

**DURBAN UNIVERSITY OF TECHNOLOGY**

**VIEWS OF NURSING STUDENTS REGARDING ALCOHOL ABUSE  
AMONG NURSING STUDENTS AND MEASURES TO PREVENT THE  
ABUSE OF ALCOHOL**

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**JULY 2020**

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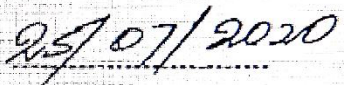

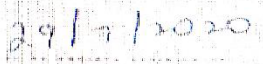
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Dissertation submitted in fulfillment of the requirements for the Degree in  
Masters Health Sciences in Nursing in the Faculty of Health Sciences at the Durban  
University of Technology

Supervisor : Dr A. Razak  
Co-supervisor: Dr S. Govender  
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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is entirely my own and not of any other person, unless explicitly acknowledged (including citation of published and unpublished sources).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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Dr S Govender PhD	
	Date

## **Dedication**

I dedicated this dissertation to God who guided me on this journey and did not leave me alone and my loving family especially my husband Clement for his patience, love, support, motivation and encouragement throughout the long process

## Abstract

### **Introduction:-**

Alcohol abuse is well-known phenomenon among nursing students, which has resulted in their not performing academically and at times, affecting the safety of their patients. Few studies have been done to establish nursing students' views on alcohol consumption in South Africa, despite the fact that its abuse among tertiary level students in general is well reported. This makes it difficult to identify the factors that affect its consumption and the resulting problems that may arise from its abuse, and what measures need to be taken to ensure patient safety at all times.

**Aim of the study:** The aim of the study is to determine the views of nursing students regarding alcohol abuse among nursing and measures to prevent the abuse of alcohol.

**Methodology:** A quantitative descriptive cross-sectional survey design entailed the use of self-administered questionnaires across five KwaZulu-Natal College of Nursing campuses. Probability systematic sampling was used to first randomly select five campuses of the provinces' nine campuses, and within which 320 students across the four years of study of the Diploma in Nursing programme were selected. Descriptive analysis was conducted on the quantitative data collected for their demographic details and the four study objectives using SPSS version 21.

**RESULTS: -** The majority of respondents were African (78%), female (71%) aged 20 – 25 years (65%). The three highest factors affecting alcohol consumption were for experimental purposes 69%- (n = 219), peer pressure 70% (n= 222) and to cope with stressful situations 76% (n = 243). A similar number had engaged in illegal activities to obtain alcohol (5/319), experienced withdrawal symptoms when they stopped drinking (7/314) Attended Alcoholics Anonymous meetings (5/314), been hospitalized due to drinking (5/310) and been arrested for drunk driving (6/317).

**Conclusion:** Nursing students should be reminded annually about the dangers of alcohol abuse and the consequences for their personal and patient safety. An emphasis being placed on helping them to cope with stressful situations and to not succumbing to peer pressure to consume alcohol.

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## List of Acronomy

AA	Alcoholics Anonymous
CJM	Charles Johnson Memorial
KZN	KwaZulu-Natal
KZNCN	KwaZulu-Natal College of Nursing
NSFAS	National Student Financial Aid Scheme.
SBI	Screening and Brief Intervention
SANC	South African Nursing Council
TVET	Technical and Vocational Education and Training
USA	United State of America

# CHAPTER1: INTRODUCTION

## 1.1 Introduction

Alcohol is well-known phenomenon among college students, who start drinking from first year at college (de Vargas 2011: 179). Alcohol abuse has been associated with college students for many years which has resulted in some institutions recognizing the need to provide better health education regarding lifestyle issues including drinking behaviour pattern and providing appropriate information about the consequences of abusing it and the effect to their academic progress (Tremblay, Jacob and Johnson 2012: 89). According to Kandel, Axel, Carlson, Jessell and Greengard (2012: 186) alcohol is easily purchased from bottle stores, supermarket, bars, shebeens and other unlicensed liquor outlets in South Africa which allows easy access to all community members' therefore encouraging people to drink alcohol. Alcohol consumption at a social event is considered appropriate and assists members of the family and community to communicate and socialize effectively (Malcic and Slijepcevic 2015: 30).

The problems associated with alcohol abuse among students in not restricted to South Africa but extends globally due to availability and accessibility to alcohol (Grix 2014: 55). The life expectancy of people who consume excessive amounts of alcohol is reduced by 15 years while premature mortality rate is two times greater than for persons who do not abuse it (Malcic and Slijepcevic 2015:67). Most students regard alcohol consumption as means to communicate, socialize with colleagues and escape from frustration and stress while others consumed alcohol for fun and to experience a feeling of euphoria (Malcic and Slijepcevic 2015: 30). It is also the reason for some violent behaviour among males and females which can disrupt and destroy families. Nursing students consume alcohol at colleges as they see it as part of their higher education experience (Mitchell 2011: 173). If they do not drink alcohol other students may ridicule

them by calling them names such as farm girl or stupid and they do not like being labelled (Mitchell 2011: 176). Nursing students are initiated into consuming alcohol and for some being their first time which can gradually increase as the college environment exacerbates problems associated with peer pressure and the need to adjust to a new environment (Saboia and Periera 2013: 301). Nurses in South Africa are regarded as pillars of health care services and need to be appropriately skilled to strengthen the country's health care system by preventing, assessing, planning and treating diseases that affect the lives of its population (Berman and Snyder 2012: 145). The influence of peers at college level is more important than that of parents or religious leaders with students doing whatever they want to fit into their new environment. Peer groups therefore play a large role in the socialization of college students and use alcohol as an acceptable cultural norm (National Institute of Health 2013: 301).

Measures need to be implemented so as to prevent the unpleasant effects of alcohol consumption especially in youth some of whom fail to complete their studies and others end up in the wrong company (Pengpid, Peltzer, van der Heever and Skaal 2013: 131). People from lower-socio-economic groups in South Africa are reported to drink more alcohol, such as beer, Zulu beer and wine (Young and de Klerk 2013: 151). There is growing concern regarding the increase in alcohol use and abuse among nursing students, especially when caring for patients under the influence of liquor. Alcohol consumption among college students is a long standing problem often starting at high school and becoming a habit at tertiary institutions gradually leading to abuse (de Vargas 2011: 167). Screening and brief intervention (SBI) programs have been indicated as a requisite to address issues related to alcohol intake before the commencement of nurse's training (Claros and Sharma 2012: 79). Colleges and higher education institutions are places of transition for students from adolescent to adulthood. Nursing students have to adapt to a new environment at the residence and accommodate people with different perceptions (Horvath 2011: 122). Alcohol abuse among nursing students leads to unacceptable behaviour

and social isolation because nursing students' worldwide abuse various legal and illegal substances especially alcohol as it is easily available and cheaper than other substances (Seggie 2013: 75).

## 1.2 Background

Socialization among nursing students and the introduction of alcohol is an acceptable norm at tertiary educational institutions (Seggie 2013:130). Onyebuchukwu, Sholarin and Emerenwa (2015: 149) emphasized that alcohol abuse at colleges had a negative impact on students' academic performance as well as their health. Students absent themselves from lectures fail tests, fail to submit tasks assigned to them on time and some end up as victims of crime, vandalism, rape, unplanned pregnancies and drunken driving (Devi *et al.* 2013: 269). According to Seggie (2013: 101) about 74% of students who abuse alcohol weekly hinder their academic progress. About 64% of nursing students are social drinkers and 49% abuse alcohol at parties (Mcatee 2010: 145). South Africa has a high prevalence (85%) of alcohol abuse among college students (Kwabena, Kyei and Ramagoma 2013: 83).

Some people who struggle with social anxiety and a low self-esteem are more likely to believe that alcohol consumption could facilitate socialization (Mcatee 2010: 219). Alcohol abuse is often embedded within a family environment: dysfunctional levels of familial characteristics may be associated with the introduction of norms, attitudes and behaviours that often lead to alcohol abuse (Kincheloe 2012: 110). People who consume alcohol for religious practices state that their children drink alcohol to appease their ancestors (Talbot 2012: 282). According to Pengpid *et al.* (2013: 244), the most recent concern has been a sharp increase in use and abuse of alcohol among nursing students because their choice of nursing as a career is not through compassion and caring but for monetary gain. The nursing profession requires dedicated persons who show dignity and respect to people. (Mitchel (2011: 166) emphasized the importance

of honouring the nursing profession with the belief that should be zero tolerance among nurses who are found drunk on duty.

### **1.3 Problem Statement**

Absenteeism is a global problem due to alcohol abuse especially in the nursing profession, from a South African perspective limited research has been done on this issue in the country (Seggie 2013: 67). Public sentiments about quality of nursing in the country are a great concern and the abuse of alcohol may be a contributory factor to the poor public perceptions about the nursing profession. In South Africa being drunk on duty is a punishable offence. Nurses found under the influence of alcohol at work would face the threat of disciplinary action which could result in a suspension or dismissal. Very little research has been done in South Africa on the effects of alcohol abuse among nursing students particularly in Kwa-Zulu Natal (KZN) Province. Students across the world are known to consume alcohol, often to their detriment with nursing students being of particular concern as their actions can affect the lives of those patients under their care. This can have dire consequences not only for the patients and their families but for the employing institution which can be sued for malpractice. The researcher has observed high rates of absenteeism in her place of employment particularly on Mondays and over the weekends.

A number of incidents have occurred as a result of alcohol abuse, some being more serious than others. In one instance two nursing students who were friends burnt each other with boiling water which resulted in one being suspended and the other being demoted and to join a junior group. In another incident a second year student was stabbed by her boyfriend and died because both were under the influence of alcohol. While attending meetings of the KwaZulu-Natal College of Nursing (KZNCN) many problems have been reported from various campuses as a result of alcohol consumption. Reports from clinical areas have indicated that nursing students arrive on duty drunk particularly on the weekends. A patient was reported being burnt during a bath because the nursing student was under influence of alcohol and did not check the temperature of water.



Fortunately the patient put one hand in the water first then screamed alerting other staff to her rescue and found her right hand with blisters and between the fingers. The matter was reported to the operational manager and an alcohol test (breathalyzer test) was done to confirm the alcohol levels in the blood. The nurse was reported to the South African Nursing Council (SANC) and had to appear before the Professional Conduct Committee.

#### **1.4 Aims and Objectives**

The aim of the study was to determine the views of nursing students regarding alcohol abuse and to identify measures to prevent this among nursing students from five selected campuses in KwaZulu-Natal Province

The study had the following objectives:

1. To determine the views of nursing students in regard to consumption of alcohol.
2. To determine the perception of nursing students regarding the consumption of alcohol.
3. To determine the degree of social pressure in the consumption of alcohol
4. To identify the measures to prevent alcohol abuse.

#### **1.5 Research Questions**

The study had the following research questions:

1. What are the views of nursing students regarding alcohol abuse at nursing colleges?
2. What are the perceptions of nursing students regarding the consumption of alcohol?
3. To what degree does social pressure influence students in the consumption of alcohol?
4. What measures can be taken to prevent the abuse of alcohol by nursing students?

#### **1.6 Significance of the study**

This study could be useful for educating nursing students and their parents of the effects of alcohol abuse during their training and the implications on patients 'care once they have qualified. Nursing students will be informed during orientation of negative effects resulting from alcohol abuse and dangers to

patient in their care. The findings will help lecturers, health care and other professionals involved with nursing students to understand the prevalence of alcohol use and abuse To develop effective evidence based strategies and policies to address and manage alcohol related problems.

The results will provide evidence of the factors associated with alcohol abuse that can be used to address the problem at nursing colleges. It may also reduce the number of students who do not complete their studies due to excessive alcohol consumption and have to repay a bursary or are unemployable because they do not have the required qualification.

### 1.7 Definition of Terms

The following definitions apply to this study:

**Alcohol:** is a colorless volatile inflammable liquid which is produced by natural fermentation of sugar and is the intoxicating ingredient in drinks such as wine, beer, spirit and other drinks (South African Pocket Oxford Dictionary 2010).

**Alcohol Abuse:** is defined as having maladaptive or unhealthy drinking behaviour which includes drinking too much at a single point in time or continually everyday (Horvath 2011: 133).

**Alcohol Addiction:** is a disease that affects people of all walks of life, with the severity of the disease, how often they drinks, and the quantity of alcohol they consume varying from person to person. It is characterized by obsessive engagement in satisfying stimuli by using alcohol, despite its adverse consequences (Kwabena, Kyei and Ramagoma 2013: 99).

**Alcoholism:** is the inability to control drinking due to both physical and emotional dependence that can cause a serious impairment in social or occupational functioning (Stock and Mills 2013: 131).

**Alcoholic:** a person who is obsessed with alcohol and cannot control the quantity they consume even if it is causing serious problems (Bezuidenhout 2012: 172).

**Nursing Colleges:** are the post-secondary educational institutions that offer professional nursing education in basic and post basic courses (Babbie and Mouton 2011: 145). According to Oxford South African School Dictionary 3<sup>rd</sup>

Edition, college means the place where you can study after you have left high school.

**Peer group:** are both a social group and a primary group of people who have similar interest, age, background or social status. The members of this group are likely to influence the person's beliefs and behaviour (Vellios and Walbeek 2015:37).

**Peer pressure:** is the direct influence on people by their peers, or the pressure placed on an individual who is encouraged to follow their peers by changing their attitudes, values or behaviours and to conform to those of the influencing individual or group. It can result in either a positive or negative effect or both (Bezuidenhout, 2012: 169).

**Nursing Students:** A student in a post-secondary educational program that leads to certification and licensing to practice nursing usually applies to registration as a nurse (general, community and psychiatry) and midwifery (Sotos, Gonzalez, Martinez, Rosa, Herraez and Hidalgo 2014: 88).

## **1.8 Conclusion**

This chapter presented the introduction, the basic background of study, aim, objectives and research questions, significance of the study and the definition of terms. This document is presented in the following four chapters

**Chapter2.Literature Review:** this chapter reviews the local and international literature relating to alcohol consumption by students in general and nursing students in particular.

**Chapter3. Methodology:** this chapter outlines the research methods and details The study design, population and sample, data collection methods, processes and analysis as well as the ethical considerations.

**Chapter4. Results:** this chapter presents the respondents demographic details and the results from the data analyzed to address the four objectives.

**Chapter 5. Discussion and Conclusion:** this chapter indicates the extent to which the aim of the study was achieved by highlighting the main findings in relation to the objectives. This chapter also presents the study limitations, recommendations and conclusion.

## **CHAPTER 2:- LITERATURE REVIEW**

### **2.1 Introduction**

This chapter reviews the findings of studies by local and international authors and researchers about alcohol abuse. A literature review is necessary to demonstrate a good understanding of the level of knowledge that provides guidance for the current research project, avoiding duplication and identifying gaps in the field (Grove, Burns and Gray 2012: 40). Alcoholic beverages are the most widespread and socially accepted psychoactive substances in all age groups its abuse having a very negative impact on individuals, families and communities. Various measures need to be developed to prevent the unpleasant effects of alcohol especially in the youth (Pengpid, Peltzer, van der Heaver and Skaal 2013: 131).

There is generally a relationship between drinking habits and social class or socio-economic status (Seggie 2013: 25). People in lower socio-economics class tend to drink more than moderate amounts at any time which means that they have a higher tendency to take alcohol excessively even if it occurs once a week (Sotos et al. 2014: 348). People who start drinking early in life have an increased risk of developing serious alcohol diseases such as cirrhosis of the liver and jaundice. The consumption of alcohol can reduce the ability to think rationally which results in people making poor choices. People who drink excessively may say things that they do not really mean and do things that they normally would not do when sober (Kwabena, Kyei and Ramagoma 2013: 186). Misuse of alcohol is well-known in South Africa among students, who consume it for many reasons including unhappiness, copying, relief from isolation, fitting in their new environment and self-suspicion (Kwabena, Kyei and Ramagoma 2013: 177). Senior students are more likely to influence the drinking behaviour of new students when they firstly arrived specifically those separated from their families for the first time.

They become influenced by their peers and take on the social norms of the group, in which excessive drinking may be encouraged (Young and de Klerk 2013: 88). According to Seggie (2013: 85) use and misuse of alcohol by peers encourages them to consume alcohol in order to fit into the new environment.

## **2.2 Alcohol abuse among nursing students**

Alcohol is an organic compound that is produced in different ways, the fermentation of sugar and its chemical structure making it easy for alcohol to cross human cell membranes and diffuse into all the tissues of the body including the brain (Horvath 2011: 133). Alcohol is a depressant often making it attractive to people who suffer from psychological problems such as high stress, low self-esteem or depression (deVargas2011: 89). Its abuse in colleges has become an area of concern not only because it poses a danger to health but it negatively affects academic performance of students (Benedetto, Saraceno, and Kim 2010: 101). Students are supposed to be involved in academic activities such as studying or writing assignments instead spend time in social activities such as going to parties and night clubs (Blandon, Molina, Martin and Campos 2017: 82).

This results in missing classes, submitting assignments late, failing tests and not meeting the requirement for examination and they may also become victims of rape, unplanned pregnancies, drink and drive and commit various types of crime due to the influence of alcohol (Devi et al. 2013: 269). Alcohol damages the area of brain responsible for learning, memory and verbal skills (Mohasoa, 2010: 99) and causes health problem especially liver disease (Simango 2014: 120). Excessive alcohol use can lead to the development of chronic diseases and other serious problems such as high blood pressure, heart disease, and digestive problems. In this context excessive alcohol drinking among students in tertiary institutions has become a health concern globally (Galeemelwe2014:122).

A study conducted at Cape Town University in Western Cape Province showed that some students who lived at self-catering residence were heavy drinkers at

social occasions except those who did not drink alcohol for religious reasons (Talbot 2012: 86).

Heavy alcohol consumption is endemic at college campuses and impacts negatively in many aspect of student's life such as poor class attendance, falling behind in their studies and performing poorly (Mohasoa 2010: 224). Likewise nursing students feel entitled to be part of the campus culture of being influenced to do so by interacting with their peers, classmates and friends (Horvath 2011: 212). There is a perception among college students that drinking alcohol is a bonding activity with various social events being dedicated to its consumption (Lerner and Spanier 2011: 122).

However the consumption of alcohol is not always accepted by society as it is considered a moral problem which causes fear in those students who have imbibed, sometimes preventing them from either consuming it or doing so where they will be seen and alcohol abuse in public can result in students being identified as heavy drinkers (de Vargas 2011: 51). In some instances the use of alcohol is modelled by senior students and passed down to juniors who reinforce the importance of its consumptions as part of their culture (Hingson 2010: 99). Some students see drinking at college as a fundamental part of their higher education experiences with all college students experiencing the effect of alcohol whether they drink or not (Lerner and Spanier 2011: 321). In the first year is when students start to consume alcohol especially on weekends with less drinking during examination time (Kincheloe 2012: 212). As time goes by students consume alcohol weekly and even during exams as associated problem increased. Approximately 25% of college students report poor academic consequences due to their drinking which includes doing poorly in exams or tests and receiving lower grades (Saban and Fisher 2010: 73).

Students who associate themselves with peers who consume alcohol tend to report higher levels of alcohol use than those whose friends seldom drink or do not drink at all (Talbot 2012: 113). Nursing students who consume alcohol

excessively can be regarded as dangerous nurses especially in clinical areas with no significant differences between the genders.

The new students tend to drink more than senior ones due to their eagerness to impress their peers (Sotos *et al.* 2014: 158). However alcohol consumption is increasing in all countries particularly in developing nations where this has been accompanied by a change from traditional drinking patterns to the use of Western alcoholic beverages (Saboia and Pereira 2013: 109). Hazardous alcohol use is not limited to college campuses in the United States of America (USA) with many changes occurring in the student's behaviour when they decided that they wanted to consume more alcohol (Mignogna 2010: 215). Various types of drinking behaviours have been portrayed not only when functions occurred during the week but also from week to week where students tend to over-estimate the drinking practices of their peers (Mignogna 2010: 140). Most students want to drink alcohol and succeed academically which they found difficult to maintain and drinking behaviour affects their studies (Galeemelwe 2014: 223).

The combination of alcohol with energy drinks increases the sensation of intoxication with an increasing number of college students drinking in order to facilitate intoxication (Mcatee 2010: 216). The caffeine in the energy drink acts as a stimulant and boosts the heart rate while alcohol acts as a depressant and slows the heart rate therefore sending mixed signals to the body which can lead to heart related problems, speech and walking difficulties, confusion and exhaustion (Malcic and Slijepcevic 2015: 88). Such situations can be serious and potentially harmful not only to the individual who is under the influence of alcohol but also to those around them and innocent bystanders (Grix 2014: 189).

### **2.2.1 Characteristics of alcohol abuse**

More severe forms of alcohol abuse are characterized by drinking behaviour that becomes habitual and takes priority over other activities being associated with increase tolerance and repeated withdrawal symptoms, these being relieved by

further drinking and feeling compelled to drink which leads to a hangover and progresses to tremors (Mignogna 2010: 44).

Alcoholism is diagnosed when one or more of the following signs occur at any time such as recurrent alcohol abuse, a failure to fulfil obligations at work, home or college, absence from work and problems such as drunken driving. The continuous and excessive abuse of alcohol could affect motor skills, impair judgement and significantly increases the risk of dependency. The people who are severely affected present with characteristics in different ways such as:-

- Whole body: blackouts, craving, dizziness, shakiness or sweating, which is relieved by taking more alcohol.
- Behavioural: aggression, agitation, compulsive or self-destructive behaviour and a lack of restraint.
- Mood: anxiety, euphoria, general discontentment, guilt or loneliness.
- Gastro-Intestinal: nausea and vomiting.
- Psychological: delirium and fear.
- Common: physical substance dependence, problem with coordination, slurred speech and tremors (Mignogna 2010: 83).

### **2.3 Contributory factors to alcohol abuse**

Some students use alcohol as a coping method especially when their performance is below the required standard and others use to hide that they are from rural areas and to fit in with their peers or friends (Kelch 2013: 103). Alcohol abuse affects an individual physically, psychologically, spiritually and emotionally due to the temporary impairment of the brain receptors to function normally (Simango 2014: 55).

Excessive alcohol consumption is widespread at college campuses and has an effect on all aspects of life such as being negatively correlated with college attendance due to hangover, tiredness and mental problem such as depression, anxiety, feelings of loneliness and low self-esteem (Mcatee 2010: 224). The



contributory factors addressed in this study relate to environmental and social changes, personal factors, and poor academic performance, combining work and study demands, peer pressure and socialization as well as role modelling. Students can also be affected by a sense of powerlessness with the adaptation to college life, drinking competitions and gender related issues. The relevant factors were environmental and social changes, personal factors, peer pressure and socialization, role modelling, sense of powerlessness, drinking competitions and gender (Onyebuchukwu, Sholarin and Emerenwa 2015: 152)

### **2.3.1 Environmental and social change**

The move from high school to college is associated with many changes with students needing to adjust and facing challenges which could be the stressful situations. These include adapting to new living arrangements, developing time management skills to accommodate their schedule, communicating with teachers, not having someone to guide them during studies, having various social opportunities and reduction of parental supervision in all of which can lead them to alcohol consumption (Mcatee 2010: 215). Tertiary students drinking habits are related to their attitudes towards alcohol their upbringing and socialization. The relationship between norms and alcohol use in college is closely correlated especially in students who are separated from parents for the first time and therefore start drinking alcohol (Galeemelwe 2014: 25).

### **2.3.2 Personal factors**

Personal factors play a major role in increasing students' vulnerability to alcohol abuse, such as mood changes or being anxious, failure to have problem-solving skills, low self-esteem, which may lead students to seek relief in consuming stress-relieving substances such as alcohol (Vellios and Walbeek 2015: 38).

College students may engage in heavy drinking to ensure a positive mood and consume alcohol in unfriendly situations to lessen negative feelings or emotions and social anxiety (Mcatee 2010: 219). For students, alcohol consumption is often seen as a way to fit in on campus, helps to remove inhibitions and a way to

get rid of class and examination stress. It also helps to numb the pain of failed relationships and to cope with conditions such as depression (Mohasoa 2010: 5). The number of factors that influence student's performance in different settings such as their effort, previous educational background, family income, self-motivation, age and entry qualifications contribute to alcohol consumption (Holloway and Patricia 2016: 90).

### **2.3.3 Peer pressure and Socialization**

Peer pressure is the direct influence on people or the effects on an individual who is encouraged to follow their peers by changing their attitudes, values or behaviour to conform to those from influencing group or individuals. Peers can increase the pressure to consume alcohol making it seem socially acceptable (Chauke, van der Heever and Hoque 2015: 62). Low self-esteem can be the predisposing factors of alcohol abuse, whereby an individual drinks alcohol in the hope that social anxieties and inhibitions will be reduced (Mcatee 2010: 18). Students seek a sense of belonging to the campus and gain the recognition and acceptance of their colleagues (Stock and Mills 2013:118). Peer pressure may increase alcohol use with students being cheered by their friends to take alcohol. Peer norms have the strongest influence on a student's personal drinking behaviour with lower rates of alcoholism being found when the norms controlling the use of alcohol are clear and the behaviour of alcohol users being congruent with the normative expectations (Vellios and Walbeek 2015: 38). People who struggle with social anxiety and low self-esteem are more likely to believe that alcohol consumption can facilitate socialization with others more effectively (Mcatee 2010: 219).

### **2.3.4 Role modeling**

Alcohol abusers come from families who lack cohesion and infrequently participate in recreation as a family unit. The college students have more freedom; no parental supervision and stay in hostels with friends, thus increasing the risk of alcohol abuse (Devi *et al.* 2013: 75). Family members who consume alcohol may be the predisposing factor for alcohol consumption. Role

models play a significant role in the development of alcohol abuse especially in females through adverts as the media portray drinking as an attractive and desired way of life (Chauke, van der Heever and Hoque 2015: 66). The influence of college students has a considerable impact on new nursing students who tend to copy the behaviour of their seniors as they look up to them as their role models (Kwabena, Kyei and Ramagoma 2013: 96).

### **2.3.5 Drinking competition**

New norms that have developed are drinking competitions among nursing students where bar owners and representatives from breweries sponsor prizes for the fastest drinkers. The winner being judged based on the quantity of alcohol consumed at a specific time. The prize is free alcohol and the title of “The boss” (Onyebuchukwu, Sholarin and Emerenwa 2015: 148). Students who drink heavily may choose friends with the same drinking pattern, in order to compete.

### **2.3.6 Gender**

Alcohol related personal and social problems are higher among college men than women as they consume more alcohol and have more alcohol related social problems (Devi *et al.* 2013: 76). Women who enter into treatment programmes for alcohol dependence receive less support from their partners and families than men in the same programmes. Alcohol consumption is higher in males than females as some males do not have the coping skills to face challenges and therefore feel that the best way of coping is to drink alcohol (Tremblay, Jacob and Johnson 2012: 99). Many nursing students use alcohol as the way to cope with their psychological problems rather than experiencing depression, loneliness, fear and anxiety (Chauke, van der Heever and Hoque 2015: 44).

## **2.4 The effects of alcohol consumption**

Most college students experience the effects of drinking alcohol whether they drink or not (Seggie 2013: 770). The effect of drinking on college students, their communities and families includes: physical health, psychological interpersonal problems and injuries, loss of coordination, sexual abuse, suicide, death and poor academic performance. The common consequences of addiction among nursing students and excessive alcohol consumption is the failure to have a well-balanced diet which results in people being prone to infection due to a compromised immune system (Devi *et al.* 2013: 91). Alcohol abuse not only causes physical damage to the liver and kidney but results in a lack of alertness, which may lead to the cause of accidents with their associated health consequences. People may not realize that dealing with stress and anxiety with alcohol use can affect their psychological wellbeing (Mohasoa 2010: 50). Severe alcoholics may succumb to alcohol amnesic disorder (short-term memory impairment) or dementia, general loss of intellectual abilities, impaired memory and possible personality change (Chauke, van der Heever and Hoque 2015: 102).

### **2.4.1 Interpersonal problems**

An alcohol abuser tends to have poor relationships with friends, co-workers, class mates, and peers due to their verbal and physical abuse. The repeated abuse experienced by nursing students may result in failure to fulfill major work obligations with repeated absences, poor performance in academic studies and continued drinking, even in situation where it is physically hazardous for example driving an automobile or operating machinery (de Vargas 2011: 99). Students use alcohol as a coping mechanism and most of them deny their abuse and rationalize their behaviour (Onyebuchukwu, Sholarin and Emerenwa 2015: 140). Students who reported high rates of binge drinking during their first year had negative consequences on their studies, financial, social and physical health (Galeemelwe 2014: 225). Poor academic self-concept may increase their difficulty in building good rapport with lecturers and result in performance anxiety

or be afraid of failure and engage in unacceptable behaviour (Mohasoa 2010: 98). Alcohol abuse can also lead to dropping out of college and low academic aspirations among peers. Excessive alcohol use might not lead to lower grades directly but indirectly through impairments in bodily/mental functioning (Chauke, van der Heever and Hoque 2015: 98). Alcohol consumption can cause an individual to have impaired motor skills which affects their coordination and their inability to drive a car and cause confusion where they cannot recognize what is around them (Saboia and Pereira 2013: 10). Alcohol abuse/misuse on college campuses and its negative consequences have become a challenge for higher educational institutions.

#### **2.4.2 Injuries, suicide and death**

In England, studies have shown that students between the ages of 18 – 24 received unintentional injuries while under the influence of alcohol and the number increasing by 6% each year (Mcatee 2010: 18). According to Galeemelwe (2014: 23) male students were at more risk of self-harm than their female counterparts as well as increased injury to others. Approximately 1,825 college students between the ages of 18-24 die after two years due to alcohol-related injuries, such as drunken driving, gunshot wounds and stabbing with a sharp instrument (Galeemelwe 2014: 75). There were incidents of stabbing at two of the KZN CN campuses in Kwa-Zulu Natal. More than 150 000 students in the USA develop alcohol-related health problems each year, while between 1.2% and 1.5% indicated that they tried to commit suicide within the past year due to excessive drinking of alcohol or its abuse (Kelch 2013: 104). College students in Gaborone reported that they attempted suicide due to alcohol abuse (Galeemelwe 2014: 25).

#### **2.4.3 Loss of coordination**

Media reports indicate that many road users (passengers in cars and pedestrians) either lose their lives or are injured due to individuals who drive under the influence of alcohol and cause accidents (Bezuidenhout 2012: 140). In

South Africa each year more than 3.3 million students aged between 18-24 drive under influence of alcohol which leads to increase morbidity and mortality due to associated accidents (Mcatee 2010: 18).

#### **2.4.4 Sexual abuse**

More than 97,000 students are victims of alcohol-related sexual assault or date rape in the United State of America (USA) each year with approximately 13% of college students reported to have had unprotected sex (Mitchell 2011: 89). A study conducted in the USA on alcohol and high-risk sexual behaviour in youth indicated its consumption leads to unprotected sex, multiple partners, rape and contracting sexual transmitted disease (Galeemelwe 2014: 25). Other

Other consequences of alcohol abuse are incidents of physical and sexual assault (Mignogna 2010: 30).

#### **2.4.5 Poor Academic performance**

Studies have shown differences in the effect of alcohol consumption with 93% of heavy drinkers are campus students who engage in careless behaviour, missing classes, getting into fights and arguing with friends as well as lower ability to concentrate in class due to hangover (Kincheloe, 2012: 14). According to Mohasoa (2010: 35) reduced cognitive functioning leads to poor academic performance resulting in decrease self-esteem and the students eventually dropping out from the training programme.

### **2.5 Preventive measures/ Interventions to reduce alcohol abuse**

A number of measures have been advocated to address the issues related to alcohol abuse regarding the development of appropriate policies. Policies are formulated at institutional level and implemented at the different campuses. Intervention measures are adopted such as providing periodic screening and self-esteem training and having various awareness days in higher education institutions and colleges (Onyebuchukwu, Sholarin and Emerenwa 2015: 148).

### **2.5.1 Higher education institutions**

College strategic policies and plans on campus and educational normative campaigns for students should be maintained with interventions aimed at preventing alcohol abuse by nursing students and on college campuses (Stock and Mills 2013: 117). Preventive measures to focus on targeting factors and enhancing protective factors in all levels of nursing training (Chauke, van der Heever and Hoque 2015: 134).

### **2.5.2 Periodic Screening and Self-esteem Training**

Screening and brief alcohol interventions should be an active method to reduce alcohol use within universities and colleges. Such interventional campaigns need clear messages from university administrations and students representative committees (Pengpid *et al.* 2013: 158). Self-esteem training should be carried out periodically to help undergraduates to understand that alcohol does not boost self-esteem. These should be appropriate for all genders, ages and levels of study, and should take place on an annual basis to reach new students (Young and de Klerk 2013: 67).

It is so important to have periodical alcohol screening at colleges with punishment for those consuming alcohol on the premises or having any alcohol content in their blood when on duty or on campuses.

### **2.5.3 Awareness Days**

Inform students about dangers of alcohol misuse, (ii) integrate responsible drinking practices with students' value and/or goal, (iii) provide student with normative information about college drinking practices and problems, and (iv) modify their attitudes towards its acceptability (Mignogna 2010: 10). Government should increase the age for alcohol purchase and advertisements should not be allowed especially on television while promotions by alcohol companies should be prohibited at higher institutions (Onyebuchukwu, Sholarin and Emerenwa 2015: 203).

Interventions that involve communities should focus on reducing access to the sale of alcohol, including supermarkets where it is readily available. Most interventions should focus on societal levels especially those involved in making or changing laws in order to change behaviour. Devi *et al.* (2013: 76) emphasized the need for workshop for nursing students regarding the maintenance of good health in order to prevent alcohol abuse. Emphasis should be on primary prevention of alcohol consumption among college students and interventions directed to inform students about the risk of alcohol abuse and the consequences of engaging in dangerous drinking practices (Pengpid *et al.* 2013: 109). Health care workers need to be knowledgeable about alcohol dependence, change their negative attitudes towards women who consume alcohol because they experience social stigma and discrimination if disclose that they have a problem and required treatment for alcohol dependence (Horvath 2011: 49). Student and their parents need to be educated about the health and social risks of alcohol consumption to reduce alcohol intake and address the norms associated with heavy drinking (Galeemelwe 2014: 60).

## **2.6 Conclusion**

Alcohol abuse is a worldwide phenomenon. Many factors contribute to the individuals becoming addicted to alcohol or drugs or both simultaneously. Since the consequences of alcoholism are so destructive and more serious than the other forms of drug abuse. It is very important to create awareness so the community can be informed about dangers of alcohol abuse as well as the effects on the individual, family and on the community. Alcohol abuse among nursing students is a major problem for the nursing profession. The consequences of excessive alcohol consumption can be serious, especially for nurses, who are responsible for the wellbeing of patients. It is important to create awareness among students about the effects of alcohol abuse especially in relation to their work performance. Few studies have shown the consequences of alcohol consumption among nursing students in various colleges.



## **CHAPTER 3: METHODOLOGY**

### **3.1 Introduction**

This chapter outlines the research methodology, this being a plan or design for the process of finding a solution to the research problem (Grove, Burns and Gray 2012: 26). The chapter details the research design, study area, population and sample, the data collection tool being a questionnaire, the pilot study, data collection process and data analysis as well as issues related to validity and reliability. The research methodology is the process of collection, analysis and application of data to the field of study (Polit and Beck 2012: 211), that is the theoretical analysis of method used and the principles associated with the branch of knowledge.

### **3.2 Research design**

A research design is the execution of the overall plan for obtaining the answer to the research question including the requirements that add to the study's integrity. The choice of the design guides the researcher in identifying in the strategies that should be adhered to in order to develop information that is accurate and easily understood (Grove, Burns and Gray 2012: 195). A quantitative descriptive cross-sectional design was used to describe the views of nursing students regarding alcohol abuse among college students. The purpose is to observe, describe and document aspects of the situation as it naturally occurs. Quantitative research is described as a set of logical phases used to answer the research question (Polit and Beck 2012: 236).

A quantitative research design specifies the methods to recruit respondents collect and analyse data as well as interpret the results. A survey questionnaire was used to obtain the quantitative data that was analyzed using descriptive statistics. A descriptive design is used to identify problems with recent practices (Grove, Burns and Gray, 2012: 21). The descriptive design was selected as it is

a process that facilitates the description of people's daily experiences and the knowledge, attitudes, perceptions and behaviour relating to their lives (Grove, Burns and Gray, 2012: 215). The research design was chosen to suit the purpose and financial constraints of the study (Polit and Beck, 2012: 230).

### **3.3 Research setting**

The research setting is the location where the study was conducted (Grove, Burns and Gray 2012: 373). For this study the KwaZulu-Natal College of Nursing (KZNCN) was the research setting with numerous campuses and the researcher works at one campus. The KZNCN is responsible for conducting nurses' training programmes in KwaZulu-Natal (KZN) Province for the Department of Health. The colleges are publically funded nurse training institutions that are attached to district level hospitals at which the students undertake their clinical training. During the year, the nurses attend approximately 5/12 months of lectures and 6/12 months of clinical practice to apply the theory to practice. The training is subsidized and the students receive a stipend for food and accommodation is provided at the nurses' residences.

### **3.4 Study Population**

The study population is defined as an entire group of people living together in the same place (Polit and Beck 2012: 273). The accessible populations were those students the researcher was able to access (Polit and Beck 2012: 276), and consisted of students undertaking training to be registered as nurses (general, community, psychiatry) and midwifery for the qualification Diploma in Nursing. The target population was students from their first to fourth year of study between January 2013 and January 2016. The total population of students consisted of all those from the five selected campuses from 1<sup>st</sup> to 4<sup>th</sup> year. Of the 1197 students available, 320 were identified for inclusion across the four years. For most of the students this is their first time living away from home with many coming from the surrounding rural areas. The majority of students are females between the ages of 18-25 years.

The students receive a stipend and most of them have accommodation at the nurse's residence for only R2500.00 per month. At other tertiary institution like Universities and Technical and Vocational Education and Training (TVET) colleges students have access to National Student Financial Aid Scheme (NSFAS) that covers their fees and accommodation. Figure 3.1 is an illustration of the five campuses selected for this study.



Figure 3.1 Location of the five KZNCN campuses included in the study

### 3.5 Sampling and sample size

Students were recruited from five campuses of the KZNCN, which consisted of a total of 1197 students. Five campuses were randomly selected from the nine

available with the Ngwelezana Nursing Campus being excluded as it was used for the pilot study. The Goldfish bowl technique was used which involved placing slips with the names of the nine campuses into a bowl which was shaken and from which five were picked. The campuses were Addington in Durban (89 students), Benedictine in KwaNongoma (48 students), Charles Johnson Memorial in Nquthu (44 students), Port Shepstone in Port Shepstone (63 students) and R K Khan in Durban (76 students), with a total of 320 students. The sample size comprised of 320 students across the four year programme. A statistician was consulted regarding the sample size to ensure that it would be representative of the nursing students' population in the KZNCN.

Probability systematic sampling was used to select the sample from the students in the four year diploma in nursing programme. Systematic sampling techniques involved selecting the group of people or other elements when an ordered list is available (Grove, Burns and Gray 2012: 351). Students from each campus were selected using systematic sampling with each campus presenting a list of the students from 1<sup>st</sup> to 4<sup>th</sup> year. Each group had an alphabetical list then count two students after them take one for example count 1,2 and 3 taken for research, repeated this counting until the required number was obtained (Polit and Beck 2012: 282). A statistician was consulted regarding the sample size to ensure that it would be representative of the nursing students' population in the KZNCN.

The following inclusion criteria applied:

- All nursing students registered for the four year diploma R425 from 1<sup>st</sup> year to 4<sup>th</sup> year.

The following exclusion criteria applied:

- Students enrolled in other nursing programs, such as one year midwifery, two year bridging course.
- Students enrolled in any post-basic nursing programs.
- Students at the Ngwelezana Nursing Campus, the researcher is employed there as a lecturer and knows the students.

### **3.6 Data collection method**

Data collection refers to the complete gathering of information necessary for the purpose of the research or the specific objectives, questions or hypothesis of the study (Grove, Burns and Gray 2012: 523). Data was collected by means of self-administered survey questionnaire that was given to students to complete. The questionnaire was designed by the researcher with the guidance of the statistician. The questionnaire was in English and translation to another language was not required as all the respondents were conversant in English which is the language of instruction at all KZNCN campuses.

The questionnaire had the following five sections:-

Section A: - demographic details for example, gender, race, age, marital status, Religion, year of study and performance status.

Section B: - Objective 1: To determine the views of students regarding alcohol abuse and attitudes of nursing students on consumption of alcohol

Section C: - Objectives 2: To determine the perception of nursing students regarding the consumption of alcohol.

Section D: - Objective 3: To determine the degree of social pressure on the consumption of alcohol

Section E: - Objective 4: To identify the measures to prevent alcohol abuse.

The data collection tool was given to two research experts to check for validity (Polit and Beck 2012: 241).

### **3.7 Pilot Study**

A pilot study is a small exercise to test the research tools and is undertaken to establish the appropriateness of the tools and data collection method before embarking on the larger study (Polit and Beck 2012: 195). A pilot study was conducted on a smaller sample than the main study to improve the methodology or collection of data and was done at the campus where the researcher works as this campus was excluded from the study. The data collection tool was given to two research aspects to check for validity before pilot was conducted (Polit and

Beck 2012: 241). A pilot study was conducted on eight students two from each level at Ngwelezana Nursing Campus. The respondents needed to read through the letter of information before signing the consent form and answering the questions. Pilot study assisted in showing how long it took to complete the questionnaire (average 20-25 minutes). The students indicated that the instructions were clear as were the questions and that the questionnaire was effective in capturing the data required for this study. The pilot respondent's data were excluded from the final data analysis.

### **3.8 Data collection procedure**

Once ethical approval was granted to conduct the study, the researcher contacted each of the campus principals after selection, explained the study and requested their participation. The principal arranged for the researcher to meet the lecturers from the different levels of training (1<sup>st</sup> year to 4<sup>th</sup> year) to organize a time to explain the procedure regarding the distribution and collection of questionnaires. This was arranged at a time that did not inconvenience their classes and to ensure that the researcher could be available to distribute the questionnaire package to the specified sample in the classroom. The students that consented were invited to participate in the study which was voluntary and they were informed that their studies would not be compromised should they decide not to complete the questionnaire. The students agreed to participate after reading the information letter and signing the consent form (Appendix 3). They were required to read the letter of information with understanding prior to signing consent to participate in the study willingly. The information letter, consent form and questionnaires were hand delivery by the researcher to each campus between 24 May and 11<sup>th</sup> August 2017 while students were on block. for the theory component of their nursing programme. The designated lecturer from each institution distributed the information letter and outlined the study and once they had signed informed consent (Appendix 2a) distributed the questionnaires. The lecturer was in the classroom with the respondents to answer any queries. The researcher was in a nearby room to assist where

necessary. The nature and the benefits of the study were explained to the students and the manner in which confidentiality was ensured. Consent forms were given to all respondents. Questionnaires (Appendix 2) were distributed by the lecturer in the classroom for the respondents to fill in. On completion of the questionnaires the lecturer collected them, put them into an envelope, which was then sealed and put in box and handed to the researcher on the same day. Data was collected in a consistent manner as all the questionnaires were delivered and retrieved by the researcher from each campus on the day of completion and the researcher remained on the premises during collection. Data was collected by the researcher visiting each campus using self-administered questions over a period of 11 weeks. The number of respondents obtained in different groups from each campus was as follows:

1. Port Shepstone Campus: data collected on 24 May 2017 – (1/15 = 23), (1/14 = 19), (1/13 = 21). They did not have 1<sup>st</sup> year students at this campus. Total = 63 students.
2. Addington Campus: data collected on 29 May 2017 – (1/16 = 32), (1/15 = 20), (1/14 = 16), (1/13 = 21). Total = 89 students.
3. Benedictine Campus: data collected on 18 July 2017 – (1/15 = 22), (1/14 = 16), (1/13 = 10). They did not have 1<sup>st</sup> year students at this campus. Total = 48 students.
4. Charles Johnson Memorial Campus: data collected on 27 July 2017 – (1/16 = 14), (1/15 = 12), (1/14 = 18). They did not have 4<sup>th</sup> year students at this campus. Total = 44 students.
5. RK Khan Campus: data collected on 9 August 2017 – (1/16 = 10), (1/15 = 22), (1/14 = 19), (1/13 = 25). Total = 76 students.

### **3.9 Data Analysis**

Data analysis entails categorizing, ordering, manipulating and summarizing the data and streaming data into understandable patterns and relationships to enable it to be used as information (Grove, Burns and Gray, 2012: 542). By



analyzing the data relationships between variables and ideas become clearer and patterns are identified that are the same or different from others which makes it easier to understand the meaning of the information (Grove, Burns and Gray 2012: 544). The researcher captured the quantitative data electronically from each questionnaire and analyzed it using version 17 of the Statistical Packages of Social Sciences (SPSS) version 21.

The data was initially analyzed using descriptive statistics and presented in table and graphs which means that standard deviations being established where applicable. This consisted of the data for the demographic details and for each of the sections relating to the four objectives. Inferential statistics was applied to test for any significant trends in the data using Pearson's correlation, t-test ANOVA and chi-square tests, a chi-square goodness-of-fit-test and whether any of the response options were selected significantly more or less often than the others. It is assumed that all responses are equally selected (Grove, Burns and Gray 2012: 587). Where conditions are not met for the application of these tests non-parametric equivalent tests or exact tests where applicable were used. Binomial test: can be extended when data with more than two response options is split into two distinct groups (Grove, Burns and Gray 2012: 582). One sample t-tests: - were used to test whether a mean score is significantly different from a scholar value.

### **3.10 Validity and Reliability**

Validity is the ability of a measurement tool to accurately measure what it is proposed to measure (Grove, Burns and Gray 2012: 393).

Validity is the quality standard and refers to the degree to which interpretations made in the study are accurate and well founded in measurement (Polit and Beck 2012: 745). Content validity examines the extent to which the questionnaire included all the major elements relevant to the construct being measured. Face validity refers to what the tool looks like whether it is valid and give appearance of measuring what it was supposed to measure (Grove, Burns and Gray 2012: 393). A review of the literature was performed to establish the

variables identified elsewhere regarding nursing students' views on alcohol abuse

Reliability is the extent to which the research tool is able to give the same results repeatedly in similar situations (Polit and Beck 2012: 331). If the results of tests are found to be similar, the tool can be considered to be consistent (Brink, van der Walt and van Rensburg 2014: 263). The questionnaire was considered a valid and reliable instrument for measurement in research as it was tested in a pilot study and found to provide the required responses to address the study objectives (Polit and Beck 2012: 332).

### **3.11 Ethical considerations**

When conducting a research study, it is important for the researcher to maintain the rights of others and to be aware the negative impacts of the study on the sample population and may address a number morale principles.

- **Ethical approval:** this was obtained from the Durban University of Technology Institutional Research Ethics Committee (Appendix 2). Permission to conduct the study was also obtained from the Department of Health and KwaZulu Natal College of Nursing and campus principals.
- **Beneficence:** the researcher had a duty to minimize harm and discomfort and maximize benefit. Harm can either be physical, psychological, emotional, spiritual, economic, social or legal (Polit and Beck 2012: 235). The researcher had an obligation to minimize the respondents' burden and make as few demands as possible (Brink, van der Walt and van Rensburg 2014: 17).

The study had no physical discomfort for the respondents and no financial burdens as it was conducted in their free time and natural settings.

- **Consent:** only respondents who had given consent were allowed to participate in the study. Once the study was fully explained to the respondents including their rights, voluntary participation, risk and the benefit and then written consent was obtained (Appendix 3) (Polit and Beck 2012: 154). The understanding of this information was ensured by eliminating technical terminology and professional jargon (Grove, Burns and Gray 2012: 213). The respondents were given an

opportunity to ask questions that were answered in English. The respondents were given a choice not to participate and to withdraw at any point if they wished to do so.

- **Anonymity and Confidentiality:** students' personal details were not recorded, such as name, to ensure their anonymity and the data was only analyzed collectively with no one person being singled out for reporting. The respondents' identities on the questionnaires were coded with numbers being allocated to ensure confidentiality. The data was protected to ensure the confidentiality of the respondent's information. Immediately following completion of the questionnaires the researcher removed the documents from the respective campuses to prevent them from being viewed by anyone. The hard copy of the questionnaires were locked in a steel cupboard in the researcher's office for a period of five years after which they will be shredded with the supervisors permission. The electronic data was available to the researcher, the supervisors and the statistician and will be stored for five years and deleted from technological devices after five

### **3.12 Conclusion**

A cross-sectional study of 320 students at five nursing campuses across KZN was conducted using a questionnaire survey to obtain the selected students demographic details and their responses to the 56 questions to address the four objectives. A pilot study was conducted to ensure the appropriateness of the tool with the data being analyzed using descriptive and inferential statistics to establish any trends or associations. Standard ethical considerations were applied to ensure student confidentiality and anonymity once ethical approval had been obtained from the relevant institutions. Chapter four presents the results.

## **CHAPTER 4: RESULTS**

### **4.1 Introduction**

The results of the study are presented in this chapter. The aim of the study was to determine the view of nursing students regarding alcohol abuse and to identify measures to prevent its abuse at all levels of training from 1<sup>st</sup> year to 4<sup>th</sup> year of the nursing programme. The objectives of the study were:

1. To determine the views of nursing students regarding alcohol abuse.
2. To determine the attitudes of nursing students regarding the consumption of alcohol
3. To determine the degree of pressure in the consumption of alcohol.
4. To identify the measures to prevent alcohol abuse.

The findings are presented according to the responses to the questionnaire that were based on the objectives. Three hundred and twenty questionnaires were received, with a response rate of 100%.

#### **4.1.1 Demographic details**

The demographic data analyzed related to gender, race, age, marital status and religion, year of study and performance status. The majority of respondents were females (n=228, 71.8%), Black African (n=248, 77.5%), aged 20-25 years old (n=209, 65.3%), single (n=291, 90.9%) and Christian (n=283, 88.4). Only 8.8% (n=28) were in their first year of study with one third being in year 2 (n=111, 34.7%) and the remainder being in their third (n = 94.29.4%) and fourth (n =87.27.2%) years. Of a total of 320 students, 88.4% (n=283) passed their year on the first attempt.

**.Table: - 4.4.1 Demographic details (n=320)**

Variable	Characteristic	No	%	Variable	Characteristic	No	%
Gender	Female	228	71.8	Religion	Christian	283	88.4
	Male	92	28.8		Muslim	4	1.3
Race	Black African	248	77.5		Hindu	16	5.0
	Coloured	17	5.3		Nazareth	12	3.8
	Indian	51	15.9		Other	5	1.6
	White	4	1.3	Year of Study	Year 1	28	8.8
Age	18-19	8	2.5		Year 2	111	34.7
	20-25	209	65.3		Year 3	94	29.4
	26-35	86	26.9		Year 4	87	27.2
	>35	17	5.3	Performance Status	Yes	283	88.4
Marital status	Single	291	90.9		No	35	10.9
	Married	26	8.1		Not indicated	2	.6
	Divorced	2	.6				
	Cohabiting	1	.3				

**4.2 Objective 1. To determine the views of nursing students regarding alcohol abuse**

The results showed that of the 320 respondents who answered this question, 51% (n=164) regarded alcohol consumption as acceptable and 49% not acceptable. The binomial test (.50) was not a significant result as the consumption of alcohol is almost equally thought to be acceptable and not acceptable (Table 4.2). The respondents rated their opinion against the consumption of alcohol as strongly disagree, disagree, neutral, agree and strongly agree. A total of 18% (n = 59) strongly disagreed, 16% (n = 51) disagreed, 38% (n = 121) responded as neutral, 13% (n = 43) agreed and 15% (n = 46) strongly agreed as shown in Table 4.2. The result of test was significant

**Table: - 4.4.2 Views related to alcohol consumption**

Variable	Characteristics	No.	%	No.	%	p-value
Do you consider it acceptable to consume alcohol	Acceptable	164	51%	.50		.696
	Not acceptable	156	49%			
	Strongly disagree (no)	59	18%	110	34%	.071
	Disagree	51	16%			
	Neutral	121	38%	121	38%	
	Agree (yes)	43	13%			
	Strongly agree	46	15%	89	28%	

#### **4.3 Objective 2. To determine the attitudes of nursing students regarding the consumption of alcohol**

The attitudes of nursing students on the consumption of alcohol were determined based on alcohol consumption, drinking partners, five or more drinks in one occasion, experience of hangover, drinking in the morning, consuming more alcohol than planned, feeling sick after alcohol consumption, alcohol consumption affects health, the ability to stop drinking after one or two drinks, acceptance of a drink offered by a friend, alcohol consumption negatively affecting daily activities, failure to do normal daily activities alcohol consumption before noon and failure to do normal daily activities.

Over one third of respondents (n=125, 39%) never consumed alcohol, while the majority (n=169, 53%) did so less than once a week (Table 4.3). Less than 10% (n=26, 8%) indicated that they consumed alcohol one to six times a week. A significant number of respondents indicated that they never consumed alcohol or did so less than once a week,  $p < .0005$ . Nearly half the respondents (n=142, 43%) indicated that they usually drank alcohol with friends, 12% (n=37) with their family, 6% with either a boyfriend or a girlfriend, while 5% (n=15) drank alone. However 34% (n=108) of the data was missing and had not been completed by the respondents. The results showed that a significant number indicated they consumed alcohol either never or once a week (n= 376):  $p < .0005$  with friends (n = 305:  $p < .0005$ ) and never had more than four drinks on one occasion (n = 182:  $p < .0005$ ). Three quarters of the respondents (n=243, 76.4%) indicated that they never or rarely had a hangover when they had been drinking, while the remaining 23.6% (n=76) noted that this happened sometimes, often or always. The results showed that a significant number of respondents did not experience a hangover after taking alcohol  $p < .0005$  (Table 4.3).

**Table: - 4.4.3: Alcohol consumption (n=320)**

Questions	Variables	No	%	p-value
How often do you have a drink containing alcohol?	Never	125	39.1	.000
	<once a week	169	52.8	
	1-2 times a week	19	5.9	
	3-3 times a week	6	1.9	
	5-6 times a week	1	0.3	
With whom do you usually drink alcohol	Friends	142	44	
	Family	37	12	
	Boyfriend	13	4	
	Girlfriend	5	2	
	Alone	15	5	
	Missing data	108	34	
How many times have you had five or more drinks on one occasion	Never	158	49	.000
	Once	38	12	
	Twice	32	10.0	
	3-4 times	32	10.0	
	>4 times	58	18	
	Missing data	2	1	
How often, when you have been drinking, do you experience a hangover	Never	171	53.4	.000
	Rarely	72	23	
	Sometimes	55	17.2	
	Often	11	3.4	
	Always	10	3	
Have you ever had a drink in the morning to get rid of hangover?	Yes	38	12	
	No	276	86	
	Missing data	6	2	
How often do you drink more than you planned to?	Never	172	54	.000
	Rarely	76	24	
	Sometimes	47	15	
	Often	16	5	
	Always	8	3	
How often do you feel sick after drinking alcohol	Never	160	50	.000
	Rarely	81	25	
	Sometimes	48	15	
	Often	17	5	
	Always	12	4	
How much do you think consuming 5 or more drinks every weekend would affect your health (or in other ways)?	Not at all	42	13	.000
	A little	37	12	
	Sometimes	48	15	
	A lot	192	60	

With regard to ever having a drink to get rid of a hangover, 12% (n=38) indicated that this had happened, while 86% (n=276) had not (Table 4.34). A binomial test revealed a significant percentage (88%) ( $p < .0005$ ) did not have a drink before going to work. Three quarters 78% (n=314) had never or rarely drunk more than they had planned, while 8% (n=24) often or always did. A similar percentage 75.3% (n=241) never or rarely became ill after consuming alcohol, while 9.1% (n=29) did so often or always. The Chi-square goodness of fit results was significant for never becoming sick:  $p < .0005$ . In terms of alcohol consumption affecting their health, 75% (n=240) said that it would affect them, while 25% (n=79) felt that it would not affect them.

As shown in table 4.4 of the 319 respondents 34.4% (n = 110) indicated that they did not drink, 57.5% (n = 184) felt that they were able to stop drinking without difficulty, while 7.8% (n = 25) reported being unable to do so. With regard to being offered a drink by a friend, 53.8% (n = 172) would not accept it, while 45.9% (n = 147) did accept. Of the 210 who indicated that they did drink, 10.3% (33) indicated that alcohol consumption negatively affected their normal daily activities. A total 89% (n = 286) reported rarely or never failed to do what was normally expected of them due to alcohol consumption, 10% (n = 31) indicated sometimes and one percent (n =3) indicated that this happened often and 89% (n=286) reported rarely or never. Of note is that 20% (n=65) indicated that they drank alcohol before noon.



**Table: - 4.4.4. Drinking and its consequences**

Questions	Category	No	%	p-value
Are you able to stop drinking without difficulty after one or two drinks	Yes	184	57.5	.000 <sup>a</sup>
	No	25	7.8	
	n/a- don't drink	110	34.4	
	Missing	1	0.3	
If a friend offered you a drink of alcohol beer, wine or liquor would you drink it?	Yes	147	45.9	.179 <sup>a</sup>
	No	172	53.8	
	Missing	1	.3	
Does your consumption of alcohol negatively affect your normal daily activities in any way?	Yes	33	10.3	.000
	No	177	55.3	
	n/a-don't drink	110	34.1	
	Missing	1	3	
How often have you failed to do what is normally expected from you because of drinking?	Never	231	72	.000
	Rarely	55	17	
	Sometimes	31	10	
	Often	3	1	
Do you ever drink alcohol before noon	Yes	65	20	.000 <sup>a</sup>
	No	249	78	
	Missing	6	2	

**4.4 Objective 3: To determine the degree of social pressure in the consumption of alcohol**

Social pressure can affect the consumption of alcohol by students at colleges and universities, with some consuming it for the first time because they wanted to fit in with their peers. Table 4.5 presents the results related to social pressure, with the majority (87%, n=277) indicating that their friends consume alcohol, of whom 18% (n=57) did so at least 3 – 4 times a week, with many (82%, n=261) older family members disagreeing with this activity.

**Table: - 4.4.5: Social pressure and alcohol consumption**

Variable	characteristics	No.	%	No	%	p-value
Do your friend or peers consume alcohol	Yes	277	87			.000 <sup>a</sup>
	No	43	13			
How many drinks do they have a week	Don't drink	45	14	256	70	.000
	1-2 per week	211	66			
	3-4 per week	39	12	57	18	
	5-6 per week	12	4			
	7-8 per week	7	2			
	9+ per week	6	2			
How do your parents, older sisters or brothers feel about your peers drinking alcohol	Strongly disagree	127	40	261	82	.000 <sup>a</sup>
	Disagree	134	42			
	Agree	55	17	59	18	
	Strongly agree	4	1			

The respondents were provided with nine questions regarding their reasons for alcohol consumption that they were required to select one of five options, ranging from strongly agree through neutral to strongly disagree. For analysis purposes, strongly agree and agree were combined, as were disagree and strongly disagree. The three highest with which the students agreed were for experimental purposes 69% (n= 219), peer pressure 70% (n=222) and to cope with stressful situations 76% (n=243). In only one category, after discovery of certain illness, was disagree 49% (n=154) higher than agree 30% (n=97). Parental influence on consumption had the most similar number of disagree 39% (n=123) and agree 44% (n=140). The two highest neutrals or in difference to the questions, were after discovery of a certain illness and death of a family member, which were both 22% (n=69), while the lowest was peer pressure at 8% (n=27). A significant 82% disagree with peers drinking alcohol,  $p < .0005$ .

**Table: - 4.4.6 Reasons for consuming alcohol**

Variables	Characteristics	No.	%	Combined		p-value
				No	%	
For experimental purposes	Strongly disagree	24	8	50	16	000 <sup>a</sup>
	Disagree	26	8			
	Neutral	51	16	219	69	
	Agree	137	43			
	Strongly agree	82	26			
Adjustment to a new environment	Strongly disagree	32	10	105	33	000 <sup>a</sup>
	Disagree	73	23			
	Neutral	62	19	153	48	
	Agree	114	36			
	Strongly agree	39	12			
Peer pressure	Strongly disagree	33	10	70	22	000 <sup>a</sup>
	Disagree	37	12			
	Neutral	27	8	8.5	30.4	
	Agree	108	34	222	70	
	Strongly agree	114	36			
Availability of alcohol on or near premises	Strongly disagree	32	10	84	26	000 <sup>a</sup>
	Disagree	52	16			
	Neutral	64	20	20.0	46.3	
	Agree	116	36	172	54	
	Strongly agree	56	18			
After discovery of certain illness	Strongly disagree	50	16	154	49	000 <sup>a</sup>
	Disagree	104	33			
	Neutral	69	22	21.6	69.7	
	Agree	65	20	97	30	
	Strongly agree	32	10			
Poor performance in class	Strongly disagree	50	16	127	40	000 <sup>a</sup>
	Disagree	77	24			
	Neutral	33	10	10.3	50.0	
	Agree	91	28	160	50	
	Strongly agree	69	22			
Deaths of a family member	Strongly disagree	39	12	101	31	000 <sup>a</sup>
	Disagree	62	19			
	Neutral	69	22	21.6	53.1	
	Agree	91	28	150	46	
	Strongly agree	59	18			
Parental influence on alcohol consumption	Strongly disagree	57	18	123	39	000 <sup>a</sup>
	Disagree	66	21			
	Neutral	57	18	17.8	56.3	
	Agree	99	31	140	44	
	Strongly agree	41	13			
To cope with a stressful situations	Strongly disagree	22	7	43	14	000 <sup>a</sup>
	Disagree	21	7			
	Neutral	34	11	10.6	24.1	
	Agree	141	44	243	76	
	Strongly agree	102	32			

There is significant agreement that alcohol is consumed: for experimental purposes ( $M=3.71$ ),  $t(319) = 10.981$ ,  $p < .0005$ ; when adjusting to a new environment ( $M=3.17$ ),  $t(319) = 2.556$ ,  $p = .011$ . There is significant disagreement that alcohol is consumed after discovering they suffer from a certain illness ( $M=2.77$ ),  $t(319) = -3.420$ ,  $p = .001$ .

The two highest issues to which the student nurses responded yes were feeling bad or guilty about their drinking (83/312) and alcohol having created problems between family and close friends (64/317). A similar number of respondents indicated that they had engaged in illegal activities to obtain alcohol (5/319), experienced withdrawal symptoms when they stopped drinking (7/314), attended Alcoholics Anonymous meetings (5/314), been hospitalized due to drinking (5/315) and been arrested for drunk driving (6/317).

**Table: - 4.4.7 Consequences of alcohol abuse**

	Category	No.	Observed Prop	Test Prop	Asymp. Sig.(2-tailed)
Have you ever been involved / injured in an accident as a result of alcohol abuse?	No	297	.93	50	.000 <sup>a</sup>
	Yes	22	.07		
	Total	319	1.00		
Have you ever engaged in illegal activities in order to obtain alcohol?	No	314	.98	50	.000 <sup>a</sup>
	Yes	5	.02		
	Total	319	1.00		
Have you ever experience withdrawal symptoms (felt sick) when you stopped taking alcohol?	No	307	.98	50	.000
	Yes	7	.02		
	Total	314	1.00		
Have you ever felt bad or guilty regarding your drinking?	No	229	.83	50	.000 <sup>a</sup>
	Yes	<b>83</b>	.27		
	Total	312	1.00		
Have you ever lost your girlfriend/boyfriend or other friends due to your drinking?	No	284	.89	50	.000 <sup>a</sup>
	Yes	34	.11		
	Total	318	1.00		
Has drinking ever created problems between you and close relatives or friends?	No	253	.80	50	.000 <sup>a</sup>
	Yes	64	.20		
	Total	317	1.00		
Have you ever got into physical altercations while drinking?	No	289	.92	50	.000 <sup>a</sup>
	Yes	26	.08		
	Total	315	1.00		
Have you ever attended an Alcoholics Anonymous Meeting?	No	309	.98	50	.000 <sup>a</sup>
	Yes	5	.02		
	Total	314	1.00		

Have you ever been hospitalized due to your drinking?	No	310	.98	50	.000 <sup>a</sup>
	Yes	5	.02		
	Total	315	1.00		
Have you ever been arrested for drunk driving or driving after drinking	No	311	.98	50	.000 <sup>a</sup>
	Yes	6	.02		
	Total	317	1.00		

#### **4.5 Objective 4:- To identify the measures to prevent alcohol abuse**

The measures to prevent alcohol abuse focused on increasing legal punishment; reducing the availability of alcohol, keeping the students occupied by increasing the volume of work over the weekend, provide awareness programs on alcohol abuse during orientations: implement college discipline code with regard to alcohol and regular notices about zero tolerance to alcohol from people in authority. Other measures were age restriction from ages 13 -17 not allowed to buy alcohol, get motivational speakers to address students on dangers of alcohol use, encourage participation in sports or other activities and the prohibition of drinking joints and bars from operating within or around colleges. Lastly limit alcohol availability on campus at residence and enforce underage drinking laws; prohibit promotion by alcohol companies at higher institutions and provide periodical self-esteem training to teach the nursing students that alcohol is not a self-esteem booster. The findings in this study revealed that the respondents agree that increase legal punishment of alcohol abuse will assist in reducing alcohol consumption. The respondents also agreed to all the measures to prevent alcohol abuse except the increase of the volume of work over weekends to keep them occupied.

**Table: - 4.4.8: Measures to prevent alcohol abuse**

	Test Value = 3					
	t	df	Sig- (2-tailed)	Mean Difference	95% Confidence Interval of the Difference	
					Lower	Upper
Increase legal punishment of alcohol abuse	8.3669	319	.000	.584	.45	.72
Reduce the selection of alcohol available.	8.882	319	.000	.559	.44	.68
Increase the volume of work for students over the weekend to keep them occupied.	-8.854	319	.000	-.663	-.81	-.52
Provide awareness programs on alcohol abuse during orientations	36.309	319	.000	1.481	1.40	1.56
Implement a College disciplinary code with regards to alcohol	14.113	319	.000	.903	.78	1.03
Regular notices about zero tolerance to alcohol from people in authority.	13.852	319	.000	.781	.67	.89
Age restriction from 13-17 not allowed to buy alcohol can reduce alcohol rate.	4.591	319	.000	.369	.21	.53
Get motivational speakers to address students on dangers of alcohol use.	22.598	319	.000	1.191	1.09	1.29
Encourage participation in sports or other activities	29.173	319	.000	1.406	1.31	1.50
Prohibit drinking joints and bars from operating within or around colleges.	13,541	319	.000	.909	.78	1.04
Limit alcohol availability on campus/in residence & enforce underage drinking laws	17.441	318	.000	1.107	.98	1.23
Prohibit promotion by alcohol companies in higher institutions	15.129	319	.000	.959	.83	1.08
Provide periodical self-esteem training to teach the nursing students that alcohol is not a self-esteem booster.	26.702	319	.000	1.297	1.20	1.39

## **4.6 Conclusion**

This chapter presents the findings and statistical analysis of data. The findings include: the demographic characteristics, views of nursing students about alcohol abuse, social influence on alcohol use, reasons for consuming alcohol, consequences of alcohol abuse and preventive measures. Most of these questions had positive responses. Three hundred and twenty respondents participated in the study with 100% responses only one or two missed certain question.

Chapter 5 presents discussions, conclusions and recommendations

# **CHAPTER 5: DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS**

## **5.1 Introduction**

This chapter discusses the finding presented in Chapter 4 about the views of nursing students regarding alcohol consumption and measures to prevent its abuse. A quantitative approach was used that entailed a descriptive cross-sectional design. The target group consisted of nursing students from 1<sup>st</sup> to 4<sup>th</sup> year at selected campuses in the R425 nursing programme with KZN CN, with data being collected using questionnaires. This chapter presents the findings, conclusions, recommendations, limitations and areas for further research.

## **5.2 Discussion of findings**

The discussion focuses on the same areas as presented in Chapter 4, these being:

1. Demographic characteristics
2. Objective 1. To determine the views of nursing students regarding alcohol abuse
3. Objective 2. To determine the attitudes of nursing students regarding the consumption of alcohol.
4. Objective 3. To determine the degree of pressure in the consumption of alcohol.
5. Objective 4. To identify the measures to prevent alcohol abuse.

### **5.2.1 Demographic characteristics**

While most of the respondents were female (71.8%) there is growing trend for males to choose nursing as a career as indicated in this study where 28.8% were men, which may be due to low employment opportunities in the rural areas in particular. The rate of alcohol consumption was found to be much higher among males with more problems of abuse being reported in the 16-24 year age group (Harling 2016: 134). According to de Vargas (2011: 16) where there are females and males together the former have a more accepting attitudes towards alcohol. According to Grix (2014: 47) drunkenness in men is seen as an acceptable expression of camaraderie while for women drinking is often a dirty



secret that needs to be hidden from the world. The females who are heavy drinkers are prone to engage in risky sex behaviour, including having unprotected sex, multiple partners and selling sex (Galeemelwe 2014: 25). An alarming increase in alcohol abuse and dependence among females in South Africa occurred due to the impact of industrialization which changed women traditional roles (van Hal and Hoeck 2012: 45). The racial profile of the participants was similar to that of the demographics of KZN with 77.5% being Black African, this being similar to the percentage of the Black population in the province of 80% (Rued et al. 2010: 121).

Most of the respondents (65.3%) were aged of 20-25 years which could be due to the fact that only 8.8% of respondents were in first year this usually being the year with the highest numbers which decrease thereafter as people leave as indicated by the decreasing numbers in the 3<sup>rd</sup> and 4<sup>th</sup> years. The majority of the respondents in this study were single (90.9%), this being a common occurrence among students who are pursuing a career before settling down. As they live in a residence and do not need to pay for meals and accommodation any income received from various sources can be used for personal expenses including socializing and buying alcohol (Stein 2014: 77). This income results in developing similar drinking patterns to that of men (Onyebuchukwu, Sholarin and Emerenwa 2015: 150). Married males and senior students perceived the problem of alcohol abuse as more serious than their other colleagues (Tremblay, Jacob and Johnson 2012: 44).

The four religions represented in the study (Christian, Muslim, Hindu and Nazareth) all promote self-restraint or abstinence regarding alcohol use despite of some students indicated that they did consume quantities that might be regarded as being more than in moderation. Study conducted among university in Queensland, Australia showed high levels of alcohol intake among students who had no religious affiliation with significant differences across denominations (Galeemelwe2014:25).

Certain religions and religious sectors prohibit the use of alcohol and indulgence in risky sexual practices. According to Galeemelwe (2014: 26) there is high level of alcohol intake among nursing students who belong to Roman Catholic and Protestant churches.

While the majority of respondents passed their examination at the first attempt, 10.9% (n=35) had to repeat their exams with Kincheloe (2012: 12) indicating that first year students at college drink alcohol particularly at weekends to fit in with seniors students on campus which may have resulted in their underperforming. Kwabena, Kyei and Ramagoma (2013: 82) and Galeemelwe (2014: 25) indicated that in the United Kingdom students reported higher alcohol consumption in first than in second and third years this being due to new students wanting to adjust to the new environment. Nursing students who reported high consumption during first year also reported negative progress in their academic work (Galeemelwe 2014: 25).

### **5.2.2 Objective 1. To determine the views of nursing students regarding alcohol abuse**

The findings of the study showed that 51.3% of respondents accepted alcohol consumption as normal with Devi *et al.* (2013: 74) reporting that the majority of their respondents regarded alcohol consumption as being an essential part of socialization. For previous generations alcohol intake was generally only consumed at ceremonies and parties, however its ready availability now resulting in anyone being able to consume alcohol regardless of age and sex. The results showed that no significant related to alcohol consumption being equally regarded as being acceptable and not acceptable by the study participants. According to de Vargas (2011: 96) Brazilian students drink alcohol at any time if they want to and consider its consumption as normal. Drinking a glass of wine during a meal is regarded as normal in many Mediterranean and European countries with excessive consumption being considered as abuse (van Hal and Hoeck 2012: 78). According to Horvath (2011: 125) indicated that

there is a perception among college students that drinking is a bonding activity as are various activities dictated by the consumption of alcohol.

The findings revealed that most of the respondents (37.8%) were neutral about drinking alcohol. The majority drank alcohol once a week while some never drink. Holloway and Patricia (2016: 59) emphasized that drinking one drink can be considered to be a good target to maintain a safe level of consumption. According to Benedetto, Saraceno and Kim (2010: 33) most respondents consumed alcohol at least once a week, although male students consume alcohol more than females. Holloway and Patricia (2016: 130) emphasized that drinking once a week or more than once a week does not mean that it is normal, as several drinks can be consumed in a single session (Seggie 2013: 10).

Most of the respondents consumed alcohol with friends and families, this being similar to that reported by Seggie (2013: 31), who reported that peer pressure contributes to alcohol consumption, especially in tertiary education institutions. Students contended that the influence of friends, life stressors and curiosity are the most important predisposing factors for the abuse of alcohol and other substances (Mcatee 2010: 111). Tremblay, Jacob and Johnson (2012: 144) indicated that women drink more frequently with their family members and spouses than with other people. Both men and women may be motivated to drink due to the expectation that alcohol will enhance their sexual performance and enjoyment, and make it easier for them to engage in sexual activity (Kelch 2013: 87). Students who initially consume alcohol are less likely to find themselves in trouble due to their drinking compare to people who have five or more drinks weekly. Senior students are likely to influence the drinking behaviour of new students when they arrive at tertiary institutions. Based on these findings, family members and friends who consume alcohol tend to act as predisposing factors to alcohol abuse (Devi *et al.* 2013: 75). The respondents believe that the influence of friends, life stressors, tobacco smoking and curiosity

are the most important predisposing factor for abuse of alcohol and other substances (Stock and Mills 2013: 1179).

Students who take alcohol in large quantity often miss classes, sleep in class and arrive late due to being out the previous evening (Talbot 2012: 55). The respondents consume alcohol but do not experience hangover, which can last up to 24 hours According to Galeemelwe (2014: 55) people who have very few drinks and only consume alcohol once a week very rarely have a hangover. Respondents who do not plan to drink alcohol but are unable to stop at one drink sometimes do have hang overs, if it is available at the right time and place. The results revealed that the majority of the respondents did not feel sick after drinking because they did not drink more than twice a week. According to Holloway and Patricia (2016: 45) respondents who drink fewer than five drinks at any occasion are unlikely to have a problem with their academic progress.

Alcohol affects people differently at different stages of life and even interferes with normal brain development (National Institutional Health 2013: 46). In a study by Drink, Robison and Penguin (2013: 77), some respondents indicated that they were able to stop drinking easily, while others indicated that this was not the case.

### **5.2.3 Objective 3. To determine the attitudes of nursing students regarding the consumption of alcohol**

The results of this study revealed that the majority of the students were not involved in an accident or injured due to alcohol consumption. According to the NIH report (2013), students aged 18 – 24 years had unintentional injuries under the influence of alcohol. While most respondents did not engage in illegal activities related to alcohol 5% engaged in legal activities. Galeemelwe (2014: 24) indicated that the majority of nursing students dedicated themselves in activities that destroyed their lives like parties especially at night clubs where they consume alcohol and end up getting involved in unacceptable activities for

example, stealing, committing a crime and drunken driving. Respondents denied that they did not experience withdrawal symptoms because the drinking pattern that the nursing students have is within the acceptable manner, one drink per occasion. Horvath (2011: 89) stated that use of alcohol or any substances is a problem of psychological and physiological dependence which includes withdrawal and loss of control causing problems in social, legal, professional educational and family circles.

The results clarified that the respondents were never felt guilty or bad regarding drinking because they do not consume alcohol excessively. Alcohol consumption is related to many negative consequences like missing classes, getting into fights, assault verbal, physical or sexual nature. Kincheloe (2012: 21) emphasized that consumption of alcohol had negative consequences including property damage, get into trouble with the police and also acquired injuries. The respondents denied that they consumed alcohol in such a way that they lost their girlfriend or boyfriend. The findings of this study revealed that the most of the respondents did not have problem between them and their relatives. Respondents indicated that they never have physical changes because of alcohol drinking, the pattern of taking alcohol and the frequency. The results showed that they did not attend Alcoholics Anonymous (AA) meetings although AA groups are established and are spread throughout the country. The respondents did not agree to alcohol consumption although they consumed alcohol once a week. Botma, Greef, Mulaudzi and Wright (2010: 43) stated that about 50% of students involved in alcohol abuse were hospitalized. According to Mcatee (2010: 66) alcoholism was the main cause of chronic pancreatitis and cirrhosis of the liver. Excessive alcohol use is the third leading cause of death in the United States (Galeemelwe 2014: 173).

#### **5.2.4 Objective 3. To determine the degree of pressure in the consumption of alcohol**

The majority of respondents agreed that their friends or peers consume alcohol. Peer groups play a large role in the socialization of college students and in introducing alcohol as an acceptable culture, where students use to conform to what they perceive as the norm in their new social environment (Talbot 2012: 13). Students reported their initial use of alcohol with friends and peers for recreational purposes (Brook and Kekwaletswe 2010: 202). Most people usually consume alcohol on important occasions or possibly once a week. Parents and older siblings strongly disagree with friends who drink alcohol with the significant proportion in disagreement. Hingson (2010: 147) indicated that some students consume alcohol in order to establish relationship with their peers. Students may consume alcohol due to depression in order to gain mental and physical strength.

According to Horvath (2011: 10) nursing students have an expectation that life at college includes alcohol consumption, those who drink heavily tend to be involved in the college community, including students' clubs and athletics. Students use alcohol to build relationships and form strong bonds (Horvath 2011: 6).

The results revealed that other students drink alcohol just for experimental purposes. According to Talbot (2012: 55) students with previous experience of alcohol intake are likely to engage with peers and social group with similar drinking patterns to maintain or increase their alcohol use. College is a time of personal experimentation in many areas of behaviour, including alcohol use (Holloway and Patricia 2016:201). The respondents agreed that they take alcohol in order to adjust to the new environment. Some students come to college with an established drinking habit and the new environment exacerbates the problem due to peer influence (Kwabena, Kyei, and Ramagoma 2013: 301). Seggie (2013: 24) indicated that some students consume alcohol in order

experience something new, for pleasure seeking and to adapt to the new environment.

The study showed that peer pressure is the main contributory factor of alcohol abuse among students. Seggie (2013: 22) noted that students abuse alcohol and their association with friends who use it due to depression, to celebrate an occasion or relieve their loneliness. Peer pressure and curiosity were also found to be the main reasons of initiating alcohol and drug use (Kincheloe 2012: 15). According to Saban and Fisher (2010 :15) peer pressure may give rise to alcohol use whereby young people are encouraged by their friends to consume alcohol. Pressure from peers lead to a desire to fit in, which may be due to a poor home environment, boredom, ignorance of alcohol harm, the low prices of alcohol products as well as its ease of access (Brook and Kekwaletswe 2010: 102). Students who had previous experiences with alcohol are likely to engage with peers and social group of similar drinking patterns in order to maintain their alcohol use (Talbot 2012: 5).

The respondents agreed that the availability of alcohol around or near their institution contributed to their engaging in alcohol abuse. Pengpid et al. (2013: 112) agreed with the results about the accessibility of alcohol around university community setting and that exposure to alcohol advertising will lead to alcohol consumption.

Respondents did not agree that the discovery of certain illness contributed to alcohol abuse, which may happen if people have heard about a family member or close friends with the illness. Mitchell (2011: 73) also agreed that consumption of alcohol does not remove the problem, and that once sober, the problem still exists. Students are prone to alcohol consumption due to its accessibility and can be purchased in various locations or stores, such as supermarket, bottle store, bars, shebeens and even unlicensed areas in South Africa (Kelch 2013: 86).

Poor academic performance can increase the risk of alcohol consumption as it is used to relieve the stress associated with not progressing well. Devi *et al.* (2013: 74) did not report lower academic performance in students due to alcohol abuse, but that many issues can contribute to poor progress in their studies. Mitchell (2011: 72) noted that students who consume alcohol are reported to have missed classes and performed poorly in tests. Seggie (2013: 10) agreed that alcohol misuse was associated with negative academic achievement outcomes.

Death of family member did and did not cause the people to drink alcohol, with (Simango 2014: 44) indicating that 50% of family deaths were due to alcohol problem, this being the main cause of road accidents. The risk of alcohol consumption increases when a college student experiences less parental supervision or stays in hostels and with friends (Devi *et al.* 2013: 75). When students are at college, their parental influence and religious constraints are reduced, because they are not under their parents' guidance and are free to do whatever they choose (Tremblay, Jacob and Johnson 2012: 215).

Many respondents agreed that taking alcohol will enable them to cope with stressful situations. Devi *et al.* (2013: 74) noted that 20% of drinkers used alcohol for coping with stress in spite of being aware of hazard of its consumption. Onyebuchukwu, Sholarin and Emerenwa (2015: 149) contend that youth consumed alcohol in order to cope with academic stress, negative emotions and when their performance is below the required standard in class.

When nursing students fail a subject twice, they should be excluded from the course, according to rule book or College Policy No: 79 of June 2009. According to Bezuidenhout (2012: 173), most nursing students consume alcohol to relieve stress that is caused by poor academic performance, as it enables them to forget their problems temporarily and enjoy life. Devi *et al.* (2013: 75) indicated that academic stress is one of the most important reasons for students to consume alcohol.



#### **5.2.5 Objective 4. To identify the measures to prevent alcohol abuse**

The findings in this study revealed that the respondents agree that increase legal punishment of alcohol abuse will assist in reducing alcohol consumption. Drink, Robinson and Penguin (2013: 43) stated that any conviction for alcohol-related offences may severely limit the opportunities for students in the future. The respondents agreed that decreasing the number of places at which alcohol was available would reduce its consumption. Local norms would need to be redefined to restrict the availability of alcohol (Vellios and Walbeek 2015: 115). The students strongly disagreed with increasing the amount of work for students over the weekends.

The respondents indicated that an awareness program would reduce alcohol intake among nursing students. Babbie and Monton (2011: 45) emphasized that education and mass media could play a role if oriented towards the integral promotion of health. Mitchell (2011: 71) indicated that there is a need for planning alcohol education programmes for nursing college students to dispel myths. According to Stock and Mills (2013: 175), efforts are needed to educate young men and women at an early stage of their academic life about the problems associated with alcohol in communities. Teaching teenagers and young adults about stress-coping strategies may be of special importance in reducing the risk of alcohol and substance abuse (Lerner and Spanier 2011: 205). Devi *et al.* (2013: 74) reinforced the need for awareness program on substance abuse at colleges and universities.

The respondents strongly agree with implementing a College disciplinary code regarding alcohol, and that punishment should be applied to students found drunk within the premises to the extent that they that they were prevented from completing their training. In this study, the respondents agreed with regular pronouncements about a zero tolerance approach to alcohol from people in authority. Seggie (2013: 149) emphasized that nursing students should have to

comply with policies and rules of the college, including an alcohol policy that must be signed on registration. The study respondents strongly agreed that the age at which alcohol can be bought should be increase from 18 to 21 years (Mignogna 2010:131). According to Young and de Klerk (2013: 47), preventive programmes need to focus on addressing the risk factors of alcohol consumption. Motivational speakers are needed in order to address students on the dangers of alcohol use and address the perception consuming alcohol will solve problems. Participation in sports or other activities has an effect on preventing alcohol consumption as students are busy with activities, with Malcic and Slijepcevic (2015: 29) contending that sporting events are a healthy and enjoyable form of entertainment.

The respondents strongly agreed that it is important to prohibit alcohol promotions by companies in higher institutions. According to Seggie (2013: 43), there are high rate of alcohol abuse due to its ready availability from bottle stores, supermarkets, bars and shebeens, particularly in disadvantaged communities. Students have access to alcohol because through various outlets, even unlicensed ones in South Africa (Devi *et al.* 2013: 86). The government needs to enforce laws that reduce alcohol advertising as well as strictly controls alcohol licenses to limit its distribution. The respondents strongly agreed with being provided with self-esteem training to teach them about other methods of boosting their self-esteem (Mitchell 2011: 49). Low level of self-esteem can also be a predictor of heavy consumption where individuals use alcohol to reduce social anxieties and lower inhibitions (Mcatee 2010: 79).

Onyebuchukwu, Sholarin and Emerenwa (2015: 152) explained that it is important to have periodic alcohol screening at colleges so that the nurses are aware that they may be caught and punished. Screening and briefing interventions have been found to be effective preventive methods to reduce the hazards associated with harmful abuse of alcohol universities (Pengpid *et al.* 2013: 232).

### **5.3 Limitations**

A number of limitations may affect the results of the study or their use for other populations. Very few first year students participated in this study, which may have affected the results, as student's stressors are likely change over time, as well as the influence of peer pressure and other factors that affect the consumption of alcohol. While the study consisted of 320 students across five campuses and the results cannot be assumed to be generalized to other nursing students in KZN or across South Africa as the circumstances from which they come may change over time and with different geographical location.

### **5.4 Recommendation**

Based on the findings of this study, following recommendations are suggested.

1. KZN CN to organize a two week workshop prior to commencement of their training programme to orientate prospective students to the norms and values of the nursing programme.
2. Counselling programs should be implemented to support students, especially during difficult periods of their studies.
3. Support groups should be formed from nursing students to prevent the problem of alcohol but first, the nursing students must be equipped with the educational skills to help all students and the youth in their communities. These groups must receive encouragement and support from lectures parents and other community figures like politician.
4. Awareness programs for nursing students about the hazards of alcohol and other substance abuse need to be developed.
5. Special emphasis should be made to teach issues related to the role of peer influences as predisposing factors for alcohol and other substance abuse.
6. Health workers and lecturers should teach youth about alcohol abuse through seminars or awareness campaigns in the media.
7. The government needs to have a well-defined, comprehensive and realistic policy on the control of drugs and alcohol within tertiary level.

8. Policies about dangers of alcohol need to be established and be consistently applied regarding expectations and enforcing the rules to be implemented.
9. Public education about the dangers associated with alcohol abuse should be targeted at vulnerable segment of society, such as adolescent and young adults.
10. Substance abuse prevention is not only the responsibility of government, but non-governmental organizations' and members of the civil society, who have a role to play in addressing this among young people.
11. More attention should be paid to alcohol issues in the school and nursing student in order to maintain dignity of the nursing profession.

## **5.5 Conclusion**

An alcohol abuser might justify its consumption to help lift their mood, induce confidence and suppress worries and anxiety. Alcohol abuse by nurses was reported to have resulted in road accidents and intentional and unintentional injuries, this being despite their professional role of caring for and saving patients' life in all spheres. Therefore nursing students should be well trained and serve as models of healthy lifestyle for the rest of the population. These students should be knowledgeable about the consequences of alcohol abuse and rather than encouraging the young recruits to participate in activities that are harmful to them and their patients, senior students should be models of how to behave in a way that leads to a healthy life. Efforts are needed to educate nursing students at an early stage of their training about these problems, its consequences and predisposing factors.

Teaching students about strategies to cope with stress is of particular importance for students whose environment can be overwhelming so that they are able to make sensible decisions and minimize the risk of alcohol and substance abuse.

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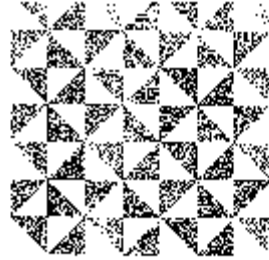
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25 April 2017

IREC Reference Number: **REC 122/16**

Mrs S V Cebekhulu  
 Box 1685  
 Empangeni  
 3880

Dear Mrs Cebekhulu

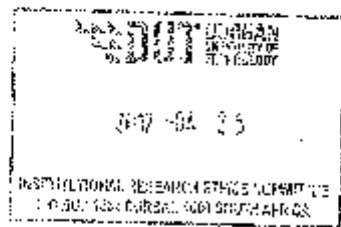
**Views of nursing students regarding alcohol abuse and measures to prevent the abuse of alcohol**

The Institutional Research Ethics Committee acknowledges receipt of your gatekeeper permission letters.

Please note that Full Approval is granted to your research proposal. You may proceed with data collection.

Yours Sincerely,

\_\_\_\_\_  
 Professor J. K. Adam  
 Chairperson: IREC



Appendix 2: Questionnaires.

Questionnaire number	
----------------------	--

Instructions:-

Please complete the following by placing an X next to the most suitable option that applies to you.

Section A:- Demographic Data

1.1 Race

Black	
White	
Indian	
Coloured	

1.2 Ages

18 – 19	
20 -25	
26 – 35	
Above 35	

1.3 Gender

Male	
Female	

1.4 Marital Status

Single	
Married	
Divorced	
Widowed	
Cohabitation	

1.5 Religious practice

Christians	
Muslim	
Hindus	
Nazareth	
Other: Please specify	

1.6 Year of studying – level of training in each group

First year- level 1	
Second year-level 2	
Third year –level 3	
Fourth year- level 4	

1.7 Have you passed each year of training on the first attempt?

Yes	
No	

If no state the reasons.....

**Section B – Drinking Habits**

2.1 Would you consider it accepted to consume alcohol?

Yes	
-----	--

No	
----	--

2.2 Are you generally against the consumption of alcohol?

Strongly Disagree	
Disagree	
Neutral	
Agree	
Strongly Agree	

2.3 How often do you have a drink containing alcohol?

Never	
1-2 times a week	
3-4 times a week	
5-6 times a week	
Everyday	

2.4 With whom do you usually drink alcohol? (Select ONE option only)

Friends	
Family	
Boyfriend	
Girlfriend	
Alone	

2.5 How many times have you had five or more drinks on one occasion?

Never	
Once	
Twice	
3-4 times	
More than 4times	

2.6 How often, when you have been drinking, do you experience a hangover?

Never	
Rarely	
Sometimes	
Often	
Always	

2.7 Have you ever had a drink in the morning to get rid of hangover?

Yes	
No	

2.8 How often do you drink more than you planned to:-

Never	
Rarely	
Sometimes	
Often	
Always	

2.9 How much do you think consuming five or more drinks every weekends would affect you (health or in other ways)?

Not at all	
A little	
Somewhat	
A lot	

2.10 Are you able to stop drinking without difficulty after one or two drinks?

Yes	
No	
n/a- I don't drink	

2.11 If a friend offered you a drink of alcohol (beer, wine or liquor) would you drink it?

Yes	
No	

If no state the reasons.....

.....

2.12 Does your consumption of alcohol negatively affect your normal daily activities in any way?

Yes	
No	
n/a- I don't drink	

If yes state how.....

2.13 How often have you failed to do what is normally expected from you because of drinking?

Never	
Rarely	
Sometimes	
Often	

2.14 Do you ever drink before noon?

Yes	
No	

**Social influencing on alcohol use**

3.1 Do your friends or peers consume alcohol?

Yes	
No	

3.2 How many drinks do they have in a week?

My friends/peers don't drink	
1 or 2 per week	
3 or 4 per week	
5 or 6 per week	
7 or 8 per week	
9 or more	

3.3 How do your parents, older sisters or older brother feel about your peers drinking alcohol?



They disagree strongly with it	
They disagree with it.	
Neutral with it	
They agree with it	
They agree strongly with it	

**Indicate your agreement that the following items are reasons that students**

**Consume alcohol:**

<b>REASONS for consuming alcohol</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neutral</b>	<b>Agree</b>	<b>Strongly Agree</b>
3.4 Experimental purposes.					
3.5 Adjustment to a new environment					
3.6 Peer pressure					
3.7 Availability of alcohol around or near premises.					
3.8 Discovering of certain illness.					
3.9 Poor performance in test and examinations.					
3.10 Death of a family member					
3.11 Parental influence on alcohol consumption.					
3.12 To cope with stressful situations.					

<b>Reasons for not supporting consuming of alcohol</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neutral</b>	<b>Agree</b>	<b>Strongly Agree</b>
A. Rate of absenteeism at work or at college is very high					

B. Quality care of the patients are poor					
C. Relationship of alcohol abusers do not last					
D. Economic rate is draining because of people being drunk and absent at work.					
E. Always fights from the family who consume alcohol.					
F. Physical appearance of alcoholic would change.					
G. Alcohol abuser would develop chronic illnesses.					
H. Road accidents increase due to drunk and driving.					

#### 4 Consequences of alcohol abuse among nursing students.

4.1 Have you ever been involve /injured in an accident as a result of alcohol abuse?

Yes	
No	

4.2 Have you ever engaged in illegal activities in order to obtain alcohol?

Yes	
No	

4.3 Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking alcohol?

Yes	
No	

4.4 Have you ever felt bad or guilty regarding your drinking?

Yes	
No	

4.5 Have you ever lost your girlfriend/boyfriend or other friends due to your drinking?

Yes	
No	

4.6 Has drinking ever created problems between you and a near relative or close friend?

Yes	
No	

4.7 Have you ever gotten into physical altercations while drinking?

Yes	
No	

4.8 Have you ever attended an Alcoholics Anonymous Meeting?

Yes	
No	

4.9 Have you been hospitalized due to your drinking?

Yes	
No	

4.10 Have you ever been arrested for drunk driving or driving after drinking?

Yes	
No	

**Section C:** Preventative measures

Indicate your agreement with the following statements on the preventive measures on alcohol abuse among nursing students:-

<b>Preventative measures</b>	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
5.1 Increase legal punishment of alcohol abuses					
5.2 Reduce the selection of alcohol available.					
5.3 Increase the volume of work for students over the weekend to keep them occupied.					
5.4 Provide awareness programs on alcohol abuse during orientations					
5.5 Implement a College disciplinary code with regards to alcohol.					
5.6 Regular pronouncements about the zero tolerance approach to alcohol from people in authority.					
5.8 Age restriction from 13-17years can reduce alcohol rate.					
5.9 Get motivational speakers to address students on dangers of alcohol use.					
5.10 Encourage participation in sports or other activities					
5.11 Prohibit drinking joints and bars from operating within or around colleges.					
5.12 Limit alcohol availability on campus / in residence and enforce underage drinking laws.					
5.13 Prohibit promotion by alcohol companies in higher institutions.					

5.14 Provide periodic self-esteem training to teach the nursing students that alcohol is not a self-esteem booster.					
---	--	--	--	--	--

**THANK YOU FOR YOUR PARTICIPATIONS**



## LETTER OF INFORMATION

**Title of the Research Study: Views of nursing students regarding alcohol abuse among college students and measures to prevent the abuse of alcohol.**

**Principal Investigator/s/researcher:** Mrs Sibongile Vister Cebekhulu (B cur et al.)

**Co-Investigator/s/supervisor/s:** Dr Ayisha Razak (supervisor): Dr. Selveranig Govender (co-supervisor)

### **Brief Introduction and Purpose of the Study**

Dear Respondent

You are being invited to take part in the research study. It is important to be involved in, and you will know why is so important to be part of this study. Please have enough time to read through and if you have queries or additions do not hesitate to say it and the researcher will be happily accepted and answered. The aim is to reduce alcohol intake among students and to improve the passing rate of students who dedicated themselves in alcohol.

### **PURPOSE OF THE STUDY**

- To determine the views of nursing students regarding alcohol abuse.
- To determine the attitudes of nursing students regarding the consumption of alcohol
- To determine the degree of social pressure in the consumption of alcohol.
- To identify the measures to prevent alcohol abuse.

#### **Outline of the Procedures:**

Consultation has been done with a statistician regarding the sample size, data collection and analysis of data. A questionnaire has been developed for four year diploma students in General nursing, Community, Psychiatry and Midwifery nursing science from level 1 up to level 4 only in order to correlate the relationship of alcohol consumption and with impact on their training. Data collection will be at Addington, Benedictine, CJM, R K Khan and Port-Shepstone campuses. Questionnaires will take 30-40 minutes to complete the

### **INCLUSION CRITERIA**

- All students' nurses who were registered for the four-diploma in nursing programme from level one to four from five selected campuses were included.

## **EXCLUSION CRITERIA**

- Students who were enrolled in other nursing programs such as one year midwifery, two-year bridging course, post basic nursing programs as well as nursing students from Ngwelezana Campus because the researcher works there.

### **Risks or Discomforts to the Participant:**

No risk to the participants

### **BENEFITS:**

Recommendations will improve behaviour of students and reduce consumption of alcohol among students on training.

### **Reason/s why the Participant May Be Withdrawn from the Study:**

Participants have the right to withdraw to partake in the research at any time without intimidating him/her **Remuneration:**

No remuneration for the participants

### **Costs of the Study:**

The participants will not be expected to cover any costs of the study.

### **Confidentiality:**

No names of participants will be written on the research documents. Participants will be assigned codes. All documents will be kept under lock and key

### **Research-related Injury:**

Nil

### **Persons to Contact in the Event of Any Problems or Queries:**

Please contact the researcher: Mrs Sibongile Vister Cebekhulu cell no: 0710559799 or the Institutional Research Ethics administrator on 031 373 2900. Complaints can be reported to the DVC: TIP, Prof F. Otieno on 031 373 2382 or [dvctip@dut.ac.za](mailto:dvctip@dut.ac.za).

### **General:**

Potential participants must be assured that participation is voluntary and the approximate number of participants to be included should be disclosed. A copy of the information letter should be issued to par







Reference: HRKM118/17  
KZ\_2017RP34\_25

05 April 2017

Dear Mrs. S V Cebekhulu  
(Durban University of Technology)

**Subject: Approval of a Research Proposal**

1. The research proposal titled 'Views of nursing students regarding alcohol abuse and measures to prevent the abuse alcohol' was reviewed by the KwaZulu-Natal Department of Health (KZN-DoH).

The proposal is hereby **approved** for research to be undertaken at Benedictine, Charles Johnson Memorial, Port Shepstone, Addington & RK Khan Nursing Campuses

2. You are requested to take note of the following:
  - a. Make the necessary arrangement with the identified facility before commencing with your research project.
  - b. Provide an interim progress report and final report (electronic and hard copies) when your research is complete.
3. Your final report must be posted to **HEALTH RESEARCH AND KNOWLEDGE MANAGEMENT, 10-102, PRIVATE BAG X9051, PIETERMARITZBURG, 3200** and e-mail an electronic copy to [hrkm@kznhealth.gov.za](mailto:hrkm@kznhealth.gov.za)

For any additional information please contact Ms G Khumalo on 033-395 3189.

Yours Sincerely

**Dr E Lutge**  
Chairperson, Health Research Committee  
Date: 05/04/17

Appendix: 6 (a)

Private bag x 20016

Empangeni

3880

To: KZN CN

College Principal

Dear Sir/Madam

**Request for permission of research study**

I am registered for Master's Degree in the Department of Nursing at the Durban University of Technology. I am requesting permission to conduct a study on Views of nursing students regarding alcohol abuse and measures to prevent the abuse of alcohol

The study will be conducted in campuses which will be selected under the KwaZulu-Natal College of Nursing. Questionnaires will be used to collect data from nursing students registered for diploma program after permission from the principals. There will be no interruption of academic work during the data collection process. For more information refer to the attached proposal. Participation is voluntary and informed consent will be obtained from all respondents willing to participate in the study

Yours Faithfully

S'bongile V. Cebekhulu

Lecturer at Ngwelezana Nursing Campus

Tel: 035-9017079

Cell: 0710559799/0762898168

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Supervisor: Dr A. Razak

Contact number: 0837867282



**health**

Department:  
Health  
PROVINCE OF KWAZULU-NATAL

Physical Address: 211 Pietermaritzburg Street, Pietermaritzburg 3200  
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www.kznhealth.gov.za

**DIRECTORATE:**  
KwaZulu-Natal College of Nursing

Reference: Dr. S.Z. Mthembu  
Date: 08 March 2017

Principal Investigator: Ms. SV Cebekhulu  
Student No: 21552858  
Durban University of Technology

**RE: Gate Keeper Permission to conduct research at the KZN College of Nursing.**  
**TITLE: VIEWS OF STUDENTS REGARDING ALCOHOL ABUSE AND MEASURES TO PREVENT THE ABUSE OF ALCOHOL**

Dear Sir/Madam

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

**Data Collection site(s): Benedictine, Charles Johnson Memorial, Port Shepstone, Addington and RK Khan 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 and the University Ethics Committee.
3. Permission is therefore granted for you to conduct this research at the above identified campuses after consultation with the Campus Principal.
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

Appendix 7 (a).

Privatebag x 20016

Empangeni

3880

To: Campus principals

Dear Sir/Madam

Request for permission of research study

I am registered for Master's Degree in the Department of Nursing at the Durban University of Technology. I am requesting permission to conduct a study on Views of nursing students regarding alcohol abuse and measures to prevent the abuse of alcohol

The study will be conducted in campuses which will be selected under the KwaZulu-Natal College of Nursing. Questionnaires will be used to collect data from nursing students registered for diploma program after permission from the principals. There will be no interruption of academic work during the data collection process. For more information refer to the attached proposal. Participation is voluntary and informed consent will be obtained from all respondents willing to participate in the study

Yours Faithfully

S'bongile V. Cebekhulu

Lecturer at Ngwelezana Nursing Campus

Tel: 035-9017079

Cell: 0710559799/0762898168

E-mail-svcebs@gmail.com

Supervisor: Dr A. Razak

Contact:- 0837867282

## Permission for conducting Research

[Inbox](#)



Tue, May 30, 2017 at  
12:04 PM

### Gumbi Thandazile

<Thandazile.Gumbi@kznhealth.gov.za>

To: "svcebs@gmail.com" <svcebs@gmail.com>

Cc: "thembimboma@gmail.com" <thembimboma@gmail.com>

[Reply](#) | [Reply to all](#) | [Forward](#) | [Print](#) | [Delete](#) | [Show original](#)

Good day S'bongile,

Thank you for the e-mail forwarded to me, I would like to inform you that at present we have a 2<sup>nd</sup> year (32).

They're on block until 15<sup>th</sup> June and thereafter from the 19<sup>th</sup> they'll have an IMCI Block for 2 weeks.

I have consulted the GNS HOD with regards to availability of time for students, since you will need them.

The students can be available from 15h00-15h45 from Monday to Thursday and on the 15<sup>th</sup>, they'll be available

From 10H45- 13H00. The other group that will be available is the new group for Midwifery module, and starting next

Week the 5<sup>th</sup>, but I haven't spoken to the HOD as she's still marking at PMB. You will have to indicate then your target

Group –level of training as well as the number of students.

Appendix 7 (c)



**NURSING EDUCATION**

**BENEDICTINE CAMPUS**

Vryheid Main Road, Nongoma  
P/Bag x5002 .Nongoma.3950  
Tel: 035 831 7107 Fax: 035 831 0760 Email:monica.zibani@kznhealth.gov.za  
[www.kznhealth.gov.za](http://www.kznhealth.gov.za)

**KWAZULU NATAL COLLEGE OF NURSING**

**BENEDICTINE NURSING CAMPUS**

Zibani Monica <Monica.Zibani@kznhealth.gov.za>

May 20 (2 days ago)

Dear Madam

Permission has been granted to you to use Benedictine Campus to do research.

Kind Regards

M.N Zibani

**To:** Sbongile Cebekhulu [mailto:[svcebs@gmail.com](mailto:svcebs@gmail.com)]

**Sent:** 07 May 2017 09:47 AM

**From:** Zibani Monica

**Subject:** Permission for conducting the research

Enquiries :NG Cele  
Date: 13 May 2017

**Attention:** Mrs. SV Cebekhulu

**RE: REQUEST FOR PERMISSION TO CONDUCT STUDY**

Your letter dated 07/05/2017 is hereby acknowledged.

Permission is hereby granted for you to conduct your study at Port Shepstone Nursing Campus. Please take note of the conditions as stated by the Kwa-Zulu Natal College of Nursing. It may not be always be possible to see the students at the time you projected as the targeted group/s may be at the clinical areas at the time.

Please specify your dates in advance so that the campus can inform you of the groups which will be on block as per campus training plan.

Best wishes

-----  
**MR N.G Cele**  
**(ACTING CAMPUS PRINCIPAL)**

Appendix 7 (f).

Reddy Jaya <jaya.reddy@kznhealth.gov.za>

May 7

Good morning,

I would be glad to assist you. You are welcome to collect data from our students. Please make proper arrangements with me for your dates to come over.

Thank you

Mrs J. Reddy

**To:**SbongileCebekhulu[mailto:[svcebs@gmail.com](mailto:svcebs@gmail.com)]

**Sent:**07May201710:01

**From:**ReddyJaya

**Subject:** Permission for conducting the research



Durban

South Africa  
9 March 2020

**To whom it may concern**

**Title: Views of Nursing Students Regarding Alcohol Abuse among Nursing Students and Measures to Prevent the Abuse of Alcohol**

**Student: Sibongile Vister Cebekhulu**

I have edited the document and provided comment in the form of track changes to the author for them to address. I have commented on the tables and formats in which the data is presented, and provided advise on how to improve the manner in which it is reported. While I have made every effort to ensure that the grammar is correct, the final decision as to the presentation of the document is for the discretion of the student and their supervisor.

Regards

Ms Carrin Martin  
Editor  
MSocSci, PGDPH