Polit and Beck (2012: 739) describe purposive sampling as a non-probability sampling method in which the researcher selects participants based on individual judgement. Both the study sites and the participants were purposively selected using a non-probability sampling method.

4.6.1 Phase 1: Identification of the study sites

The first phase included identification of the campuses to be included in the study. Two main campuses were purposively selected from the four main campuses in eThekweni District

Inclusion criteria

- The main campuses that offer PBN training programmes in eThekweni District.

Exclusion criteria

- The main campus that do not offer post-basic training programmes and all sub-campus in eThekweni District.

Figure 4.1 is a schematic presentation of how the study sites that were included in the study were identified.

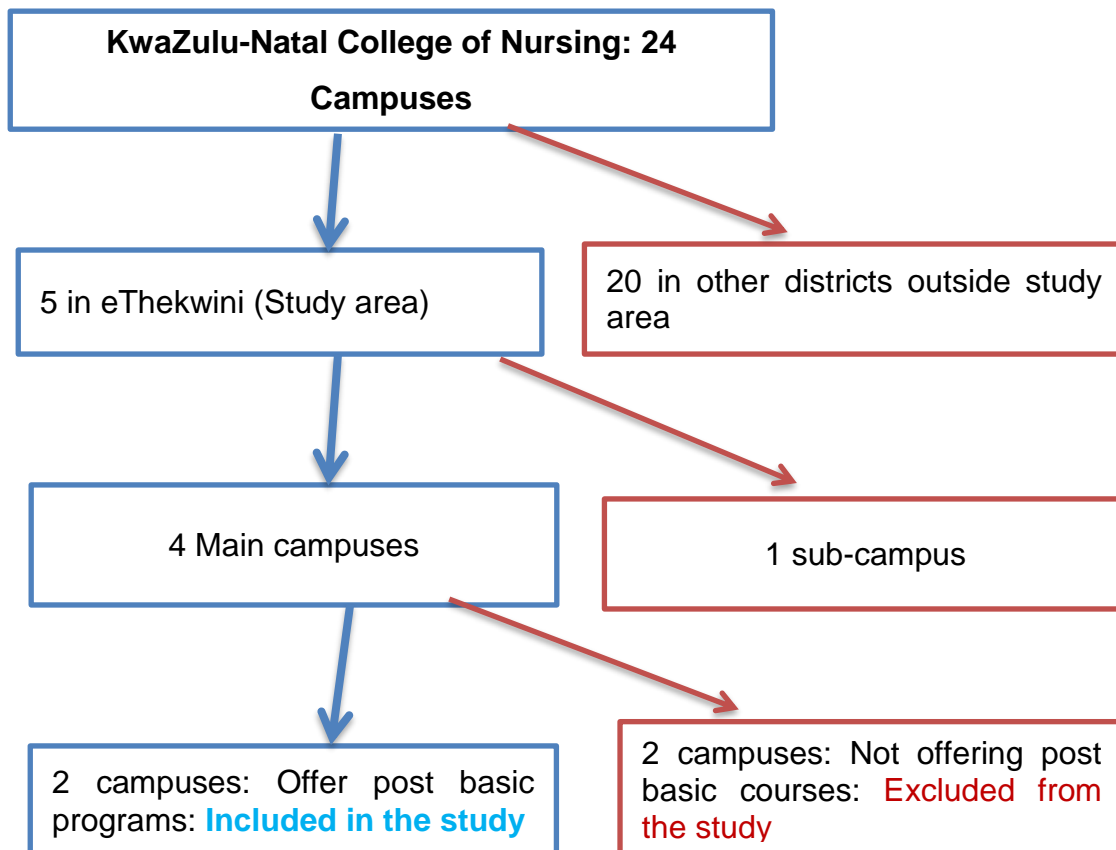


Figure 4.1: Identification of study sites

4.6.2 Phase 2: Sampling of post-basic nursing students with chronic illness

Phase 2 included sampling of the PBN students with chronic illness. The sampling frame was the PBN students who were on training at the time of the study which was June to November 2018.

Inclusion criteria

- All the PBN students with chronic illness who had been enrolled on the post course for six months or more and were willing to participate in the study.

Exclusion criteria

- All the PBN students with no chronic illness.
- All the PBN students with chronic illness who had been enrolled on the PBN course for less than six months
- All the PBN students who were not willing to disclose whether they had chronic illness or not.

4.6.2.1 Identification and recruitment of post-basic nursing students with chronic illness

All PBN students were invited into a meeting where information about the study was given to them. Information giving sessions were conducted immediately after ethics approval by the Durban University Institutional Higher Degrees Research Committee (REC 81/17) was received, and permission to collect data was granted by the principal of KZNCN, the KZN DoH research unit and the principals of the two main campuses (Appendices 2b, 3b, 4b:1 and 4b:2). Letters of information and consent forms were distributed during the information-giving sessions (Appendix 5). A preselection tool that was prepared by the researcher was used to identify the PBN students with chronic illness (Appendix 6). The preselection form was distributed to the PBN students during the information-giving session. The PBN students were advised that only those with chronic illness and who were willing to participate in the study needed to sign and return the consent forms together with the preselection form. This facilitated identification of PBN students with chronic illness. The PBN students with chronic illness who were willing to join the study were advised to post the signed consent forms and completed preselection form in sealed envelopes in a locked box that was left in each of the two campuses. The box was only opened by the researcher. Subsequently the PBN students with chronic illness who had returned their signed consent forms were telephoned by the researcher to schedule the venue, the date and the time for an interview.

4.6.2.2 Sample size for post-basic nursing students with chronic illness

According to Maree (2012: 79), sampling in a qualitative study usually is flexible and continues until no new themes emerge from the data collection process. Polit and Beck (2010: 332) attest that samples in qualitative studies are typically small and based on information needs as guided by data saturation, which involves sampling to the point at which no new information is obtained and redundancy is achieved. In the current study the sample size was guided by data saturation which was reached after ten interviews. A further five participants were sampled after data saturation to confirm no emergence of new information.

4.7 PRE-TESTING OF DATA COLLECTION TOOL

Polit and Beck (2012: 380) describe a pre-test as the trial administration of a newly developed instrument to identify flaws so that it can be evaluated and refined and to assess the time required to administer the instrument. One main campus from the two campuses that provide PBN training programme in eThekweni District was randomly selected and used as a pre-testing site. Semi-structured interviews were conducted by the researcher with four PBN students with chronic illness. Data from the pre-test was analysed. This informed whether any amendments were required in the research instrument or the data collection processes including whether the time (30-45 minutes) allocated for the interviews was sufficient to gather information. Amendments were made as indicated. Due to the limited number of campuses that provide PBN training programmes in eThekweni District, the pre-test site was included as a main study site. However, the participants and the findings obtained from the pre-testing were not included within the major research findings.

4.8 DATA COLLECTION PROCESS

Data was collected by the researcher using individual semi-structured interviews conducted in English. Semi-structured interviews are organised around a set of open-ended questions which assist to narrow the interview to specific aspects of the phenomenon being studied while remaining open to how the participants respond (Grove, Burns and Gray, 2013: 271). The interview guide consisted of one broad question and a few probing questions. The broad question was: 'What has been your experiences as a PBN students with a chronic illness?' The participant was allowed to talk with minimum interruption except for a few paraphrasing and acknowledging remarks by the researcher to acknowledge and encourage the participant to continue talking and to show that the interviewer was listening. Remarks such as "Yes", "Mmhh", "I am listening, please continue" or "Tell me more" were used by the researcher. Further probing was done based on information shared by the participants. The focus of probing was on the three characteristics of the behavioural model; the predisposing, enabling and need factors. The interviews were scheduled for a place and time that was convenient to the participants and each interview lasted for 30-45 minutes. The interviews took place in a private room at the selected campuses. The researcher alternated the study site for the interviews in order to ensure that information was gathered equally from both study sites.

According to Polit and Beck (2012: 331), selecting data sources that maximise information richness is imperative. Furthermore, in study site C1 the researcher ensured that participants were from all the different groups because in this campus there were five different post-basic courses offered. The interviews were recorded by audiotape to provide an accurate record of the participant's comments that were then used as verbatim statements in the presentation of results to show the authenticity of findings. Field notes were also written to substantiate data and to capture non-verbal cues. Two examples of interview sessions are provided below.

Example 1

Interviewer: What has been your experience as a PBN students with a chronic illness?

Interviewee: What exactly do you want to know, a lot has happened.

Interviewer: Tell me everything.

Interviewee: Where do I start, (a short pause). To tell the honest truth I have had such a bad experience the demands by my illness, my studies, me trying to strike a balance; all has been so difficult for me.

Interviewer: Mmh.

Interviewee: I had a lot of challenges achieving my goals.

Interviewer: You mentioned that a lot of challenges interfered with you achieving your goals. What were those challenges?

Interviewee: The most critical one is balancing my life so that I am able to do justice to both my studies and my chronic illness. Also I do not have time to focus on my family, my husband is already complaining.

Example 2.

Interviewer: What has been your experience as a PBN student with a chronic illness?

Interviewee: It has been a very difficult time for me. I feel what caused most of my problems is the having the chronic illness. I have been very sick sometimes had to be admitted and end up missing classes.

Interviewer: I can see it has not been easy for you.

Interviewee: Yes things have been very difficult. I feel I am even more sick.

Interviewer: What is making you sicker?

Interviewee: I feel it's everything. One, I can't rest I need to keep up with the demands of my studies, submitting assignments, studying for the tests and so on, but if only I had support.

Interviewer: What support have you been getting from the college?

Interviewee: Nothing much because the college does not have a structured support for us so sometimes you get sometimes you don't get any, all depends on educators.

4.9 Data definitions

All elements and responses for the demographic data were allocated codes in the form of numbers in order to facilitate capturing, analysis and interpretation. The data elements, responses and respective codes are presented in Table 4.2. The study sites and the participants were also assigned codes which are used throughout this document to make reference to them in order to maintain confidentiality and anonymity. The two study sites were coded C1 and C2. The participants were assigned codes as follows: (C1.2.1) or (C2.1.1) etc. The first example refers to the first participant from group 2 in study site C1.

Table 4.2: Data elements, responses and respective codes

Data element	1	2	3	4	5
Gender	Male	Female	Not willing to state		
Age	< 25years	25-35 years	> 35 years	Not willing to state	Not willing to state
Race	Black	Coloured	Indian	White	
Duration in the course	12 months	12-24 months	> 24 months	Not willing to state	
Existing chronic illness	Yes	No	Not willing to state		
Diagnosis of chronic illness	Before training	During Training	Not willing to state		
Status of chronic illness since onset of training	Controlled	Not Controlled	Not willing to state		
Within minimum duration	Still within minimum duration	Exceeded minimum duration	Not willing to state		

4.10 DATA ANALYSIS

The purpose of data analysis is to organise, provide structure to, and elicit meaning from research data (Polit and Beck 2012: 507). Data analysis was done concurrently with data collection in order to monitor data saturation (Polit and Beck 2012: 193). Data was analysed using content analysis. Qualitative content analysis is the analysis of the content of narrative data to identify prominent themes and patterns among the themes (Polit and Beck 2012: 517). Each interview session was analysed on the same day as the interview, before conducting the next interview, in order to monitor data saturation. First the recorded information was read and re-read for several times until it is fully understood. The audio-recorded information was read against the field notes which assisted the researcher to get a clearer understanding of the information. The audio-recorded information was transcribed into a written format and was compared and read again against the field notes for clarity. The transcribed interviews were captured onto a master file through Microsoft Word. Tesch's open coding approach was used to analyse the data, which involved eight steps as follows (Tesch 1992: 141):

- Reading through all transcripts to get a general impression of the collected data.
- Writing in the margin thoughts that emerge from the data.

- Making a list of all topics. Similar topics were clustered together. These topics were preliminarily organised as major topics, unique topics and leftover topics.
- Abbreviated topics as codes were written next to the corresponding segments of the data. Any other topics or codes that emerged were also written next to the appropriate segment of the text.
- The most descriptive wording for the topics were used and turned into sub-categories.
- Grouping together of the related topics and emerging list of categories was done.
- Preliminary analysis of data was accomplished by assembling data that belonged to each category from which themes emerged.
- Existing themes and sub-themes were identified and grouped together.

4.11 DATA MANAGEMENT AND STORAGE

Data was collected and stored in a manner that ensured that participants' confidentiality was maintained throughout the research and the dissertation writing process. During the interviews the participant's personal details were not recorded on any of the interview sheets, field notes or audio recordings. At the onset of the interview, a code was assigned to the participant, recorded on the interview sheet and the field notes. The researcher pronounced the code to get it audio recorded onto the audiotape. The researcher ensured that the participant was not called by name while the interview was being audio recorded.

The collected data was kept in a safe, secure area for the research duration and will be stored in a locked cupboard for five years. All electronic data was secured by a secret code that is only known to the researcher. Immediately after all voice recorded data was transcribed and confirmed, it was removed from the audio recorder onto a disc and completely wiped off from the audio recorder. The disc is stored securely with all other hard copies of research material in a locked cupboard. The hard copies will be destroyed by shredding and the soft copies will be wiped after five years.

4.12 RESEARCH RIGOUR

According to Grove, Burns and Gray (2013: 126), research rigour refers to openness, relevance, and thoroughness in data collection, data analysis process and the researcher's self-understanding. Streubert and Carpenter (2011: 317) state that rigour is measured by how well the researcher has attended to the fundamental characteristics of

the method. In the current study assurance of trustworthiness was the main consideration regarding research rigour. Trustworthiness literally means the ability to be trusted and reliable (Oxford Dictionary n.d.). Trustworthiness is the extent to which a research study is worth paying attention to, worth taking note of, and the extent to which others are convinced that the findings are to be trusted (Babbie and Mouton 2001: 276). In qualitative research, trustworthiness establishes research rigour without sacrificing relevance. Lincoln and Guba (1985) suggest credibility, dependability, confirmability and transferability as the four criteria for establishing the trustworthiness in a qualitative inquiry. Authenticity is the fifth criterion for ensuring trustworthiness that was subsequently added by these two authors (Guba and Lincoln 1994). All five criteria were used to ensure the trustworthiness and validity of data in the study as detailed below.

Credibility

Credibility refers to the confidence in the truth of the data and interpretation of them (Lincoln and Guba 1985). The researcher ensured credibility of data by developing a sense of trust with the participants throughout the data collection process by the manner in which the researcher presented herself during all the contact sessions with the participants and how the information-giving sessions were conducted. Credibility was also ensured by double-checking through repeated reading of transcripts and comparing of the audio-recorded information with the field notes. Member checking was done in order to confirm with the participant that the information was captured correctly. During the interviews the interviewer paraphrased the information shared by the participants and at the end of the interview findings were summarised for the participants. Furthermore, the two research supervisors checked on the accuracy of the information by comparing the transcription with the original (audio recorded) data.

Dependability

According to Lincoln and Guba (1985), dependability refers to stability of data over time and over conditions. The researcher used the interview guide in order to ensure that the same main question was asked to all the participants interviewed on different dates. Probing was standardised as much as possible. This assisted the researcher to establish that the measure was stable when used on different participants. The use of Andersen's model assisted in this regard. The researcher kept personal and reflexive notes to

promote an audit trail. In this way, other researchers could be able to trace the methods used to provide a thick description of the data collected. This ensured data dependability.

Confirmability

Confirmability is the potential for congruence between two or more independent people about the accuracy of data and its relevance and meaning (Lincoln and Guba 1985: 156). The researcher developed and maintained an audit trail to ensure confirmability of data by reporting and describing the entire research process and ensuring that data is securely stored for availability should the need arise. On-going documentation was ensured regarding the researcher's decisions about data analysis, collection and process. Documentation for the audit trail include the recorded information on the tape recorder and the field notes about the process of data collection. Large amounts of data were included in the written report, to show objectivity and neutrality of the data.

Transferability

Lincoln and Guba (1985) refer to transferability as generalisability of data, the extent to which the findings can be transferred to have applicability in other settings or groups. The researcher acknowledges that transferability is not possible for qualitative studies. Nevertheless, the researcher ensured that a thick description of the research setting and research processes, a rich and vigorous presentation of the findings, together with appropriate quotations by participants were provided so other researchers can build on the findings for the current study when performing further research.

Authenticity

Authenticity means the extent to which a qualitative researcher fairly and faithfully shows a range of different realities in the collection, analysis, and interpretation of data (Polit and Beck 2012: 720). The researcher strived to ensure authenticity by using direct narratives from the study participants. This ensured that the 'feeling' tone of the study participants is conveyed as it was lived.

4.13 ETHICAL CONSIDERATIONS

Ethical clearance and gatekeeper permission

The first step was to obtain ethical clearance from the Durban University of Technology Institutional Research Committee. Thereafter, permission to collect data was requested from the South African Provincial DoH Research committee, the principal of the KZN CN and the principals of the two campuses that were included in the study (Appendices 1, 2 and 3). The researcher approached and addressed the PBN students and invited all those with chronic illness who were willing to participate in the study to complete and return the consent and preselection forms (Appendices 4 and 5). The prospective participants were advised to post these back to the researcher using a pre-addressed envelope that was provided to the participants together with other research documents (consent and preselection forms).

Informed consent

Information letters detailing the nature and process of the study were given to the PBN students to read at their leisure (Appendix 4). The researcher acknowledged that illness is a delicate subject and is considered private and confidential by some members of the community and that some PBN students may not be comfortable to disclose their status, therefore the participants were not required to disclose their diagnosis but only to state whether they had a chronic illness or not (Appendix 5). The prospective participants were alerted that the contact details for the researcher and supervisors were included in the information letters, should they require more information or clarity about the study.

Beneficence

Beneficence in research stresses that the researcher has to minimise any harm to subjects or society as a whole (Polit and Beck 2012: 170). The participants were assured of anonymity and confidentiality and that the nature of the study did not pose any risk of physical injury. The researcher anticipated the possibility of emotional incidences for some participants as discussing past experiences could potentially trigger extraordinary emotional memories for some participants. In her capacity as a professional nurse, the researcher was always alert and prepared to deal with such situations. No such occurrence happened during any interview session. The interviews were coded so as to protect the identity of the participants. The benefits of the study were explained to the

participants during the information-giving session and also included in the information letters.

Respect for human dignity

Respect for human dignity involves the right to self-determination and the right to full disclosure (Polit and Beck 2012: 171). In this study, this meant that participants could choose to participate or not. They had the right to ask questions, to refuse to give information or to withdraw from the study at any time. None of the participants were asked to make statements which would cause discomfort, compromise them, diminish their self-esteem or cause them to experience embarrassment. Throughout the study participants were assured that the data they provided would be kept in strictest confidence. Neither the names of the nursing campuses nor the participants were disclosed. Justice was maintained by assuring the participants that they could choose to decline participation at any stage of the research without incurring any negative consequences whatsoever and that no threats or penalties would be levied for failing to participate in the study. Participants were informed that there was no reward that would be given for participating in the study except that they would benefit from the study findings should the recommendations from the study be implemented.

All data will be kept in strict privacy for a period of five years and thereafter will be destroyed. The electronic data is secured with a secret code that is known only to the researcher while the paper data is being stored in a locked cupboard. At the end of five years, electronic data will be wiped off and the paper-based data will be destroyed by shredding.

4.14 CHAPTER SUMMARY

A detailed description of the research design and method, application of the theoretical framework, research rigour and ethical consideration was presented in Chapter 4. Chapter 5 includes the presentation of the findings and data analysis.

CHAPTER 5: PRESENTATION OF THE FINDINGS

5.1 INTRODUCTION

Research methodology, strategies to ensure research rigour, and ethical consideration were presented in the previous chapter. The study findings which include sample realisation, demographic data for the study participants and the themes and sub-themes that emerged from data analysis and the findings on triangulation of selected elements of data are presented in this chapter. The presentation of data was guided by Andersen's Health Behaviour Model as the theoretical framework and focused on the three objectives of the study which were to explore and describe the experiences of PBN students with chronic illness in selected campuses of the KZNCN, identify the challenges if any that are experienced by PBN students with chronic illness in selected campuses of the KZNCN and to determine the support measures that are essential to facilitate academic performance and achievements for PBN students with chronic illness in selected campuses of the KZNCN. The themes and sub-themes were categorised into the three elements of the health behaviour model which are the predisposing factors, the enabling factors and the need factors.

5.2 IDENTIFICATION OF STUDY SITES

Two nursing campuses from KZNCN met the inclusion criteria and were both included in the study. The two campuses are referred to as C1 and C2 throughout the study in order to maintain confidentiality and anonymity.

5.3 IDENTIFICATION OF POST-BASIC NURSING STUDENTS WITH CHRONIC ILLNESS

Identification of PBN students with chronic illness was done during the preselection phase of data collection. Data for this purpose included mainly the demographic elements and selected information regarding post-basic training. A preselection tool developed by the researcher based on the inclusion criteria for the current study was used (Appendix 6). The participants were the PBN students with chronic illness who had been enrolled on the post course for six months or more and were willing to participate in the study.

5.3.1 Preselection data findings

The preselection data was collected from all the PBN students available as potential participants. Five information-giving sessions were conducted at C1 (catering for the five PBN programmes) and one at C2 (catering for one PBN programme). Not all the PBN students completed the preselection form. The PBN students were advised that only those with chronic illness and who were willing to participate in the study needed to sign and return the consent forms together with the preselection form. Nevertheless, there were several PBN students who either did not have chronic illness or were not willing to participate in the study who completed the preselection tool (Table 5.1).

Table 5.1: Summary of preselection process

Study site	Group	Number in preselection meeting	Number who completed the preselection tool	Number who met inclusion criteria	Participants included in the study
C1	1	30	5	4	2
	2	29	3	3	1
	3	32	13	7	2
	4	30	17	9	2
	5	29	9	3	1
Total: C1	5 Groups	150	47	26	8
C2	1	30	28	17	7
Total: C2	1 Group	30	28	17	7
Grand Total	6 Groups	180	75	43	15

The data that was collected during the preselection phase was meant to identify suitable participants in line with the inclusion criteria. Therefore, no statistical analysis was conducted on this data except for checking and selecting the participants who met the inclusion criteria. The data from the participants who did not meet the inclusion criteria is not reflected anywhere in the current study. Furthermore, the data for the participants who met the inclusion criteria but did not consent to taking part in the study is also not reflected in the current study. The three characteristics that qualified the PBN students for inclusion were that they disclosed that they had chronic illness, they had been enrolled on the post-basic course for six months or more, and that they were willing to participate in the study. There were 43 PBN students that met the inclusion criteria. The study

participants who were interviewed were selected from the 43 participants who met the inclusion criteria and gave their consent to take part. The selection of participants was done on a first-come-first served basis until data saturation, which was 15 in total. The researcher picked the next client to interview in each study site in the order that she received the signed consent forms and completed preselection tools. At least one participant was interviewed from each PBN programme in the two study sites.

5.3.2 Demographic data of the study participants

The demographic data of the study participants were collected during preselection. The tool used for preselection contained the information on demographic information required. The information gathered was as follows:

- Twelve of the participants were females and three were males.
- One participant was below 25 years old, eight were between 25 and 35 years and six were above 35 years old.
- Twelve participants were Black, two were Indian, one was Coloured and none were White.
- Eleven participants had been on the PBN programme for less than one year, three for one to two years and one for more than two years.
- Thirteen participants were diagnosed with the chronic illness before training and two were diagnosed during training.
- Nine stated that their illness was controlled and six said theirs was uncontrolled.
- Eleven participants were still within the minimum duration and four had exceeded the minimum duration of the PBN programme.

The demographic data for the participants is presented in Table 5.2.

Table 5.2: Demographic data

Campus & Participant	Demographic data responses in codes							
	Gender	Age	Ethnicity	Duration in the course	Existing chronic illness	Diagnosis of chronic illness	Status of chronic illness since onset of training	Within minimum duration
C1.1	2	2	1	1	1	1	1	1
C1.2	2	3	1	1	1	1	1	1
C1.3	1	2	1	1	1	1	1	1
C1.4	2	2	1	1	1	1	2	1
C1.5	2	1	3	2	1	1	1	2
C1.6	1	3	1	1	1	2	1	1
C1.7	2	3	1	1	1	1	2	1
C1.8	2	3	1	2	1	1	2	2
C2.1	2	2	3	1	1	1	2	1
C2.2	2	3	1	1	1	1	1	1
C2.3	2	2	1	3	1	1	2	2
C2.4	1	3	2	1	1	1	1	1
C2.5	2	2	1	1	1	2	2	1
C2.6	2	2	1	1	1	1	1	1
C2.7	2	2	1	2	1	1	1	2

Coding:

- Gender: 1= male 2= female
- Age: 1= <25yrs, 2= >25-<35yrs, 3= >35yrs
- Ethnicity: 1= Black, 2= Coloured, 3= Indian, 4= White
- Duration in the course: 1= <1year, 2= 2-4years, 3= >2years
- Existing chronic illness: 1= yes, 2 = no
- Diagnosis: 1= before training, 2= during training
- Status of chronic illness: Controlled, 2= uncontrolled
- Within minimum duration 1=yes, 2=no

5.4 SAMPLE REALISATION

Data was collected using one-on-one semi-structured interviews with PBN students with chronic illness. A minimum of one and maximum two interviews were conducted per day and analysed before conducting more interviews in order to monitor data saturation. Data analysis was done immediately after the interview or later but on the same day in order to ensure that the researcher had a better understanding of the recorded information and that the whole interview session was still clear in the researcher's mind. Data saturation was monitored simultaneously for the two study sites. The researcher alternated data collection between the two study sites and two interviews were conducted each day. Data

saturation became evident after 10 interviews (five in each study site). Five more interviews were conducted to confirm data saturation, three in study site C1 and two in study site C2. In total 15 interviews were conducted; eight at study site C1, and seven in study site C2 (Table 5.3). The interviews were conducted over four weeks (15 June to 15 July 2018). In total, 10 days (five in each study site) were spent on data collection.

Table 5.3: Sample realisation

Campus	Number of day spent for interviews	Number of interviews conducted		
		Till Data Saturation	To confirm data saturation	Total in campus
C1	5	5	3	8
C2	5	5	2	7
Grand Total	10	10	5	15

5.5 THEMES AND SUB-THEMES

Six themes emerged from the interviews. These were:

1. Additional demands in the life of the student.
2. Fear and anxiety.
3. Acceptance and support received.
4. PBN Student personal factors.
5. Other compounding factors.
6. Motivating factors.

Several sub themes emerged in line with each of the themes. The sub-themes are presented against each theme in Table 5.4.

Table 5.4: Themes and sub-themes

THEME	SUB-THEMMES
Additional demands in the life of the student	• Demands of illness
	• Demands of training
	• Time management
	• Balancing between illness and studying
Fear and anxiety	• Deterioration of health
	• Inability to cope with studies
	• Discrimination
	• Consequences of failure
Acceptance and support received	• Support from peers
	• Support from academic institutions
	• Support from educators
	• Support from employer
	• Family members
PBN student personal factors	• Lack of confidence
	• Insecurity and lowered self-esteem
	• Learning potential
Other compounding factors	• Advance age of the PBN student
	• Family responsibilities
	• Financial demands and constraints
Motivating factors	• Status of chronic illness
	• Academic achievements

5.6 PRESENTATION OF FINDINGS

5.6.1 Theme 1: Additional demands in the life of the student

The participants verbalised that they were experiencing varying demands in their lives which made their lives as PBN students with chronic illness very difficult. The demands were those exerted to them by chronic illness and those by the training programme. All these had a negative influence on their ability to manage time and to balance between the demands imposed on them by illness and studying.

5.6.1.1 Sub-theme 1.1: Demands of illness

The participants shared that they were experiencing some additional demands compared to other students due to having a chronic illness. These included physical, psychological and emotional stresses linked to the illness that the student had to deal with. The following statements reported by some of the participants were evidence of this:

My stress levels have increased, I am always tired, unable to study to my full potential. The treatment I take comes with its side effects that sometimes affect learning, I am always tired and unable to study. (C2.1.1)

I had to adjust taking my treatment during the night without permission from the doctor but I had no choice it was either that or I will be sleepy throughout class or fail to study (C1.1.1)

I have no choice but to miss classes when I need to go see the doctor, I have regular appointments for investigations, routine check-ups and collection of medication and my special doctor is not around here so each time I miss the whole day or two. (C1.1.1)

5.6.1.2 Sub-theme 1.2: Demands of training

Post-basic learning being a specialised programme was also indicated by the participant as being very demanding. The following were some of the concerns raised by the participants:

Most of the work is done by us as students, learning is self-directed and lecturers do not care they load us with more and more work, so it is either you pull yourself together and work or you are doomed. (C1.5.1)

The amount of work in post-basic studies is ridiculously packed, and you are required to work non-stop each day, tests, assignment, group work research, Haibo, everything all in a space of one year sometimes you feel you are going to collapse and die, there is so much work, worse when you are weakened by illness already. (C2.1.4)

The workload is making the condition worse, sometimes I feel so sick and unable to concentrate on my studies and even feel mentally and physically drained. (C2.1.2)

5.6.1.3 Sub-theme 1.3: Time management

For the majority of the participants, time management was a big problem in their attempts to balance between these two demands. They needed time to take care of their illness and also to focus on their studies. A lot of time was spent trying to cope or recover from episodes of acute illness linked to relapses from their chronic illness. This was evident in the following excerpts:

I have to take some days off either because I am not feeling well or I need to collect my medication. I am absent in class once or twice almost every month, and with a day lost I am missing out on my studies. Catching up with my studies become a problem. (C2.1.2)

My treatment makes me feel drowsy and unable to stay awake for my school work, I fall asleep over my books trying to study. I miss deadlines and am behind with my school work, if I skip doses of my treatment my condition deteriorates and my homework remain unattended. I have been receiving verbal warnings from different lecturers concerning my late submissions. (C1.6.1)

Recovering or paying back the time lost while you were off-sick or even just the one day having been absent from school gone to the doctor is so difficult because so much work is done in one day so recovering the time lost always seem impossible. (C1.1.1)

5.6.1.4 Sub-theme 1.4: Balancing between illness and studying

The major challenge experienced by the participants was balancing between the demands of studying and those of the chronic illness. This required a lot of physical and emotional strength which already was compromised by their being ill.

Sometimes I miss the doctor's appointments. I am unable to juggle between school life, personal life and my illness. (C1.3.1)

The post-basic course is stressful, sometimes I feel sick and unable to study and to do assignments. Nobody seems to understand; you need to find your own ways to balance between the two. (C1.1.1)

Sometimes you are forced to make difficult decision of which one to compromise; your health or your studies because balancing between the two is sometimes impossible. (C1.5.1)

5.6.2 Theme 2: Fear and anxiety

The majority of the participants verbalised feelings of fear and anxiety. The majority had fears and anxiety regarding their inability to cope with studies, others felt if other students or the training institutions get to know that they were chronically ill they will be discriminated against while others were more anxious about consequences of failure which included self-esteem, financial implications and job insecurity.

5.6.2.1 Sub-theme 2.1: Deterioration of health

A number of participants shared that their conditions had already deteriorated from the time they commenced studies. However, others were just anxious and fearful that their current status could result in deterioration of their lives. They stated they had too much

stress, they were not compliant with treatment and lifestyle modification due to the demands of studying and were also experiencing a lot of stress both physically and emotionally which was further detrimental to their health. The statements below are a few examples of how this was expressed by the participants:

Being diagnosed with a second chronic illness while doing post-basic course was the worst nightmare of my life. I felt this was just it, the end of my life. I just could not carry on any longer but what could I do I could not just pack my bags and go I was already here an opportunity that is very difficult to get full funding by my employer, so I had to live with all my fears but just pull up one more time. (C2.1.1)

I feel my whole body is refusing to cope because I am now more sick than before I even have varying ailments today is this and tomorrow is something else, even my doctor is not happy about my progress. (C2.1.7)

5.6.2.2 Sub-theme 2.2: Inability to cope with studies

Some participants declared that they were failing to cope with studies now that they had chronic illness. Others felt their performance had dropped due to having to deal with both chronic illness and studies. The following is some of the information that was shared by the participants:

Nothing has changed with my illness but I can tell from my performance that I am not coping and that my brain is getting affected, not that I was very clever, but I used to be average passing tests, yet this time I am struggling and slowly getting weaker and weaker. I am even not making it for some assessments. (C2.1.4)

I am physically and mentally drained, I just cannot do anything, I wish all this was over. (C1.1.1)

5.6.2.3 Sub-theme 2.3: Discrimination

A number of students shared that they had experienced discrimination mostly from their peers and sometimes from educators and other college staff. Others felt that sometimes they received painful remarks from people around them who would complain about them being sick too often, not being fully involved in group work or sometimes being blamed for faking the illness. The following is some of the information shared by the participants:

Even when groups are formed no one wants to work with you. (C2.1.5)

Some people even think you are infectious do not even want to come close to you. (C2.1.2)

It is worse when even our educators most of whom have the nursing background but they just refuse to understand your circumstances. (C2.1.8)

You can sense and feel that you are an outcast and a burden to other people even those that offer to help but it is like you are being an extra burden to them. (C1.1.1)

5.6.2.4 Sub-theme 2.4: Consequences of failure

A number of participants were concerned regarding not being able to make it at the end of training. Others were worried about not getting a qualification which was important to them regarding career development. Those that were on study leave with their fees being paid by employers were concerned that if they failed they would have to repeat at their own cost and time, or pay back the money already paid for their studies (depending on the policy of their employers). These concerns were noted in the following statements from some of the participants:

The policy at work is very strict if you fail you are allowed one opportunity to repeat after that if you still do not pass they make you pay back the money. (C1.4.1)

Yes, at work they do allow you to repeat but at your own cost and money. (C1.6.2)

I cannot afford to fail currently things are very difficult at home financially as I am the breadwinner, I do not think I will be able to repeat if I fail. (C2.3.1)

5.6.3 Theme 3: Acceptance and support received

All participants spoke about support by families, peers and/or academic institutions. The participants had differing experiences and opinions regarding this. Some shared that they were getting a lot of support from peers, academic institutions, educators, employers and families while others were very unhappy stating that they were not getting the desired support from important others. Support was expressed as follows:

If it was not for the support that I am getting I would not have come this far. Everyone around me is so supportive, my peers, people in the college, my family. (C1.4.1)

5.6.3.1 Sub-theme 3.1: Support from peers

Some participants were getting support from peer while others were not. This was evident in the following statements.

Peers are not obliged to be taking care of you but studying together you become a family so you would expect some additional help from them, yet others just have no time for you. (C2.1.6)

My peers had no time to support me because they are also having workload and deadlines for their assignments, even in the clinical areas they do not care how you feel. (C2.1.8)

My classmates have been so supportive; they always share work done during my absence. They take care of me when I get my attacks and inform my family. (C1.2.1)

I do get support as we study as a group, even my group mates, the ones that we go together at the clinic, we do everything together and they do support me. (C1.4.1)

5.6.3.2 Sub-theme 3.2: Support received from academic institutions

The major concerns regarding academic institutions was that there was no structured support for sick students, even where the educators were willing to assist but very little could be done. This was expressed as follows:

In my institution even if you produce a medical certificate after missing an assessment you can only write with those that have failed a test and you are treated just the same as them for example you are only marked for 50% no matter what you score. (C1.5.1)

The lecturers are not the same and it is sad that there is no rule or policy that guides them each one does as he pleases where some will give you work and take you through it others will simple say consult others students while others just do not care you just have to sort yourself out. (C1.3. 2)

5.6.3.3 Sub-theme 3.3: Support received from educators

The participants verbalised that not all educators were willing to support them; some educators were very insensitive of the status of the PBN students with chronic illness. Even when the students confronted them and asked for help they were not of great help. Most of the time students were advised to consult other students for help. This is communicated in the following excerpts:

There are a few lecturers who are very understanding and accommodative. They will go an extra mile to assist you. (C1.5.1)

To tell the honest truth I rely to other students to brief me on what was learnt during my absence because the lecturers focus on scolding you for missing lectures instead of assisting you. (C1.3. 2)

Yes, the lecturers are not the same some of them understand my situation that I am not well they even agree to have one-on-one tuition for me. (C2.1.8)

5.6.3.4 Sub-theme 3.4: Support received from employer

The majority of the PBN students were sent to training by employers and their studies were being funded by the employer on assisted education schemes. These students verbalised that the conditions of service were not considerate of what happened during training, that employers' concerns were whether you pass or not and that you return back to work during record time. If not, you forfeit your salary or even lose your job.

Unfortunately, the assisted education policy is very rigid and there are no provisions for students who become ill while on training. (C1.6.1)

Sometimes you are forced to take up an opportunity to go and study even if you know you are not well because if you miss your turn your name is put at the end of the waiting list and it will take forever for you to get a chance again. Nobody cares that it is because you are sick that you cannot go. (C2.1.7)

The employer is only worried about service delivery so if you are sick nobody cares, you need to sort your own life. (C2.1.3)

Shame my manager has been very supportive always phoning and checking on me encouraging me to persevere but also stating that if I feel I am not coping she will understand if I deregister. (C1.1.1)

5.6.3.5 Sub-theme 3.5: Support received from family members

The majority of the participants praise the support that they were getting from the family members. It seemed it was the only form of support that was experienced all-round. They all praised especially children, parents, life partners and siblings for being fully supportive of them. Support was in varying forms, physically, emotionally, spiritually and/or financially. Others stated that even in cases where there was no tangible form of support

that was provided, the mere showing of concern and a caring attitude assisted them to carry on. These were evident in the following excerpts from the participants:

My parents are old and do not have much to offer but they are a pillar of my strength because they care. (C1.4.1)

My husband and children are of great help they help me collect my medication, even when I am admitted they will try and get notes and school work from my educators and peers and submit assignment for me so that I am not left behind. (C2.1.3)

At least one is comforted by knowing that the family care and understand so whatever happens they are there for you. (C1.2.1)

5.6.4 Theme 4: Personal factors

A number of personal factors were shared by the participants proposing that these had major influences on their studying while having chronic illness. These included lack of confidence, insecurity and lowered self-esteem and learning potential.

5.6.4.1 Sub-theme 4.1: Lack of confidence

It was evident that some of the students did not have confidence in themselves that they would manage. However, on the other hand some participants were very adamant and confident that they would manage. These differences are reflected in the following statements:

At least I know my medical condition is controlled and I and my studies are going very well so I am positive things will work out for me, I will manage to pull till the end. (C2.1.1)

I am so discouraged I am even considering to quit my studies; this is just not working out for me. (C2.1.5)

I came here knowing that it is not going to be easy but because I need to fulfil my goals and ambitions I will tolerate and I am sure I will manage. (C1.1.1)

5.6.4.2 Sub-theme 4.2: Insecurity and lowered self-esteem

It was obvious from the statements made by some participants that they had insecurity and lowered self-esteem. These were some of the comments made by the participants:

What makes it worse is that I am naturally not a very brilliant person so my chances to succeed are very slim, worse now that things are compounded by my ill-health. (C1.5.1)

I am so unfortunate nothing ever works out for me even people around me do not care. (C2.6.1)

5.6.4.3 Sub-theme 4.3: Learning potential

Some participants stated that their situation was compounded by the fact that they are weak students, as evidenced in the following statements:

My peers and educators try to assist me but unfortunately I am a type of person that relies mostly on being present in lectures, I cannot work on my own I need my educator in front of me so if I miss classes it is a big problem for me. (C1.4.1)

I am always dependent on working hard and studying extra, now my illness does not allow me to do that, I get tired so easily I can't study for long hours, so I do not think I will make it. (C2.1.5)

5.6.4.4 Sub-theme 4.4: Advanced age of the PBN students

Some participants shared that their advanced age was contributing to their problems. They stated chronic illness is more common in elderly persons and most often it is uncontrolled. Furthermore, intellectual capacity also becomes challenged with advanced age, and, according to the participants, their advanced age was a major contributory factor to the challenges that they were facing.

Perhaps if I was still young things would be different. Even if a young person is sick but at least her brain is still fresh and fully functional. (C2.1.8)

To be honest I would not blame my problems to having a chronic illness, yes in a way that has some influence in that I absent from college most of the time but even my age is a problem, I feel I decided too late to undertake my studies perhaps I should not have done it. (C2.1.2)

You won't believe if I tell you that during my young age I use to be an A student, now with my age I struggle with everything. (C1.4.1)

For me the problem is age now I have about three different chronic conditions and I am on treatment for all. (C1.6.2)

5.6.5 Theme 5: Other compounding factors

The participants shared other factors that they felt influenced their studying while having chronic illness. These included family responsibilities and financial constraints.

5.6.5.1 Sub-theme 5.1: Sub-theme family responsibilities

There were a number of participants that shared that over and above the demands of illness and studies, they also had additional demands imposed on them by family responsibilities. The majority were bread winners, single parents etc.

I feel there is too much on my plate because while I still need to focus on my studies, take care of my own health I have a family to look after which include my parents and other extended family members. (C2.1.5)

It is usually very difficult to cope when you know you have left very young children alone under the care of a husband, you know how men are so this is why my blood pressure is uncontrolled and I can't even focus on my studies because each time I think of my children and my poor husband. (C2.1.3)

5.6.5.2 Sub-theme 5.2: Financial demands and constraints

Some of the participants verbalised that having chronic illness while studying was causing some additional financial demands on their already challenged financial status. Others stated that although they were not experiencing any problems currently, should they fail the course they would incur additional financial demands which they might not be able to cope with. This was because if they failed they would have to pay fees for repeating subjects which they have not budgeted for, or they would have to start paying for themselves although currently their employers were paying for them, or they would have to pay back the employer which would decrease their salaries etc. These concerns were evident in the following statements:

Everything is so expensive medical bills, college fees, family expenses so financial worries also affects my concentration span. (C1.3.1)

What is worrying me the most is that I am already repeating this year and if I fail again this time I will have to pay back the company all the money that they paid for me. (C1.3.2)

I took a loan to pay my tuition fees and I am expected to pay it back for the next five years, so if I fail I will not afford another loan, it will only mean I will have to abandon my studies.

Perhaps this worry is what is stressing me even more because lately my blood pressure is very high and I suffer constant headaches that is preventing me from studying. (C1.6.1)

5.6.6 Theme 6: Motivating factors

Some of the participants shared that there were some motivating factors that helped them cope with their studies and chronic illness. The two commonly mentioned motivating factors were the status of the chronic illness which for most participants were well stabilised and controlled, and for others it was their academic achievement. For yet others the motivating factor was support from the family, an issue which has already been discussed in the previous section.

5.6.6.1 Sub-theme 6.1: Status of chronic illness

A few participants shared that they were coping better and were motivated to continue with their post-basic studies because their chronic illness was well controlled. This was stated as follows:

I am blessed that my chronic illness is well controlled so I do not need to worry about it, I only go for treatment and check-up once in six months so this is less stress for me and I have enough time to focus on my studies. (C2.1.2)

This has now settled because my illness is well stabilised, I was worried sick in fact I was even thinking I am going to die and each time I considered deregistering at least now I can see the future. (C2.1.7)

5.6.6.2 Sub-theme 6.2: Academic achievements

Some participants shared that although they were not well and were struggling to cope with the stresses of having chronic illness while studying, they were motivated to continue by their academic achievements. They stated that they were able meet the demands of studying such as submitting work on time and passing assessments.

Yes, indeed, life is not easy for me all these stressors, but at least what encourages me to continue is that I have been managing to pass all my assessments to date and to submit all my work on time. (C2.1.1)

The major stress is waiting for results but thanks God I have managed to pass after being admitted for almost the whole month not attending lectures. (C1.1.1)

At least if you pass even if you do not score high marks you get motivated to continue no matter how challenging it is. (C1.4.1)

5.7 CHAPTER SUMMARY

Chapter 5 presented the findings and data analysis. Six Themes and several sub-themes emerged on data analysis. The themes were subsequently grouped into categories in line with the Health Behaviour Model as the theoretical framework that guided the study. It is worth noting that for the majority of the Themes fitted into more than one element of the model. Discussion of the study findings is presented in the next chapter.

CHAPTER 6: DISCUSSION OF FINDINGS

6.1 INTRODUCTION

In the previous chapter the findings of the study were presented highlighting sample realisation and the themes and sub-themes that emerged from data analysis. Chapter 6 presents a discussion of the findings in relation to the relevant literature. The discussion of findings focuses on the objectives of the study and Themes and the corresponding sub-themes that emerged from data analysis.

6.2 DISCUSSION OF FINDINGS BASED ON THE SIX THEMES AND SUB-THEMES THAT EMERGED FROM THE STUDY

The six themes that emerged from the interviews included additional demands in the life of the student, fear and anxiety, acceptance and support received, PBN student personal factors, other compounding factors and motivating factors. Several sub themes emerged in line with each of the themes.

6.2.1 Additional demands in the life of the student

PBN student participants were experiencing additional demands imposed on them by both chronic illness and studying. Coyle (2013) found that admission to university for students in the nursing programme were reported as often being challenging, bringing disruption to family life, and instilling self-doubt in being able to achieve which is consequently reflected in students' interpretation and evaluation of their studies. Participants experienced a myriad of disruptions resulting in a constant juggling of home, family, social, fiscal and academic issues which often result in feelings of failure or a diminishing lack of self-confidence, feelings of inadequacy or discomfort in the context of the new challenges of study.

Although treatment of chronic illness comes in many forms including surgery, physical therapy, psychological therapy and radiotherapy, one of the most common treatment forms is the use of medication (Sav et al. 2013: 313). According to Smith, Taylor, Newbould, and Keady (2008), daily treatment makes up a major component in the management of many chronic conditions often with a regimen requiring administration of

medications (some by injection) at various times throughout the day, which can complicate a student's academic schedule. Houman and Stapley (2013: 61) attest to this stating that chronic illness usually requires long-term treatments, and the consequences of taking medications and the disease symptoms can be more severe than those for students with acute illness. Sav et al. (2013: 313) identified the four main tasks that contributed to the sense of burden for students living with chronic illness as being learning about treatments and their consequences, engaging with others and mobilising support, adhering to treatment and lifestyle changes, and monitoring treatments. Furthermore, Sav et al. (2013: 313) found that the time required to plan and organise travel for treatment, receive treatment, learn about treatments and their potential outcomes, monitor treatment and manage side-effects were also an additional burden related to treatment.

6.2.2 Fear and anxiety

Pao and Ludi (2011) asserted that approximately 20% of students with chronic medical conditions have behavioural and emotional symptoms. These symptoms are normal responses to illness and hospitalisation, but when they become compulsive and impair the student's development, early intervention and even prevention are needed. Symptoms of depression and anxiety, especially those evidenced by insomnia, loss of appetite, and fatigue, are common in chronically ill patients and can be overlooked or undertreated. Pao and Ludi, (2011) warn that depressive symptoms add to the burden of illness and have been associated with poorer medical outcomes, repeated hospitalisations, and disease-related complications in medically ill patients. Depression symptoms have been found to be as high as 68% in patients with serious medical illness and include cognitive symptoms of depression, such as poor concentration, low self-esteem, feelings of guilt or of being a burden to others, and suicidal thoughts (passive or active). Jamil (2015: 2) attests that patients with chronic illness are more likely to have depression and that there is a bidirectional relationship between depression and chronic medical disorders. On the other hand, Somrongthong *et al.* (2016: 6) posit that a high level of acceptance enhances self-reliance and self-esteem and creates the ability to cope with chronic disease and its treatments.

According to Houman and Stapley (2013: 61) acquaintances often are unaware of another's chronic illness; as a result, students may continually need to explain their

condition to others, including their educators, peers etc. Yet some people with chronic illness especially women, generally express ambivalence about disclosing their disabilities. Houman and Stapley (2013: 61) further state that some chronic illness engender sympathy towards the student. However, other conditions may be poorly understood by medical professionals and others, and may inspire criticism which may encourages students to refrain from disclosing their condition even if such a strategy hinders their educational opportunities. Some students choose to keep silent about their chronic illness as a coping mechanism used to maintain a sense of normalcy. However, by trying to escape from their illness by not talking about it, students with chronic illness may deprive themselves of the support that could enhance their likelihood of successfully completing their training (Houman and Stapley 2013: 62).

6.2.3 Acceptance and support received

The study identified that the students with chronic illness were not getting much support from the relevant structures such as academic institutions, educators and other peers. Shiu (2010: 271) emphasises the roles of teachers and counsellors and the support of fellow students as important determinants of whether a schooling patient will continue with school, with social support playing a more important role than the patient's state of health and the effects of treatment. Coyle (2013) concurs and further states that becoming and being a successful student requires constant and appropriate information and support, tailored to meet individual needs.

According to Shiu (2010: 269), students with chronic illness form a unique but integral part of the school community and schools are faced with the challenge of meeting the individual needs of these students who have very diverse conditions and educational requirements. Although students with chronic illness have many individual requirements, they share in common the need for equal access to the same educational outcomes, both academically and socially, as their healthy peers (Shiu 2010: 269). Furthermore, Shiu (2010: 270) proposes that if the special needs of students with chronic illness are not taken into account the school setting can quickly become a place of failure, both academically and socially. In the current study students experienced challenges with their studies and also with their health status and in some cases either their existing chronic illness became worse or they were diagnosed with additional new illness.

Most students had psychological and social problems imposed on them by the challenges that they faced concerning their studies and their health status. These included being stressed and having financial problems. Sav et al. (2013: 213) agree that the psychological and social aspects of treatment burden are closely linked, and often additional support is needed to manage treatment or day-to-day tasks or both. According to Pinquart (2012), students with chronic illness or disabilities feel worse about themselves than their healthy peers and often feel different from their peers while experiencing peer rejection. The support received by the students was mostly from the family members. Britto et al. (2013) and Kieckhefer et al. (2009) concur that a well-functioning family helps to minimise adverse psychosocial aspects of illness and that chronically ill patients depend mostly on their families for support. Houman and Stapley (2013: 61) agree that people with a chronic illness often become dependent upon a particular family member who continually offers help, noting that dependence on family members for help with health issues may conflict with the goal of increasing independence and normative transfer of emotional dependence. The view of Britto et al. (2013) is that chronic illness is a diagnosis which affects and makes the whole family vulnerable. When a family is vulnerable secondary problems are more likely to arise such as communication difficulties within the family, and family conflict which may lead to increased risk of chronically sick person developing psychosocial problems. However, no such circumstances were identified by the current study. Instead most participants shared that having family support assisted them to cope with both their chronic illness and studies.

The participants verbalised that they were not receiving the desired support from the education institutions, educators and peers. The need for support from the education institutions for students with illness is supported by the American School Counsellor Association (ASCA) which promotes the role of professional counsellors in academic institutions (Hamlet, Gergar and Shaefer, 2011). Some students with chronic illness display behavioural and cognitive sequelae that impact adversely on academic performance, but which are easily overlooked or misunderstood by educational personnel (Shiu 2010: 270). ASCA clearly enunciates the importance of a school counsellor's role in supporting students with chronic illness. According to ASCA, the professional school counsellor should advocate for students with special needs and the counsellor should

provide information to the school personnel regarding the support needed by the sick student (Hamlet, Gergar and Shaefer, 2011).

6.2.4 PBN student personal factors

The participants felt that they lacked confidence, they had feelings of insecurity and lowered self-esteem and poor learning potential, all of which contributed to poor performance and elevated stress. Birks et al. (2013) discovered that even for the nursing students without chronic illness the decision to attend university is complex and requires many layers of adaptation to secure success. While these authors focused mainly on university students, it seems like this is a broad concern affecting nursing students generally. Various factors have been highlighted in literature which could be viewed as contributing to this maladjustment such as the inherent stressors of the profession itself and its rigid rules and hierarchical structure (Khamisa et al, 2015), the work-life/study balance such as in this study as well as age, rank grading (Mason, 2014). These challenges may contribute to feelings of disempowerment and consequently lack of confidence and poor self- esteem (Radana, 2018). According to Birks et al (2013) admission to university for students in the nursing programmes is often challenging, bringing disruption to family life, instilling self-doubt in being able to achieve which is consequently reflected in students' interpretation and evaluation of their studies. This is compounded by the fact that the students enrolled in nursing programmes have varied and diverse social backgrounds, many of them being women aged between 25 and 37 years, married with young families, low socioeconomic status and first in family at university. In addition, they are often trying to juggle competing demands of study and home life which induce feelings of psychological distress and coping with feelings of failure or a diminishing lack of self-confidence (Birks *et al.* 2013). The findings on the current study concur with this. The majority of the participants were females and all except one were above 25 years of age.

In describing how health affects a child's school performance, UC San Diego Health (2006) quotes Taras the Acting Chief of Community Paediatrics at the University of California, San Diego School of Medicine as saying that of all the health problems investigated, poor sleep is among the most unexpected and definitive causes of poor academic achievement, "poor sleep equals poor grades". Although this was quoted in the context of small children, this principle is true for adult students as well. In the current

study the PBN students complained that they were not getting enough rest and sleep because of studying and this further compounded their chronic illness and caused them to perform poorly in their studies. According to Andrew, McGuinness, Reid and Corcoran (2009), Bittman et al. (2013), Higginson (2006) and Mehta et al. (2008) for most nursing students (especially first year students), learning to balance the demands of education, work, home and social life can be challenging.

Wojciechowski (2017) attests that one of the biggest issues that nursing students face is time, making time for everything and quoted one nursing student as saying: "Nursing school is very demanding, and when you add in the coursework, reading for homework, and the clinical work, there usually is not time for anything else".

Participants also communicated that their mature age was a factor in the challenges that they experienced. All participants except one were above 25 years old. Six were above 35 years of age. Bittman et al. (2013) agree that the profile of nursing students is changing to include older students. Momanyi, Too and Simiyu (2015: 342) agree that age has a significant effect on a student's academic performance. Christensson, Vaez, Dickman and Runeson (2011) concur with Birks et al. (2013) that mature students felt the conflict of balancing education and home life more often than their younger counterparts particularly with regards to family commitments, financial issues and childcare. These authors emphasise family support and support from other sources as important for maintaining motivation and contributing to positive learning experiences. According to Montgomery, Tansey and Roe (2009), mature students are a desirable group of students, tending to perform better academically than their younger counterparts and bringing a wealth of caring experience to the course. However, these authors agree that mature students often experience additional pressures due to other life pressures and challenges in their adult life. Furthermore, Montgomery, Tansey and Roe (2009) recommend that mature students require a strategic approach in enabling their successful transition to study, a factor that suggests that tertiary institutions should support mature-age students through the facilitation of tailored part-time study programmes and bursaries. Imlach et al. (2017: 5) support the observation that mature aged students tend to attain better academic results at university study than their younger peers.

6.2.5 Other compounding Factor

The participants shared other factors such as family responsibilities and financial constraints that they felt influenced their studying while having chronic illness and compounded the problems that they were experiencing. The participants had varying family responsibilities that they were not able to fulfil accordingly while they were studies. As stated by Christensson, Vaez, Dickman, Runeson (2011) and Birks et al. (2013) balancing education and home life is often a challenge for adult students because often adult students have other family commitments and financial issues. In the current study, a number of the participants were worried about their children who were still young and needing them as parents to be close to them, others were worried about spouses, parents etc. Birks et al (2013) attest that often the students enrolled in PBN programmes are women aged between 25 and 37 years, married with young families, low socioeconomic status and varied and diverse social backgrounds. For these PBN students, admission to university programmes is often challenging, bringing disruption to family life, instilling self-doubt in being able to achieve. With regards to financial constraints, a number of the participants were bread winners and reported that the financial demands of studying and the medical expenses took most of their budget and thus they were unable to provide finance for their families. These challenges caused a lot of stress which interfered with the control of their chronic illness. It is for this reason that Sav et al. (2013: 17) propose that families including extended families and other relevant support groups should be available to provide support to assist the PBN with chronic illness to cope with the demands of the disease, studying and other demands of life in general.

6.2.6 Motivating factors

The participants shared numerous factors which, according to them, were what kept them going. These included the status of the chronic illness and their academic achievement. In the current study nine participants stated that their illness was controlled and six that theirs were uncontrolled since commencement of training. Results indicate that most adults doing post-basic courses are driven by intrinsic factors to build a legacy from their achievements. Kevin et al. (2016: 141) stated that the career and learning motivation factors of students are categorised into intrinsic and extrinsic factors. Tak, Curlin and Yoon, (2017: 746) stated that students who are motivated tend to be more resistant to challenges. This was evident in the current study where although the participants were

experiencing challenges during training almost all of them except four were progressing well with their studies and were within the minimum required time.

6.3 DISCUSSION OF FINDINGS BASED ON THE STUDY OBJECTIVES

The three objectives of the study were to explore and describe the experiences of PBN students with chronic illness in selected campuses of the KZNCN, identify the challenges if any that are experienced by PBN students with chronic illness in selected campuses of the KZNCN and to determine the support measures that are essential to facilitate academic performance and achievements for PBN students with chronic illness in selected campuses of the KZNCN.

6.3.1 Experiences of PBN students with chronic illness

The information shared by the participants revealed several predisposing factors to the various challenges experienced by PBN students with chronic illness, as well as the need factors and potential enabling factors which facilitate their academic performance and achievement. Ryan (2009) observes that the health behaviours required to manage chronic conditions are numerous and varied but there is a growing body of evidence that there is a core group of behaviours common across the management of chronic conditions which are as follows:

- People with chronic conditions are required to change their behaviours to manage symptoms such as pain, fatigue, or shortness of breath;
- Health behaviours needed to manage medications include having and using resources to obtain the medications; accurately self-administering medications over time; and recognising and reporting adverse effects, unintended outcomes, or failure to attain desired outcomes; and
- People who successfully manage chronic conditions manage negative emotions associated with chronic conditions and fulfil responsibilities to their concomitant life roles.

All 15 participants had an existing chronic illness. The majority of them (13) were diagnosed with the chronic illness before training while the remaining two were only diagnosed with chronic illness during training. Seyed, Seyed and Shokoofeh (2012: 102) point out that individuals who develop a chronic illness face a variety of major and overwhelming challenges which include coping with the intransigence of the condition

and its effects. Furthermore, these authors attest that there is a process of psychosocial adaptation required when diagnosed with a chronic illness, in terms of the operative, psychological, and social changes that may happen with the onset and experience of living with chronic illness, or associated treatments.

6.3.2 Challenges experienced by PBN students with chronic illness

Almost all the information shared by the participants depicted challenges that were faced by the PBN students with chronic illness. The PBN students had challenges related to additional demands in their lives as students including fear and anxiety, lack of support, discrimination and lack of confidence and other compounding factors. These were all identified as both the predisposing factors to poor academic performance and the need factors to improve academic performance and achievement. According to Seyed, Seyed and Shokoofeh (2012: 102) the demands of illness are the events or experiences that individuals and families attribute to the illness that may tax the individual and/or the family's personal and social resources. Perceptions of the individual may vary during the course of an illness where initially they reflect the direct effects of disease or therapy, and later in the illness they may reflect personal disruptions and adaptation. Shaw et al. (2010: 12) agree that having chronic illness while studying has a negative impact on school performance because chronic illness can result in cognitive impairments from the disease itself, from stress or anxiety from living with the disease, or as a result of the medications used to treat the symptoms. Furthermore, the pharmacological interventions may cause side effects that significantly affect learning, including sedation, restlessness, irritability, lethargy, fatigue, difficulty focusing, pain, nausea, emotional lability, tremor, and poorly coordinated muscle movements. Shaw et al. (2010: 13) further state that students with chronic illness struggle with psychological, social, and emotional problems that affect school experience making it harder to engage socially or to maintain relationships. Most students become reluctant to participate in activities with friends for physical reasons or because they feel too different or self-conscious, or they may need privacy to deal with physical symptoms, which can be hard to achieve in school. Often they are also unable to participate in extracurricular activities, which could promote positive academic and social-emotional outcomes.

Chronic condition is an "umbrella" term; people with chronic illness may be ill or well at any given time, but they are always living with their condition (LearnWell 2017: 1). Many

students with chronic illness are required to maintain a lifestyle that is significantly different from that of their healthy peers (Shiu 2010: 270). Even though a variety of chronic illness exist and are very different, patients and families dealing with any chronic condition have a lot in common including learning to live with a chronic condition which can be very challenging for the sick/suffering person, family, siblings and/or friends (LearnWell 2017: 1).

The participants in the current study reported failure to meet with deadlines to submit assignments, difficulty to catch up with studies after missing lessons due to illness and many other challenges related to studying. Most often when students encounter chronic illness or any situations that require hospitalisation, they are confronted with many challenges such as difficulty in transition back to school. Furthermore, extended absence from school not only creates difficulties reintegrating into the school environment and catching up on work, but illness can also result in additional academic difficulties. This includes that educators may not be fully aware of the educational implications for the student of the illness. Shaw et al. (2010: 13) attest that many chronic illness result in cognitive impairments from the disease itself, stress or anxiety from living with the disease, or as a result of the medications used to treat the symptoms. These authors propose that because students with chronic illness are a growing population in schools, schools must balance those students' social and academic needs with legal mandates.

There is evidence that the majority of educators are not fully prepared to teach students with chronic illness (Duggan and Parrott 2001; De Holanda and Collet 2011). Not fully understanding the implications of chronic illness and lack of information on the part of the educators may lead to issues with appraising both symptoms and academic performance (Clay et al. 2004). Most often intensive treatments requiring repeated hospital admissions and frequent outpatient visits disrupt schooling by reducing attendance, interfere with preparation for and completion of exams, and disturb peer relationships (Shiu 2010: 270). It is therefore important for school systems to have a plan in place to help both students and teachers with the transition back to the classroom, in order to adequately support the needs of the student-patient. According to Sav et al. (2013: 321), it is ironic that the core tasks of self-management which include engaging with and organising the treatment, monitoring symptoms, changing lifestyle learning about treatments, altering routines and monitoring symptoms and progress represent a significant burden for patients despite being seen as a solution for the long-term management of chronic illness in society.

6.3.3 Support measures to facilitate academic performance and achievements for PBN students with chronic illness

The findings of the study highlight the importance of support to facilitate academic performance and achievements for PBN students with chronic illness. The participants in the current study had different views regarding the support that they were receiving. Some stated they were getting adequate support while others stated they were getting little or no support at all. Andersen proposes that the predisposing, enabling and need factors are all responsible for the people's behaviour or outcome. Therefore, all three are essential to facilitate academic performance and achievements for the PBN student with chronic illness. According to Ryan (2009: 164), successful management of chronic conditions benefits people as it improves their health status and well-being, further enhances a family's cohesion and functioning, and improves outcomes. Ryan (2009: 163) states that day-to-day management of chronic conditions is the responsibility of the person and his/her family, but goes on to say that persons and their families are often not prepared to assume this responsibility. This often results in poor control and relapses, and repeated readmission to acute care facilities, failure to reach targeted outcomes and the continued need for unscheduled outpatient services which are indicators that people need more help. Sav et al. (2013: 17) emphasise the importance of family support and engagement and make the observation that availability of extended family networks and support from an appropriate social network could lead to lower disease and treatment burden.

Although some participants were coping well with studying while having chronic illness, other participants shared that they were not coping, some of them were even considering terminating their studies. The way patients react to being diagnosed with a chronic illness depends on several factors, including the person's personality, the specific illness, and their family. Illness often interferes with routines and activities. A particularly devastating consequence can be the weakening or loss of friendships. Friends can grow apart as a result of these changes. Some of the participants shared that they were not getting the desired support from their peers. Keeping PBN students involved with their peers and making extra efforts to maintain those connections can go a long way in helping them cope with an illness. It is important that PBN students should be assisted to find ways to make and maintain relationships with peers, but it is even more important to find ways to cope with teasing and discrimination from peers. The participants highlighted that their

peers were often reluctant to form study groups with them. Maintaining peer relationships is an important arena for PBN students to feel like they belong especially because coping with a chronic illness can be discouraging and scary. Shiu (2010: 274) agrees that students with chronic illness are often challenged in their relationships with their peers because frequent and/or extended absences disrupt friendship formations. Students with chronic illness are often less preferred as playmates, they are perceived as “sick,” and more sensitive and isolated, and feel lonelier than their healthy peers. Low levels of classmate social support represent a vulnerability factor for students with chronic illness in that it increases the risk for depressive symptoms and low self-esteem (Shiu 2010: 274). The author further proposes that it is important to stay hopeful, finding interests and creating/searching for opportunities to connect with other PBN students especially those with similar illness in the form of support groups. Somrongthong *et al.* (2016: 6) agree with this, noting that social gatherings encourage people to talk and share their concerns with others.

6.4 CHAPTER SUMMARY

The discussion of the study findings presented in this chapter were supported by relevant peer and non-peer reviewed journal, books and relevant South African legislation. The next chapter is the final chapter and aims to summarise the study findings and present conclusions and recommendations arising from, and limitations of, the current study.

CHAPTER 7: SUMMARY OF FINDINGS, LIMITATIONS, RECOMMENDATIONS AND CONCLUSIONS OF THE STUDY

7.1 INTRODUCTION

The previous chapter discussed the study findings based on the analysis and interpretation of the information that was gathered from the participants. The challenges that were experienced by the PBN participants were presented and grouped as predisposing, enabling and need factors. This assisted in identification of measures that were essential to facilitate academic performance and achievements for the PBN students with chronic illness which was the third and final objective of the study. Chapter 7 is the final chapter of the study where the summary of findings, limitations, recommendations and conclusions from the study are presented marking the end of the current research project.

7.2 OVERVIEW OF THE STUDY

A qualitative research design using an exploratory descriptive approach was used to conduct the study. One-on-one semi-structured interviews were conducted with 15 PBN students with chronic illness from two nursing campuses in eThekweni district, one of the eleven health districts of KZN. The aim of the study was to explore and describe the experiences of the PBN students with chronic illness in KZN. The study focused on answering the following three research questions:

- What are the experiences of PBN students with chronic illness in selected colleges in KwaZulu-Natal (KZN)?
- What challenges if any, are experienced by PBN students with chronic illness in selected colleges in KZN?
- What support measures are essential to facilitate academic performance and achievements for PBN students with chronic illness in selected colleges in KZN?

7.3 How the research objectives, the theoretical framework and the themes and sub-themes were aligned and used to better understand the study findings

The three research objectives that were deemed necessary to ensure achievement of the overall aim of the study were to explore and describe the experiences of the PBN students with chronic illness, identify the challenges if any that were experienced by the PBN students with chronic illness and to determine the support measures that were essential to facilitate academic performance and achievements for the PBN students with chronic illness.

The study was guided by the three dynamic characteristics that influence behaviour that are described in Andersen's Health Behaviour Model (Andersen 1968: 3), namely, predisposing factors, enabling factors, and need factors. All these according to Andersen and Newman (2005) assist in the achievement of the desired outcome. In the current study the dynamic characteristics that influence behaviour of the PBN students were highlighted in the six Themes and the corresponding sub-themes that emerged from the analysis of data from the interviews with the study participants. It was noted that a strong interrelationship existed between the dynamic characteristics with each strongly related and or dependent on the other.

Predisposing factors either predispose a person to negative or positive behaviour. Thus, in the current study, the researcher refers to the negative and the positive predisposing factors. The participants mainly shared the negative predisposing factors which included additional demands in the life of the student, fear and anxiety, lack of acceptance and support received, selected PBN student personal factors and other compounding factors. All these negative factors were predisposing the PBN students to negative behaviours which in the context of this study included untoward experiences of PBN students with chronic illness. However, identification of these led to the discovery of the positive predisposing factors. These informed the recommendations arising from the current study and are presented in section 7.6. One example is the fear and anxiety and anxiety experienced by the PBN student which include deterioration of health, inability to cope with studies, discrimination by others and consequences of failure all of which necessitates recommendations to the identified structures to address these issues which will ultimately reduce fears and anxiety on the part of PBN students with chronic illness.

The motivating factors also form part of the positive predisposing factors in that they motivate the PBN student with chronic illness to persevere and continue with studies.

Need factors highlight the needs that exist for a person to be able to achieve the desired outcome. In the current study the main **need factors** were the need for support which the students expected to get from various structures such as the academic institutions, peers, educators and family. Most of the participants declared that most of their support came from the family. However, peers and educators were also mentioned by a few participants as offering them the support that they needed. Furthermore, the majority of the negative predisposing factors reflected numerous other need factors as follows: From all the additional demands in the life of the student the need factors included time management and balancing between illness and studying both of which could address the additional demands imposed on the PBN student by illness and the training course. The personal factors identified by PBN students such as lack of confidence, insecurity, lowered self-esteem and low learning potential highlight several needs that can be addressed by the student but could also benefit from support and guidance from others. Similarly, other compounding factors identified such as advanced age of the PBN student, family responsibilities, financial demands and constraints reflect the need for support from relevant structures.

Enabling factors are the driving force that facilitates/enables the person to achieve the desired outcome/behaviour. Enabling factors are closely related to need factors. In principle the enabling factors involve mainly strategies to satisfy the needs. The most prominent enabling factors in the current study was acceptance and support from peers, academic institutions, employer and family. Other enabling factors emanate from the PBN student personal factors with the student required to have confidence in him/herself, a sense of security, heightened self-esteem, appropriate time management and ability to balance between illness and studying.

The **desired outcomes and behaviour** in this study included coping with studying and illness, academic achievement and stabilisation of the chronic illness.

Table 7.1 depicts the relationship between the study objectives, the themes and sub-themes and the dynamic characteristics of Andersen's Health Behaviour Model.

Table 7.1: Relationship between the study objectives, the themes and sub-themes and the dynamic characteristics of Andersen's Health Behaviour Model

Research objectives	Themes	Sub-themes	Dynamic characteristic
Experiences of the PBN students with chronic illness in a selected nursing college	PBN Student personal factors	Lack of confidence	Predisposing factor
		Insecurity and lowered self-esteem	Predisposing factor
		Learning potential	Predisposing factor
	Motivating factors	Status of chronic illness	Enabling factor
		Academic achievements	Enabling factor
Experiences of the PBN students with chronic illness in a selected nursing college Challenges if any that were experienced by the PBN participants with chronic illness	Additional demands in the life of the student	Demands of illness	Predisposing factor
		Demands of training course	Predisposing factor
		Time management	Enabling factor
		Balancing between illness and studying	Need/enabling factor
	Fear and anxiety	Deterioration of health	Predisposing factor
		Inability to cope with studies	Predisposing factor
		Discrimination	Predisposing factor
		Consequences of failure	Predisposing factor
	Other compounding factors	Advance age of the PBN student	Predisposing factors
		Family responsibilities	Predisposing factor
		Financial demands and constraints	Predisposing factor
Experiences of the PBN participants with chronic illness in a selected nursing college Support measures that were essential to facilitate academic performance and achievements for the PBN participants with chronic illness	Acceptance and support received	Support from peers	Enabling/need factor
		Support from the academic institution	Enabling/need factor
		Support from the employer	Enabling/need factor
		Support from family members	Enabling/need factor

7.4 SUMMARY OF FINDINGS

7.4.1 Experiences of the PBN students with chronic illness in selected nursing colleges

Exploring and describing the experiences of the PBN students with chronic illness in selected nursing colleges in KZN, South Africa, was the main aim of the study. However, this was also used as one of the objectives that had to be achieved in order to achieve the aim of the study. The participants shared their varying experiences as PBN students with chronic illness which were presented in the previous chapter as themes and sub-themes. All six themes and corresponding sub-themes present the experiences of PBN students with chronic illness and highlight the predisposing factors regarding the various challenges experienced by PBN students with chronic illness, and the need and potential enabling factors. In summary the PBN students were experiencing additional demands in their lives which included the demands imposed by illness and the training course, difficulty in time management and balancing between illness and studying.

They were experiencing fear and anxiety regarding deterioration of health, inability to cope with studies, discrimination and consequences of failure. They were experiencing lack of acceptance and support from peers, academic institutions, employers and family members. They shared several personal factors that interfered with their learning such as lack of confidence, insecurity and lowered self-esteem and doubt about earning potential. They also highlighted other factors that compounded their situation which included their advanced age, having other family responsibilities and financial demands and constraints. They shared only two factors that were motivating them to continue with their studies, namely, the status of their chronic illness and their academic achievements.

7.4.2 Challenges experienced by PBN students with chronic illness

The challenges that were experienced by the PBN students with chronic illness were identified from the information that was shared by the participants as being their experiences. This was the second objective of the study. Again, almost all the information shared by the participants depicted challenges that were faced by the PBN students with chronic illness. The PBN students had challenges related to additional demands in the life of the student, fear and anxiety, lack of support, discrimination and lack of confidence

and other compounding factors. These were all considered as predisposing factors and the need factors for PBN with chronic illness.

7.4.3 Support measures to facilitate academic performance and achievements for the PBN students with chronic illness

The third objective of the study was to identify support measures to facilitate academic performance and achievements for the PBN students with chronic illness. The study confirmed the importance of support from family, academic institutions, employers, educators and other peers to facilitate academic performance and achievements for the PBN students with chronic illness. Andersen proposes that predisposing, enabling and need factors are all responsible for the people's behaviour or outcome. Therefore, all three are essential to facilitate academic performance and achievements for the PBN student with chronic illness. The students had various support needs such as financial support, care and assistance with health needs, coping with symptoms and side effects of medication, catching up with missed lessons, to mention but a few. The list is endless depending on the need for each PBN student.

7.5 LIMITATIONS

The study was conducted in one district and therefore the findings cannot be generalised in the KZN province nor in SA as a whole. Conducting the study in one district was mainly due to the issue of resources constraints on the part of the researcher which were not sufficient to allow a broader study.

The study did not include the nurse educators who are involved in teaching the PBN students and peers. Information from nurse educators and peers could have enriched the study findings. According to Lang 2010: 310) social epistemology is characterised by testimonies that are inherent interactive and which bring aspects such as trust, credibility, responsiveness and responsibility into focus in knowledge-making and knowledge circulation practices. However, the nurse educators who are involved in teaching the PBN students and peers were left out because of the researcher's methodological belief (paradigm). The researcher believed that although social epistemology is assumed to be positive, but sociality it may contribute negatively to knowledge production with subsequent epistemologies of ignorance and issues of epistemic injustice. The

researcher believed that the best person to describe personal experiences is self rather than the observer or witness.

7.6 RECOMMENDATIONS

The recommendations made from this study are based on the challenges experienced by PBN students with chronic illness and the support measures identified by them as being essential to facilitate academic performance and achievements for the PBN students with chronic illness. The recommendations are presented with special reference to policy development and implementation, institutional management and practice, nursing education and further research, as laid out below.

7.6.1 Policy development and implementation

Programmes that integrate health and educational needs must begin with written protocols on care management and support of PBN students with chronic illness. Guided by the developed protocol/s, the educators should create, for instance, a re-entry plan following long sick leave and subsequent support systems to increase the success of the student.

7.6. 2 Institutional management and practice

The PBN students and the education institutions need to work together to establish and continue good communication to facilitate and maintain a clear understanding of what is required to support the PBN student with chronic illness and to be clear on what can, and cannot, be done so that expectations are possible and realistic.

The academic institutions must support the student with illness through strengthening pro-social programmes that promote healthy relationship-building with peers.

Educators should educate peers about chronic illness itself, as well as coach students on how to be a friend to, support and accommodate a sick peer.

7.6.3 Nursing education

Educators often assume that outcomes of students with chronic illness are solely medical. In reality, students struggle with social competence, behavioural and emotional symptoms, and the need to cope with the complexity of their illness. There is a wide gap between current professional training and the requisite knowledge that educators need in

this situation. The unique issues related to students with chronic illness can be addressed through pre-service and in-service training programmes for educators to help them understand how to handle the situation.

7.6.4 Further research

A broader study involving other provinces, educators and peers is recommended. In addition to further research on PBN students with chronic illness, research on technological resources essential to support students with chronic illness could provide benefits for students. What kind of assistive technology might help students remain engaged with their classroom while they are away due to treatment or recovery? How can technology create a safe interface between the academic institution and healthcare system to maintain shared information that will support chronically ill students?

7.7 CONCLUSION

The aim of the study was to explore and describe the experiences of the PBN students with chronic illness in a selected nursing college in eThekweni District in KZN, South Africa. In sharing their experiences, the participants highlighted a few positive experiences that they were having but mainly the challenges as presented in the previous sections. These were all regarded as predisposing factors that affected the PBN students with chronic illness, influencing both their chronic illness and their post-basic studies. The identification and description of the predisposing factors that negatively affected PBN students with chronic illness and the need factors as highlighted by the students themselves led to identification of the predisposing factors that could positively affect the PBN students with chronic illness and thus the details of enabling factors as driving forces to satisfy the needs (the desired outcome). Furthermore, the participants highlighted the need factors that, according to them, could facilitate their learning without compromising or negatively affecting their chronic illness which, in line with the Andersen's Health Behaviour Model, is the desired outcome.

The findings of the current study confirm that PBN students with chronic illness have numerous negative experiences and highlights the need for support measures to facilitate academic performance and achievements for these students. It is evident that there is little support especially from academic institutions. However, the findings show that there are a number of actions that could be instituted by the students themselves in order to

improve their current situations such as having confidence in themselves, developing a sense of security and heightened self-esteem, appropriate time management and the ability to balance between illness and studying

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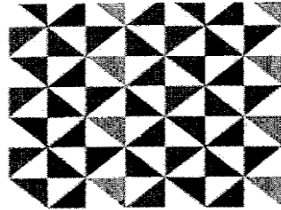
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APPENDICES

Appendix 1: Ethics Clearance



Institutional Research Ethics Committee
Research and Postgraduate Support Directorate
2nd Floor, Berwyn Court
Gate 1, Steve Biko Campus
Durban University of Technology
P O Box 1334, Durban, South Africa, 4001
Tel: 031 373 2375
Email: lawishad@dut.ac.za
http://www.dut.ac.za/research/institutional_research_ethics
www.dut.ac.za

14 March 2018

IREC Reference Number: **REC 81/17**

Ms P P Buthelezi
91 Skipdale Road
Briardale
Newlands West
4037

Dear Ms Buthelezi

Experiences of the post basic nursing students with chronic illness in selected campuses of the KwaZulu-Natal College of Nursing

The Institutional Research Ethics Committee acknowledges receipt of your notification regarding the piloting of your data collection tool.

Kindly ensure that participants used for the pilot study are not part of the main study.

In addition, the IREC acknowledges receipt of your gatekeeper permission letter.

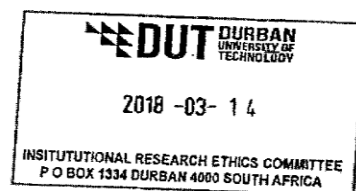
Please note that **FULL APPROVAL** is granted to your research proposal. You may proceed with data collection.

Any adverse events [serious or minor] which occur in connection with this study and/or which may alter its ethical consideration must be reported to the IREC according to the IREC Standard Operating Procedures (SOP's).

Please note that any deviations from the approved proposal require the approval of the IREC as outlined in the IREC SOP's.

Yours Sincerely,

Professor J K Adam
Chairperson: IREC



**Appendix 2a: Permission letter to KwaZulu-Natal Department of Health
Research and Knowledge Management Component**

91 Skipdale Road
Briardale
Newlands West
4037

The Health Research and Knowledge Management Component
KwaZulu-Natal Department of Health
Private Bag X9051
Pietermaritzburg
3201

Dear Sir/Madam

REQUEST FOR PERMISSION TO CONDUCT A RESEARCH STUDY

I am presently registered for a Master's Degree at the Durban University of Technology in the Department of Nursing. The proposed title of my study is: **'Experiences of the post basic nursing students with chronic illness in selected campuses of the KwaZulu-Natal College of Nursing'**.

I hereby request permission to conduct the study at the following KZNCN campuses in eThekweni District: Prince Mshiyeni Memorial Hospital and King Edward the VIII Hospital nursing Campuses. Interviews will be used to collect data from the post basic nursing students who suffer from chronic illnesses. Participation is voluntary, and informed consent will be obtained from all participants. Confidentiality will be maintained at all times.

Please find attached a copy of the summary of the research proposal for perusal.

Sincerely

.....
Ms PP. Buthelezi (Researcher)
Telephone: 0725188578
Email: phindilepbut@gmail.com

.....
Dr TSP Ngxongo (Supervisor)
Telephone: 031-373 2606
Email: thembelihlen@dut.ac.za

.....
Ms N. Radana (Co-supervisor)
Telephone: 031-373 2748
Email: nolundin@dut.ac.za

Appendix 2b: Permission letter from KwaZulu-Natal Department of Health Research and Knowledge Management Component

Proposal Details: KZ_201802_044

Proposal



KWAZULU-NATAL HEALTH RESEARCH COMMITTEE

APPLICATION DETAILS

TITLE OF RESEARCH PROJECT

Experiences of the post basic nursing students with chronic illness in selected campuses of the KwaZulu-Natal College of Nursing

TYPE OF STUDY

Academic

STATUS OF APPLICATION

Approved

STATUS OF PROJECT

On-Going

PROPOSAL SUBMISSION DATE

2018/02/19

You will find a list of all comments made on the selected research application. The list below displays comments visible to both the Applicant and Research Committee

COMMENTS

Comment	Comment Date	Comment By
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PRIMARY INVESTIGATOR OF THE PROJECT/PROPOSAL

Title	Name	Surname	Role	Institution	E-Mail	Telephone No.	Mobile No.	CV/Resume
Ms	Phindile Patricia	Buthelezi	Researcher	n/a	phindilebut@gmail.com		+27730699068	No File

RESEARCH STAFF ASSIGNED TO PROJECT/PROPOSAL

Title	Name	Surname	Role	Institution	E-Mail	Telephone No.	Mobile No.	CV/Resume
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AIM AND OBJECTIVES

The aim of the study was to explore and describe the experiences of post basic nursing students with chronic illness in selected campuses of the KwaZulu-Natal College of Nursing. **RESEARCH OBJECTIVES** The objectives of the study are to: • Explore and describe the experiences of PBN students with chronic illness in selected campuses of the KZN CN, identify the challenges if any that are experienced by PBN students with chronic illness in selected campuses of the KZN CN and to determine the support measures that are essential to facilitate academic performance and achievements for PBN students with chronic illness in selected campuses of the KZN CN. The (PBN) students are at greater risk of having chronic illness because of their age compared to the younger basic nursing students. Post basic learning demands a lot of sacrifice and dedication from the nursing student and a full functioning mind and body to be able to cope with the demanding structure of the theoretical learning and clinical practice components of PBN courses (SANC1997:5). The situation becomes compounded for a student who already has stress from chronic illness. Dailey (2010: 16) attest to this stating that the PBN training curriculum which usually consists of heavily packed schedules and inflexible requirements puts more stress on the chronically ill student. The SANC stipulates the training conditions and the number of clinical and practical hours that are compulsory for all students. The PBN student who is chronically ill needs to balance between managing and controlling his/her chronic illness and meeting the requirement for the PBN program.

STUDY AREA(S)/FIELD(S)**Description**

Health Systems

STUDY DESIGN(S)**Description**

Descriptive

DATA COLLECTION METHOD(S)

Method Category	Method Description
-----------------	--------------------

Qualitative

Semi-structured interview schedule

INTERVIEW REQUEST(S)

Position

DD: Professional Support Services

SAMPLE

In the current study, sampling will be done in two phases. Phase one will include identification and sampling of the study sites and phase two will include the sampling of the study participants. Identification of the study sites The first phase will include the sampling of the campuses to be included in the study. Inclusion criteria • The main campuses that offer PBN training programs in eThekweni District will be included Exclusion criteria • The main campus that does not offer post basic training programs in eThekweni District will be excluded. Phase two will include sampling of the PBN students with chronic illness. The sampling frame will be the PBN students who will be in training at the time of the study. Inclusion criteria • All the PBN students with chronic illness who have been enrolled in the post-course for six months or more and are willing to participate in the study will be included, Exclusion criteria • All the PBN students with no chronic illness. • All the PBN students with chronic illness who have been enrolled in the PBN course for less than six months • All the PBN students who will not be willing to disclose whether they have chronic illness or not. All PBN students will be invited into a meeting where information about the study will be given to them. Letters of information and consent forms will be distributed during the information giving sessions. The PBN students will be advised that only those with chronic illness and are willing to participate in the study needed to sign and return the consent forms together with the form with their demographic information (Appendices:4 and 5). The PBN students that will be willing to join the study will be advised to post the signed consent forms and completed 'Section A' forms in sealed envelopes in a locked box that will be left in each of the two campuses. The box will only be opened by the researcher. Subsequently, the post basic learners with chronic illness who had returned their signed consent forms will be telephoned by the researcher to schedule the venue, the date and the time for an interview. In the current study, the sample size will be guided by data saturation. However, a minimum of ten participants will be sampled irrespective of data saturation. Further two participants will be sampled after data saturation to confirm no emergence of new information.

DATA ANALYSIS TOOL(S)

Tool Description

Qualitative software package (eg. N-vivo)

Microsoft Access Database

INFORMATION / DATA REQUEST ?

Yes

INFORMATION / DATA REQUEST DETAILS.

Information Required: Approval to collect data in the two campuses that appear as randomly selected as indicated.

LOCATIONS(S) WHERE STUDY WILL BE CONDUCTED

Facility

---- King Edward VIII Hospital

---- Prince Mshiyeni Memorial Hospital

ANTICIPATED START DATE

2017/10/10

ANTICIPATED COMPLETION DATE

2018/11/30

INSTITUTION(S) WHICH GAVE ETHICAL APPROVAL

Institution

DUT - Durban University of Technology Faculty of Health Sciences Research Committee

ETHICS APPROVAL NUMBER

REC 81/17

DATE OF ETHICAL APPROVAL

2017/10/10

DATE ETHICAL APPROVAL EXPIRES

2019/10/10

IF CLINICAL TRIAL, MCC APPROVED

No

NATIONAL CLINICAL TRIALS REGISTRY NUMBER

No Clinical Trial

FUNDING SOURCE

Institution

BUDGET (IN ZAR)

1 001 - 10 000

Appendix 3a: Permission letter to the KZNCN Principal

91 Skipdale Road
Briardale
Newlands West
4037

KwaZulu-Natal College of Nursing
Private Bag X 9051
Pietermaritzburg
3201

Dear Sir/ Madam

REQUEST FOR PERMISSION TO CONDUCT A RESEARCH STUDY

I am presently registered for a Master's Degree at the Durban University of Technology in the Department of Nursing. The proposed title of my study is: **'Experiences of the post basic nursing students with chronic illnesses in selected campuses of the KwaZulu-Natal College of Nursing.'**

I hereby request permission to conduct the study at the following main campuses in eThekweni District: Prince Mshiyeni Memorial Hospital Nursing Campus and King Edward the VIII hospital nursing Campus. Interviews will be used to collect data from the post basic nursing students who suffer from chronic illnesses. Participation will be voluntary, and informed consent will be obtained from all participants. Confidentiality will be maintained at all times.

Please find attached a copy of the summary of the research proposal for perusal.

Sincerely

.....
Ms PP. Buthelezi (Researcher)
Telephone: 0725188578
Email: phindilepbut@gmail.com

.....
Dr TSP Ngxongo (Supervisor)
Telephones: 031-373 2606
Email: thembelihlen@dut.ac.za

.....
Ms N. Radana (Co-supervisor)
Telephone: 031-373 2748
Email: nolundin@dut.ac.za

Appendix 3b: Permission letter from the KZNCN Principal



health

Department:
Health
PROVINCE OF KWAZULU-NATAL

DIRECTORATE:

Physical Address : 211 Pietermaritzburg Street , Pietermaritzburg 3200
Postal Address: Private Bag X 9089 Pietermaritzburg 3200
Tel: 033 264 7800 Fax: 033 394 7238 Email: sindizama.mthembu@kznhealth.gov.za
www.kznhealth.gov.za

KwaZulu-Natal College of Nursing

Reference: Mrs S Maharaj
Date: 14 December 2017

Principal Investigator: Ms PP Buthelezi
Durban University of Technology

RE: Gate Keeper Permission to conduct research at the KZN College of Nursing.

TITLE: Experiences of the post basic nursing students with chronic illness in selected campuses of the KwaZulu-Natal College of Nursing

Dear Ms Buthelezi

I have the pleasure in informing you that Gate Keeper permission has been granted to you as per the above request by the Principal of the KZN College of Nursing.

Data Collection site(s): Campuses- King Edward and Prince Mshiyeni Memorial Campuses

Please note the following:

1. Please ensure that you adhere to all policies, procedures, protocols and guidelines of the Department of Health with regards to this research.
2. This research can only commence once you have received approval from the Provincial Health Research Committee in the KZN Department of Health.
3. Gate keeper permission is therefore granted for you to conduct this research at the above identified campuses after consultation with the Campus Principals.
4. The KwaZulu-Natal College and its NEI's will not be providing you with any resources for this research.
5. You will be expected to provide feedback on your findings to the Principal of the KwaZulu-Natal College of Nursing.

Thank You

^ Dr. S.Z Mthembu
Principal: KZN College of Nursing

Fighting Disease, Fighting Poverty, Giving Hope

Appendix 4a: Permission letter to the main Campuses

91 Skipdale Road
Briardale
Newlands West
4037

The Principal
Address

Dear Sir/Madam

REQUEST FOR PERMISSION TO CONDUCT A RESEARCH STUDY

I am presently registered for a Master's Degree at the Durban University of Technology in the Department of Nursing. The proposed title of my study is: **'Experiences of the post basic nursing students with chronic illnesses in selected campuses of the KwaZulu-Natal Natal College of Nursing.'**

I hereby request permission to conduct the study at your campus. Interviews will be used to collect data from the post basic nursing students who suffer from chronic illnesses. Participation is voluntary, and informed consent will be obtained from all participants. Confidentiality will be maintained at all times.

Please find attached a copy of the summary of the research proposal for perusal.

Sincerely

.....
Ms PP. Buthelezi (Researcher)
Telephone: 0725188578
Email: phindilepbut@gmail.com

.....
Dr TSP Ngxongo (Supervisor)
Telephone: 031-373 2606
Email: thembelihlen@dut.ac.za

.....
Ms N. Radana (Co-supervisor)
Telephone: 031-373 2748
Email: nolundin@dut.ac.za

Appendix 4b. 1: Permission letter from the main campus



health

Department:
Health
PROVINCE OF KWAZULU-NATAL

KWAZULU-NATAL COLLEGE OF NURSING
PRINCE MSHIYENI MEMORIAL CAMPUS
Physical Address: Mangosuthu Highway, Durban, 4000
Physical Address: Private Bag X10, Mobeni, 4060
Tel: +27(031) 907 8313/ 8314 Fax: +27(031) 906 7772 Email: Rozana.Bridgemohan@kznhealth.gov.za
www.kznhealth.gov.za

Directorate: PRINCIPAL OFFICE

Date: 29/03/2018

Ms P.P Buthelezi
91 Skipdale Road
Briardale
Newlands West
4037

Re: Permission to conduct a research study at Prince Mshiyeni Memorial Campus

Dear Ms P.P Buthelezi

Title of the study: Experiences of the Post Basic Nursing Students with chronic illness in selected campuses of the KwaZulu Natal College of Nursing

In response to your request dated 27 March 2018, I am pleased to inform you that your application to conduct your study at Prince Mshiyeni Nursing Campus has been granted. PMMC notes your assurance that data will be collected from June 2018, on completion of your PHC Diploma.

I note with appreciation that you have provisional approval from IREC, Durban University of Technology.

Please abide by the stipulations of Kwa – Zulu Natal College of Nursing and KZN Department of Health. Kindly communicate the outcome of your study by submitting a written report and a copy of the thesis to the Prince Mshiyeni Memorial Campus Principal

Thank you

Mrs. R. Bridgemohan
Campus Principal

Appendix 4b. 2: Permission letter from the main campus



health

Department:

Health

PROVINCE OF KWAZULU-NATAL

Physical Address: King Edward VIII Hospital Corner of Rick Turner Road and Sydney Road
Postal Address: King Edward VIII Campus, Private Bag X02, Congella, 4013
Tel: 0313603106 Fax: 0312061222 Email: Sithembiso.Mkhize@kznhealth.gov.za
www.kznhealth.gov.za

DIRECTORATE:

KING EDWARD VIII CAMPUS

Enquiries: Ms. S.M Mkhize

Date : 08.08.2018

Ms. P. P Buthelezi
91 Skipdale Road
Briardale
Newlands West
4037

Dear Ms. Buthelezi

Re - Permission to conduct a research study at King Edward V111 Nursing Campus

Title: Experiences of the post basic nursing students with chronic illnesses in the selected campuses of KwaZulu-Natal College of Nursing

I am pleased to inform you that the application to conduct your study at King Edward Campus has been granted.

It is noted that you have full approval from Institutional Research Ethics Committee at DUT and gate keeper permission from KZN College of Nursing.

Please communicate the outcome of your study by submitting a written report to King Edward V111 Campus Principal

Thank you

Ms. S.M Mkhize

ACTING CAMPUS PRINCIPAL

Fighting Disease, Fighting Poverty, Giving Hope

Appendix 5: Letter of information and consent



Letter of information to the participants

Thank you so much for agreeing to participate in this study.

Title of the Research Study: Experiences of the post-basic nursing students with chronic illness in selected campuses of the KwaZulu-Natal College of Nursing

Principal Investigator/s/researcher: Ms P.P. Buthelezi, MHSc Nursing.

Co-Investigator/s/supervisor/s: Dr TSP. Ngxongo, D: Nursing (Supervisor); Dr N. Radana, D: Nursing (Co-supervisor).

Brief Introduction and Purpose of the Study: Preparation of the post nursing student for post-basic qualification role is usually very demanding for the post-basic nurse. Usually students in post-basic courses experience challenges balancing life and school demands and end up having elevated stress levels. Adult students face seven key challenges during transformative programmes including: facing despair and doubt, enduring difficult emotions, and dealing with specific stressors. The situation is compounded when the student is also ill especially when the illness is chronic and uncontrolled.

Outline of the Procedures: A semi structured in-depth interview will be conducted with you in order to explore your experiences as a post-basic student with chronic illness. The interview will be conducted at a time and place that will be convenient to you and will last for approximately 30-45 minutes. One broad question and a few sub interview questions will be from an interview guide in order to keep the interview partially structured. However, further probing questions will be guided by the information that you share/your responses to the structured questions.

Risks or Discomforts to the Participant: There are no foreseeable risks or discomforts posed to you.

Benefits: The findings are hoped to create awareness for the need to give additional support to the post-basic nursing students with chronic illness.

Reason/s why the Participant May Be Withdrawn from the Study: Your participation is voluntary, you are under no obligation to participate, and may withdraw from the study at any time without penalty or prejudice.

Remuneration: You will receive no monetary or any other type of remuneration.

Costs of the Study: You will not be expected to cover any costs towards the study.

Confidentiality: All data collected will be strictly private and confidential and will only be used for the purpose of the study. No information will be linked to your identity. Codes will be used to identify data instead of personal information

Research-related Injury: The study does not pose any risk of injury to you.

Persons to Contact in the Event of Any Problems or Queries: Please contact the researcher Ms Phindile Buthelezi on 0725188578, Dr TSP Ngxongo, my supervisor on 031-373 2606 or the Institutional Research Ethics administrator on 031-373 2900. Complaints can be reported to the DVC: TIP, Prof S. Moyo on 031 373 2576. or dvctip@dut.ac.za.



CONSENT

Statement of Agreement to Participate in the Research Study:

- I hereby confirm that I have been informed by the researcher, **Ms PP. Buthelezi** about the nature, conduct, benefits and risks of this study - Research Ethics Clearance Number: _____,
- I have also received, read and understood the above written information (Participant Letter of Information) regarding the study.
- I am aware that the results of the study, including personal details regarding my sex, age, date of birth, initials and diagnosis will be anonymously processed into a study report.
- In view of the requirements of research, I agree that the data collected during this study can be processed in a computerised system by the researcher.
- I may, at any stage, without prejudice, withdraw my consent and participation in the study.
- I have had sufficient opportunity to ask questions and (of my own free will) declare myself prepared to participate in the study.
- I understand that significant new findings developed during the course of this research which may relate to my participation will be made available to me.

Full Name of Participant:

Signature / Right Thumbprint

Date Time

I, **Ms PP. Buthelezi** (Researcher) herewith confirm that the above participant has been fully informed about the nature, conduct and risks of the above study.

.....
Full Name of Researcher	Signature	Date

.....
Full Name of Witness (If applicable)	Signature	Date

.....
Full Name of Legal Guardian (If applicable)	Signature	Date

Appendix 6: Pre selection tool

Date:

Campus code:

Participant code:

Suitable time to contact:

Contact Telephone no:

Alternate contact no:

DEMOGRAPHIC DATA

Age:

Gender:

Race:

Post Basic course:

Minimum duration: Year of entry into the post basic course:

Existing chronic illness:

Yes	
No	
Not willing to say	

Diagnosis of chronic illness

During Training	
Before training	

Status of chronic illness since onset of training

No change	
improved	
worse	

Appendix 7: INTERVIEW GUIDE

Date: Interviewer:

Interviewee: Study site:
ENTER CODE ONLY ENTER CODE ONLY

Grand tour question

- What have been your experiences as a post basic learner with chronic illness?

Probing Questions

- What challenges have you been experiencing in reaching your learning outcomes?
- What is your personal view regarding the support from your peers?
- What is your personal view regarding the support from your educators?
- What is your personal view regarding the progress that you have made?

NB: Further probing questions will be asked where necessary guided and supported by the theoretical framework so that the researcher can get clarity on information given.

Appendix 8: Example of Transcript

Interviewing Questions	Responses	Themes	Analysis	
			Themes	Sub- Themes
What have been your experiences as a post basic learner with chronic illness?	<p>It is so difficult at times to cope with the condition that I have, but there is no way that I can quit the course. I do get support from my peers though I did not disclose my condition to my lecturers because no one who asked about our conditions or illness on our first day at college, no one is interested on what you have. I am unable to juggle school life with personal life, am always tired and unable to study, the support I get from sharing of notes during class is not enough because of extra study lessons after school. It is stressful to reach required goals, there is loads of work to cover sometimes I lack behind. The educator's expectations are very high with demands. Support is however limited.</p> <p>I think you need to tell yourself to be calm and collected and to focus on your dreams to become a specialist one day that is my mission.</p>	<p>Difficulty in coping with chronic illness</p> <p>Support from peers</p> <p>Failure to disclose</p> <p>Demanding course work</p> <p>Focus on your dreams</p>	<p>Fear and anxiety</p> <p>Acceptance and support received.</p> <p>PBN students' personal failures</p> <p>Student personal factor</p> <p>Motivational factors</p>	<p>Deterioration of health Inability to cope with studies</p> <p>Support from peers</p> <p>Lack of confidence</p> <p>Learning potential</p> <p>Academic achievements</p>
What challenges have you been experiencing in reaching your learning outcomes?	<p>I have a lot of stress due to a lot of work at college, the books that is used during our training is so expensive What stresses me a lot I am a single mother with two daughters at University and different institutions that is why I do fall in such a stressful situation. The support given by peers of taking a loan from the bank in order to continue with my studies felt right. They also gave me a support that after this course I will be able to pay all the money of the bank. Also gave me an advice to listen to the program of pioneers' debt solution councillor conducted on radio every Sunday. To be honest I have not discussed the issue to the Lecturers. I only take what the peer group said and I take that first.</p>	<p>Lot of stress, due to expense of textbooks, and family demand</p> <p>Failure to disclose social problems</p>	<p>Other compounding factors</p>	<p>Financial demands and constraints</p> <p>Family responsibilities</p>
<p>What is your personal view regarding the support from your peers?</p> <p>What is your personal view regarding</p>	<p>My peers have no time to support me because they are also having workload and deadlines for their assignments, even in the clinical arrears they do not care how you feel", yet there are those that do support by sharing work done during my absence. They take care of me when I get my attacks and inform my family also the ones in my study group, even the ones that we go together at the clinic, we do everything together, they do support me.</p> <p>There are a few lecturers who are very understanding and accommodative. They will go an extra mile to assist you. To tell the honest truth I rely to other students</p>	<p>Workload on individuals</p> <p>Support from peers especially the closest.</p>	<p>Acceptance and support received.</p>	<p>Support from Peers</p>

support from your educators ?	to brief me on what was learnt during my absence because the lecturers focus on scolding you for missing lectures instead of assisting you. Yes the lecturers are not the same some of them understand my situation that I am not well they even agree to have one on one tuition for me"	Support form educators Negative support	Acceptance and support received PBN students personal factors	Support from educators Insecurity and lowered self-esteem
What is your view regarding progress that you have made?	<p>I have been experiencing challenges, first of all the college does not even bother to know our illness. Secondly, they do not even give us a place to go to type the overload of assignments. As it is I fall behind submitting the work because of challenges in accessing the people to do for us. I have never used a computer before and some of my colleagues in class are experiencing the same. This causes more stress to me and make me even sicker because of additional cost in paying for the typed work because college does not accept hand written assignments believe we are grown-ups and need to use computers. My stress levels have increased, I am always tired, unable to study to my full potential. The treatment I take comes with its side effects that sometimes affect learning, I am always tired and unable to study".</p> <p>I had to adjust taking my treatment during the night without permission from the Doctor but I had no choice it was either that or I will be sleepy throughout class or fail to study"</p>	<p>Failure to disclose Technology experience</p> <p>Additional expense</p> <p>Increased stress levels</p>	<p>Other factors compounding</p> <p>Other factors compounding</p> <p>Fear and anxiety</p>	<p>Advanced age of post basic nursing students</p> <p>Financial demands and constraints</p> <p>Deterioration of health</p>

Appendix 9: Editing certificate

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EDITING CERTIFICATE

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Master's dissertation: EXPERIENCES OF THE POST BASIC NURSING STUDENTS WITH CHRONIC ILLNESS IN SELECTED COLLEGES IN KWAZULU-NATAL, SOUTH AFRICA

I confirm that I have edited this dissertation and the references for clarity, language and layout. I am a freelance editor specialising in proofreading and editing academic documents. I returned the document to the author with track changes so correct implementation of the changes in the text and references is the responsibility of the author. My original tertiary degree which I obtained at the University of Cape Town was a B.A. with English as a major and I went on to complete an H.D.E. (P.G.) Sec. with English as my teaching subject. I obtained a distinction for my M.Tech. dissertation in the Department of Homeopathy at Technikon Natal in 1999 (now the Durban University of Technology). During my 13 years as a part-time lecturer in the Department of Homoeopathy at the Durban University of Technology I supervised numerous Master's degree dissertations.

Dr Richard Steele

28 November 2018

per email