SELF-LEADERSHIP IN MALE LEARNER NURSES DURING THEIR FOUR-YEAR PROGRAMME AT A COLLEGE IN THE WESTERN CAPE

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ABSTRACT

SELF-LEADERSHIP IN MALE LEARNER NURSES DURING THEIR FOUR-YEAR PROGRAMME AT A COLLEGE IN THE WESTERN CAPE

Male learners in the nursing profession could face self-leadership challenges. Self-leadership is an enabling process whereby a person learns to know him/herself better and, through this improved self-awareness, is better able to steer his/her work life. It involves personal and professional growth and maturity. This leads to empowerment of the individual and to fulfillment of goals and desires. The purpose of this study was to describe guidelines for male learner nurses on self-leadership during a four-year nursing programme at a nursing college in the Western Cape.

The objectives of this study were to explore and describe the best experiences of self-leadership in male learner nurses during their four-year training programme at a nursing college in the Western Cape.

An exploratory, descriptive, contextual and qualitative research design incorporating the philosophy of the Appreciative Inquiry paradigm was used. The research questions were framed from an AI perspective:

'What are the best experiences of male learner nurses on their self-leadership during their four-year programme?'

'How can male learner nurses lead themselves during their four-year programme?'

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The target population consisted of all the male student nurses from 1st to 4th year (n=151) in the R425 undergraduate diploma programme at a nursing college in the Western Cape. Data was collected by means of individual, semi-structured interviews with 12 male learner nurses until saturation occurred. The interviews were audio-taped and transcribed verbatim. Data analysis consisted of thematic analysis using Tesch's eight-step method to generate themes, categories and sub-categories. The findings consisted of five themes:

Theme 1 – The peak experiences of the male student nurses relating to self-leadership occurred on multiple levels – academic, interpersonal, personally associated and practice-linked.

Theme 2 – Self-leadership was a process (at times difficult) of growth, adaptation and developing attitudes that culminated in building character.

Theme 3 – Future aspirations included professional and educational aspects and interpersonal leadership.

Theme 4 – This revealed the qualities needed for attainment of future aspirations.

Theme 5 – The value of the programme was enhanced through educational, fellow student and practice support.

The conclusion of this study was that male student nurses have the ability to lead themselves; they display characteristics such as maturity, responsibility, advocacy, strong resolve, hard work, endurance, a willingness to sacrifice; they used self-talk; they made firm decisions; but they needed guidance and active support from family, friends and nurse educators as well as

management. The value of their training programme was enhanced by educational support from lecturers and mentors, fellow students and practice support in the wards and simulation laboratory. Guidelines for self-leadership for male learner nurses were described from the findings of the study.

Ethical considerations included obtaining informed consent from the participants, while ensuring confidentiality and anonymity. Ethical clearance to conduct this study was obtained from the Ethics Committee at the University of the Western Cape, Western Cape College of Nursing (WCCN) and Cape Peninsula University of Technology (CPUT). Trustworthiness was ensured throughout the research process through credibility, transferability, confirmability and dependability.
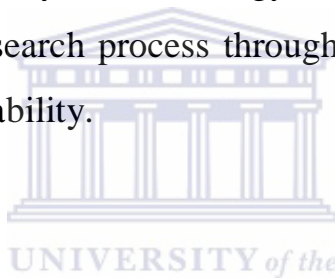
KEYWORDS: Appreciative inquiry; Experiences; Males; Student nurses; Self-leadership; College; Guidelines; Qualitative; Interviews; Nursing

DECLARATION

I, Shahnaaz Mia, hereby declare that *Self-leadership in male learner nurses during their four-year programme at a nursing college in the Western Cape* is my own work, that it has not been submitted for any degree or examination to any other university, and that all the sources I have used or quoted have been indicated and acknowledged by complete referencing.

Shahnaaz Mia

August 2014

Signature…………………………………..

ACKNOWLEDGEMENTS

experiences

- My colleagues, Adilah Hendricks, Kay Moodley, Joy Francis and Vicki Major for always keeping me motivated and believing in me

- The management and staff of both WCCN and CPUT

- All of my friends and family, who constantly enquired and gave moral support

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LIST OF ABBREVIATIONS AND ACRONYMS

AI	Appreciative Inquiry
CPUT	Cape Peninsula University of Technology
DENOSA	Democratic Nursing Organisation of South Africa
DOH	Department of Health
ECP	Extended Curricular Programme
ENA	Enrolled Nursing Assistant
EPP	Ethics and Professional Practice
HSRC	Human Science Research Council
MSN	Male Student Nurse
PAWC	Provincial Administration of the Western Cape
PC	Personal Computer
P/N	Professional Nurse
SANC	South African Nursing Council
SIMLAB	Simulation Laboratory
WCCN	Western Cape College of Nursing

CHAPTER 1: INTRODUCTION

1.1 INTRODUCTION AND RATIONALE

The nursing profession has many challenges in its quest to produce adequate, caring and well-qualified nursing practitioners. There is a demand for more nurses, both locally and globally, to satisfy the increasing demands of health consumers. Bartfay, Bartfay, Clow and Wu (2010:1) believe that one way of addressing the demand for more nurses is to recruit more men into the profession. Stott (2004:91), however, reports a problem of retaining male nurses, providing evidence that the attrition rates of male students are significantly high. It is universally accepted that men are a minority group in a predominantly female profession and that, although more men are entering the profession, a gender imbalance still exists in the nursing profession (Eswi & El Sayed, 2011:93).

Men in nursing are challenged by barriers such as stereotyping, sexism and socialisation issues (Dyck, Oliffe, Phinney & Garret, 2009:649). Historically, from the earliest centuries, men were in the forefront of nursing and were identified as caregivers. Twomey and Meadus (2008:30) suggest that this role of men in nursing has been either overlooked or forgotten. Male nurses could have been perceived as being gay or effeminate due to their career choice and thus their masculinity could have been questioned. Male nurses also experienced difficulty in being accepted by female nurses due to the gendered nature of the profession (Bartfay et al., 2010:1). Furthermore, the media and society have influenced the perception that nursing is the domain of females. Twomey and Meadus (2008:30) suggest that nursing is usually associated with caring, compassion and empathy and that these traits are therefore associated with femininity.

Male learner nurses could therefore face gender-based challenges during their training. Bell-Scriber (2008:148) reviewed American nursing textbooks from between the years 2003 and 2005 and found that there was unequal representation of gender in the

textbooks and that the textbooks were biased in favor of women. Kelly, Shoemaker and Steele (1996:170-174) reported that male students experienced feelings of isolation and loneliness. Further studies such as those of Bell-Scriber (2008:148) found that these negative feelings were actually increased by the underlying gender-based and biased assumptions in lectures and textbooks that nurses were of the female gender only.

1.2 CHALLENGES OF MALE NURSES

Males and females are different in many ways. Males and females learn differently due to developmental, structural, hormonal and functional differences, as well as due to processing their emotions differently (Hodgins, 2005:6-7). Hodgins (2005) states that males tend to be deductive in their learning styles, whereas females tend to be inductive in their reasoning.

Male learners could experience very few male role models in the nursing classroom and clinical areas. Brady and Sherrod (2003:159-162) point out that a lack of role modeling is one of several challenges for male learners that can affect the recruitment and retention of males in nursing. A non-supportive learning environment exerts additional psychological stress on male students (Wang, Li, Hu, Chen, Gao, Zhao & Huang, 2011:36-42). Twomey and Meadus (2008:33) report that male nurses are satisfied with their choice of career, despite the barriers faced by men in nursing. Their study reveals that men choose nursing for various reasons, among which are career opportunities, job security and the salary. A very small percentage feels that nursing is a vocation; they express the desire to be part of a caring profession. The barriers that these men perceive are mainly the stereotyping, lack of recruitment strategies and the poor portrayal of male role models in the media. Males are more motivated by fringe benefits, promotions and self-direction than females (Kityama & Cohen, 2007:375).

In an environment of many challenges, male learner students should direct themselves to complete their nursing programme. Self-leadership could be broadly defined as "the process of influencing oneself to establish the self-direction needed to perform" (Manz & Neck, 2011). Self-direction increases intellectual functioning such as learning (Kityama & Cohen, 2007:375). In this study, the term self- leadership will interchangeably be used

with the term self-direction.

The rationale of the study is threefold. Firstly, men in nursing are not a new concept nor are the issues that are associated with this phenomenon. It, however, remains an intriguing and researchable topic. It is of relevance to explore the experiences of male learner nurses to discover how men lead themselves in this highly-gendered profession. It is important that the nursing faculty understands the needs of this minority group and how they deal with the challenges with which they are faced during their training programme, both in the classroom as well as in clinical areas. Addressing these issues may help in the recruitment of more men into the profession (Twomey & Meadus, 2008:33).

Secondly, qualitative studies on self-leadership during the education and training of male learners are unknown. If males are to be retained in the nursing profession, more research needs to be undertaken to understand how male nursing students lead themselves during their four-year training programme. Lindeman (2000:7) believes that education involves more than just passing courses. It involves the development of personal qualities and skills associated with success in the work world.

Thirdly, nurse educators need to recognise that all nursing education programmes should accommodate male learners. Bell-Scriber (2008:149) states that nurse educators need to be supportive of male learners by creating a climate that is conducive to learning – a warm climate in which they feel safe, accepted and welcome.

Self-leadership is an important element in the personal and professional development of the male nursing learner. Self-directed action is considered as a natural response to newness, problems or challenges in our surroundings (Gyawali, Jauhari, Shankar, Saha & Ahmad, 2011:20-22). Self-direction is an attribute that male learner nurses need to acquire in order to persevere and finally obtain their qualification as professional nurses. Kityama and Cohen (2007:375) posit that self-direction is linked to self-leadership and that it increases intellectual functioning such as learning. In this study, the term 'self-leadership' will be used interchangeably with the term 'self-direction'.

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1.3 BACKGROUND TO THE PROBLEM

The Provincial Nursing Strategy for the Western Cape (2010) stated that the province is experiencing a nursing shortage and that it is a matter of great concern, as this hinders the attainment of the millennium development goals by governments worldwide. Reference is made to the active recruitment of young people to the profession, but no mention is made of attracting more males into nursing. Recruitment of males is regarded as a strategy to address the shortage of nurses by researchers such as Bartfay et al. (2010:1).

The transformation and reconstruction of Higher Education resulted in the National Plan for Higher Education (2001); this aimed at promoting equity of access and outcomes and at redressing past inequalities, by ensuring that student and staff profiles reflect the demographic composition of the South African society. The aim of this plan was also to ensure diversity in the various institutions, ensuring that it is consistent with the vision and values of a non-racial, non-sexist and democratic society.

From the Democratic Nursing Organisation of South Africa (DENOSA), President Mafalos, in his 2011 speech at the National Nursing Congress, described the struggle of South African nurses to gain control of the profession and made reference to the highly-gendered nature of the profession. He remarked on the cultural and traditional paternalistic attitudes of men towards women which still exist in this modern age. An interesting fact noted is that the DENOSA leadership consists of a predominantly male constituency whilst its membership consists of 94.7% females (DENOSA National Congress, 2010). It would appear that male nurses ascend to higher ranks within the hospital system and are selected to senior positions, although they are a minority group within the profession.

A study on the nursing profession and education of nurses in South Africa was conducted by Breier, Wildschut and Mgqolozana (2009) for the Human Science Research Council (HSCRC). Male participants in this study reported that certain patients refused nursing care from them for cultural and religious reasons. Breier et al. (2009:100) report that participants in their study did not like the term 'sister' and that male nurses were favored in the clinical areas. Another finding was that male nurses perceived that relations

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between them and their female counterparts were poor.

The South African Nursing Council's register shows that the highest concentration of males is at the level of Enrolled Nursing Assistant (ENA). In 2006, 20% of registered students for the R425, a four-year diploma training programme, were males. The R425 programme leads to registration as a Professional Nurse (P/N). The overall P/N output rate increased by only 6% between 1996 and 2006.

Historically, it is of interest to note that Matshaba (1995:71-72) reports that there were no recruitment efforts or plans of action to retain men in the nursing profession in South Africa in earlier days. Matshaba (1995) also reports that black male nurses were not accepted on three levels: partially by society, partially by nurses and partially self-inflicted. There were accounts of male nurses being averse to female supervision due to cultural and religious beliefs. Academic performances of males were, however, on par with those of female nursing students. Matshaba (1995) describes the phenomenon of men in nursing, and the challenges and barriers that existed back in the era when males were employed as nurses, mainly in the mining industry in South Africa.

Ivtzan and Conneely (2009:58-70) claim that gender is of huge importance as it affects all spheres of life from our behaviours, appearances and even the choice of an occupation such as nursing.

1.4 PARADIGMATIC PERSPECTIVE

1.4.1 Meta-theoretical perspective

A research study is guided by a particular philosophy that directs the method of data collection and how the data is interpreted (Burns & Grove, 2005:54). According to Reed (2007:25) and Hammond (1998:2-3), Appreciative Inquiry (AI) is both a philosophy and a worldview. The philosophy of AI was used in this study as it falls within the ambit of social constructionism. According to Cooperrider and Avital (2004:xii), social constructionism represents an approach to human science inquiry and practice, characterised by a relational focus, emphasising the notion that the world that people create in the process of social exchange constitutes their realities. Thus human realities,

such as self-leadership, are seen as a social construct.

Brink, Van Der Walt and Van Rensburg (2006:27) view assumptions as one of several structural components and posit that assumptions are basic principles that are taken for granted or accepted without questioning. Burns and Grove (2009:40) also believe that being able to recognise these assumptions is regarded as strength and lends rigour to the study.

Reed (2007:25) observes that AI is based on the principles and assumptions that:

- The potential for growth is an inherent part of the human condition (Cooperrider, Sorensen, Yeager & Whitney, 2001).
- In every society, organisation, group or individual, something works. It is believed that with the male student, self-leadership (the something) is already practised.
- What we focus on becomes our realities. If the researcher enquired about the self-leadership of the male student, the student would become more aware of self-leadership and focus more on it.
- Reality is created in the moment and there are multiple realities. Our reality on self-leadership is created when we practise self-leadership.
- The act of asking questions of individuals influences them in some way. The researcher asked questions about self-leadership and influenced the student in some way.
- People have more confidence and comfort to journey to the future (the unknown) when they carry forward parts of the past (the known). Students would have more confidence with their own self-leadership in their future practices when they carry parts of their past self-leadership practices forward.
- It is important to value differences. The language we use creates our realities.

1.4.2 Theoretical definitions

Self-leadership

Self-leadership is an enabling process whereby a person learns to know him/herself better and through this better self-understanding is able to steer his/her work-life better

(Sydamaanlakka, 2004:1). It involves individual and personal development/growth. Students' 'distress' closely relates to self-direction (Wityk, 2002:5).

Experience

This can be defined as the direct participation in events as a basis of knowledge and as the fact or state of having been affected by or gained knowledge through direct observation or participation (www.Merriam-Webster.com.dictionary). In this study, experience will refer to the experience of male students of their self-leadership during their four-year nursing programme.

Learner nurse

A learner nurse refers to a nursing student, registered in terms of Section 32 of the Nursing Act (No 33 of 2005) to undergo education or training in nursing and midwifery. For the purposes of this study, a learner nurse refers to any male learner/student nurse who has been registered in the four-year nursing diploma course in General Nursing Science, Community Nursing Science, Midwifery and Psychiatry Nursing Science, as regulated by SANC though regulation R425 for training learner nurses.

Nursing college

It is an academic training institution where people study in order to become nurses and is accredited by the South African Nursing Council, as cited in the Nursing Act (No 33 of 2005). In this study, a college refers to a department in a higher education institution where learner nurses are enrolled to train in order to become professional nurses and where students are accordingly placed in nursing practice.

1.5 PROBLEM STATEMENT

A person with the ability to manage his/her own emotions and needs can be a resource of self-leadership within nursing (Black & Sharma, 2001:112). However, literature points out several differences between males and females and the challenges males encounter in nursing as a profession (Ivtzan & Conneely, 2009:58-70; Marks, 1994:2-4). Through observations and mentoring at a nursing college, the researcher realised that male learner nurses have challenges during their four-year nursing programme. The researcher

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observed that some male student nurses became either dissatisfied or discouraged with their learning and clinical working conditions in the programme. Some male students became anxious during some nursing care procedures and others complained about feelings of hopelessness in dealing with their female counterparts.

It was therefore unclear as to how male nursing students in the R425 undergraduate nursing programme experienced self-leadership during their training. The following research questions were posed as a result of the problems identified. The research questions were framed from an AI perspective:

- What are the best experiences of male nursing students of self-leadership during their four-year training programme at a nursing college in the Western Cape (Phase 1)?
- How can male nursing students lead themselves during their training programme (Phase 2)?

1.6 RESEARCH PURPOSE AND OBJECTIVES

The purpose of this study was to describe guidelines for male learner nurses on self-leadership during a four-year nursing programme at a nursing college in the Western Cape.

The objectives of this study were to:

- Explore and describe the best experiences of male learner nurses during their four-year training programme at a nursing college in the Western Cape.
- Describe guidelines for male learner nurses on self-leadership during their four-year training programme.

1.7 RESEARCH DESIGN

An exploratory, descriptive, contextual, qualitative research design was followed. Since it was unclear how male nursing students lead themselves, a qualitative study was regarded as particularly useful when dealing with a phenomenon about which little is known (Field

& Morse, 1985). Exploratory research, as described by De Vos, Strydom, Fouche and Delport (2011:95) is a method that is used to gain insight into a situation (training programme), phenomenon (self-leadership) or individual (male student nurse). For this study, the exploratory design was used to gain insight and increase knowledge regarding the best experiences of self-leadership in the male nursing students, during their training. An exploratory study answers the 'what' question (Mouton, 2001).

A descriptive study has, as its main objective, the accurate portrayal of the characteristics of persons, situations or groups (Polit & Hungler, 2004:716). There are some similarities between exploratory and descriptive research, but they also differ in many aspects, according to De Vos et al. (2011:96). A descriptive study answers the 'how' question and will provide specific details of a situation e.g. how the male nursing students lead themselves during their training.

This study was contextual in design, since it was conducted in a natural setting at a college of nursing where the male learners were receiving their education. Burns and Grove (2005:32) state that contextual studies focus on specific events in 'naturalistic settings' which are uncontrolled real-life situations.
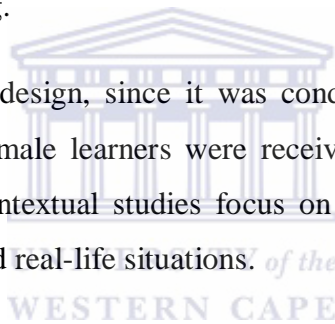
1.8 POPULATION AND SAMPLE

The portion of the accessible population to which the researcher had reasonable access was the male students in training (n=151) in 2013 at a nursing college in the Western Cape. According to Reed (2007:9), anyone (any male student nurse) who would be willing to take part should be involved in an AI study. Purposive sampling was employed whereby male nursing students who complied with the inclusion criteria were interviewed until saturation occurred and the information began to repeat itself (Hennink, Hutter & Bailey, 2011:89). However, for the initial planning of the research study, a predetermined number of participants needed to be included (Hennink et al., 2011:88), thus it was anticipated that at least three individual, semi-structured interviews with each of the first to fourth year male nursing student year groups (n=12) would be conducted to ensure saturation of the study participants (Hennink et al., 2011:88). The predicted sample proved to be accurate since twelve male nursing students were interviewed.

1.9 DATA COLLECTION

1.9.1 Phase 1: Experiences of participants

Individual semi-structured interviews were conducted and field notes held. Semi-structured one-to-one interviews were used by the researcher, with the aim of gaining a detailed picture of the participants' experiences of self-leadership (De Vos et al., 2011:351). This method allowed for more flexibility for both the researcher and the participant, since the framing of the questions could be adapted to cater for the participant's understanding and for the researcher to gain the relevant information from the participant. The researcher had two predetermined interview questions to guide the interview. The questions were open-ended and the participants were able to share more closely in the direction that the interview took and even introduced issues that the researcher had not thought about (De Vos et al., 2011:352). The interview schedule that was used during the interview (Appendix 6) consisted of the following questions:

- What has been your best experience of leading yourself during your training programme?
- Describe a peak experience or high point in leading yourself during your training?
- What are your wishes regarding self-leadership for the future?
- What are the things you value most in your training programme?

Probing questions were also used during the interview to obtain rich and thick data (De Vos, Strydom, Fouche & Delport, 2005:290). The probing questions were:

- What is your vision/dream?
- How will you obtain your vision/dream/goals?
- What authority do you have that can assist in obtaining your dream?
- What type of power do you use to obtain your dream?

The research questions were:

- What do you find to be effective during self-leadership in your nursing programme?
- What would you like to include in the self-leadership of your daily functioning?

The researcher therefore prepared for the interviews by deciding on the questions that she

would ask (De Vos et al., 2011:352). A suitable venue was chosen where the participants were afforded comfort, privacy, and a non-threatening environment without interruption (De Vos et al., 2011:350).The researcher ensured that the tape recorder equipment used to record the interviews was available, in working condition and of a high quality. Sufficient stationery to take field notes was available.

Two pilot individual interviews were conducted before the main study. The criteria of credibility, dependability, transferability and confirmability were applied during these preliminary interviews to ensure trustworthiness (De Vos et al., 2005:346). The data obtained from these interviews were rich, thick and relevant which was the desired result and could therefore be included in the main study.

1.9.2 Phase 2: Description on guidelines for self-leadership

Guidelines were described for male learner nurses on their self-leadership during their four-year training programme at a nursing college in the Western Cape.

1.10 DATA ANALYSIS

Data analysis is the search for general statements about the phenomenon and the relationships amongst the categories of data (De Vos et al., 2005:333). The data collected by means of the interviews was transcribed and analysed into themes, categories and sub-categories. The eight steps of Tesch (1990), cited in Creswell (2007:192), were followed in the data analysis process. Categories and codes were assigned to the data by classifying and interpreting the data or 'making sense of the data'. A qualified, independent coder was approached to assist with the data analysis to obtain consensus with the researcher.

1.11 TRUSTWORTHINESS

The model and criteria of credibility, transferability, confirmability and dependability (Guba (1985) as cited in Babbie and Mouton (2001:276), was applied to this study to maintain trustworthiness. Trustworthiness in a qualitative study refers to the accurate representation of the participants' experiences of self-leadership. According to Lincoln

and Guba (1985), trustworthiness is a method of ensuring rigour in qualitative research. Four steps were followed to ensure rigour, these being credibility, dependability, transferability and confirmability (discussed in Chapter 2).

1.12 ETHICAL CONSIDERATIONS

Brink (1996:35-39) states that there are measures a researcher can employ to ensure that the rights of the participants are protected, by providing sufficient and clear information to the participants as well as by examining the benefits and risks involved in the study. It was explained that participation in the study was free and voluntary. These ethical principles are followed universally by researchers and are employed at three stages of a project, according to Creswell (2013:181): at the time of recruitment, during the data collection and when the results are released publicly.

Permission to conduct the study was obtained from the ethical committees of a University of the Western Cape (13/3/25) (Annexure 1), a Cape Peninsula University of Technology and a Western Cape College of Nursing (Annexure 2).

It was explained to the participants that their participation in this study was free and voluntary and that they could withdraw from the study at any given time. Sufficient and clear information was provided to the participants by means of an information sheet (Annexure 3) and by verbal discussion. The researcher explained the purpose and the outcome of the study. Informed written consent was given by participants to partake in the interviews and to be tape recorded (Annexure 4). Participants were also informed that there would be no harmful procedures involved, nor would they experience any discomfort. Participants were assured of confidentiality and anonymity of any information provided. They were also assured that their identity would be protected at all costs both during and after the interviews. Participants were reassured that it would not be possible to link them to the information given during the interviews. These measures were employed by the researcher according to the ethical principles of Brink (1996:35-39).

The audio-taped recordings were stored on the researcher's personal computer and access

denied to anyone else, by means of a personal password. The transcriptions of the interviews would be kept in a file in a secret location known only to the researcher and her supervisor for five years after the publication of the results of the study. Information acquired through this research project will be shared with all participants, if requested, prior to public dissemination, to allow them the freedom to object or consent to it.

1.13 CONCLUSION

This chapter described the rationale for this study, the problem statement, purpose and objectives and the background. The methodology for this study was introduced and will be discussed in more detail in Chapter 2.

CHAPTER 2: RESEARCH METHODOLOGY

2.1 INTRODUCTION

The previous chapter described the rationale, the challenges faced by male nurses, the background to the problem and the paradigmatic perspective. Theoretical definitions were explained and the research purpose and objectives of the study were stated. The research methodology was also briefly described in Chapter 1.

This chapter gives an overview of the methodology used in this study and provides a description of the research design, population and sampling, the method of data collection, the pilot study, data analysis, ethical considerations and measures to ensure trustworthiness. Methodology refers to ways of obtaining, organising and analysing data (Polit & Hungler, 2004:233). The word 'methodology' is derived from Greek and literally means 'alongside the road' and, metaphorically, the means or method of doing something (Mouton, 2006:35). Some researchers, such as Henning, Van Rensburg and Smit (2004:36), define methodology as *a coherent group of methods that complement one another and have the ability to fit to deliver the data and findings that will reflect the research question'*. They suggest that: *The methods should suit the purpose of the research.*

2.2 THE SETTING

The nursing college is situated in the district of Athlone and functions within an agency agreement between the Provincial Administration of the Western Cape (PAWC) and the Cape Peninsula University of Technology (CPUT). The college registers students with the South African Nursing Council (SANC) and offers the R425, a four-year Nursing and Midwifery programme leading to registration as a Professional Nurse with SANC. Students are selected according to CPUT policy. The minimum admission requirements from 2008 onwards were:

- Higher Language English
- Mathematics or Mathematics Literacy

- Life Sciences and/or Physical Sciences
- Life Orientation.

Accommodation is offered to a limited number of students and bursaries are granted to students to cover some of the academic costs. There are currently eight public nursing colleges and schools of nursing that offer training in South Africa.

2.3 RESEARCH DESIGN

A research design has been described as all the decisions a researcher makes in the planning of the study, also described as the *blueprint or working plan for action* (Wood & Ross-Kerr, 2011:114). Creswell (2009:176) posits that the choice of a research design is influenced by the assumptions about research, specific strategies of inquiry and the research methods. This research study was qualitative in approach; had an exploratory, descriptive and contextual design; and incorporated the process, assumptions and philosophy of Appreciative Inquiry (AI).

The choice of following a qualitative as opposed to a quantitative design was based on the nature of the topic being investigated and the desire to add to the limited amount of knowledge about self-leadership in male learner nurses (Chopra, Coveney & Jackson, 2007:121). A search of various databases yielded very few studies on the topic of self-leadership in male learner nurses. A qualitative design reveals information about how a person thinks, behaves and feels and the reasons for those thoughts, behaviours and feelings. In contrast, a quantitative design would only yield statistical or numerical data and would not describe the experiences of self-leadership. This is explained by Holloway and Wheeler (2010:24) who state that, although there is value in a quantitative research design, it has its limitations. In this study, a quantitative design would ignore the worldview of the study population within the context of their lives as male nursing students and how they experience self-direction in their training. A qualitative study was employed for this research as it explored and described the nature of the human condition, while serving to obtain responses from the participants regarding their psychological interactions during their training (Holloway & Wheeler, 2010:24).

This study also complied with the following reasons for undertaking a qualitative approach (De Vos et al., 2005:102):

- the nature of the research problem relating to the 'how' and 'what' questions;

- the topic of self-leadership in male learner nurses needed to be explored;

- there was a need to present findings on self-leadership in males and this would add to the pool of knowledge;

- the study involved a study of individuals in their natural setting;

- the researcher preferred writing in a literary style and immersed herself in the study;

- the 'story' could be told from the participants' points of view.

Creswell 2009 (175-176) further describes the characteristics of qualitative research and this study complies with the checklist depicted on his table.

Table 2.1 Characteristics of qualitative research

Creswell's (2009) characteristics of qualitative research	Characteristics applied to this study
A natural setting	A Western Cape College of Nursing
The researcher as the key instrument	The researcher conducted most of the interviews; her supervisor assisted with three
An inductive data analysis	The interview schedule allowed for broad questions and the responses were analysed into themes and categories
The participants' meanings	The participants' meanings that they attach to their lives were derived from the broad questions

2.3.1 Appreciative Inquiry

It was established that a qualitative design was appropriate for this study since the purpose of the study was to gain an understanding of the participants' meaning of self-leadership. It was also considered appropriate to incorporate Appreciative Inquiry (AI) into the design. The philosophical assumptions (discussed in Chapter 1) and the first two steps of the process of AI were used to collect the data and to obtain the best experiences of the participants. AI uses storytelling as a method of discovery and works best when the environment is rich in narrative (Cooperrider & Whitney, 1999:25). The researcher considered the benefits of using AI as reported by Michael (2005:225-228) in an American educational study. The benefits of incorporating AI were that the participants were eager to tell their stories, they offered new and original information and they spoke openly, with no fear of reprisal.

Appreciative Inquiry process

Appreciate Inquiry (AI) is a relatively new theory that was developed about two decades ago as a method for promoting organisational development. It consists of four stages (see Figure 2.1 below). The originators of AI, Cooperrider and Srivista (1987), challenged the methods of action researchers and developed the AI model as a change management process. AI is thus seen as an extension of participatory research action because it uses positivity as a means of bringing about change in a group or organisation. The main strengths of AI for this study are that it provided a new perspective on the topic of self-leadership, that stereotypical answers were avoided, that participants became empowered and that best practices were identified. AI was therefore considered a useful approach for this study because it focused on the current situation of male learner nurses and the description of guidelines for self-leadership for the future intake of male students. AI identified examples of best practice which then led to suggestions for the way forward in the education of male learner nurses (See Phase 2 of the guidelines). This was accomplished because the interview focused on the positive, personal experiences of the participants and on their wishes/visions for the future of their professional careers.

The four phases/ stages of AI are as follows:

- Discovery means finding out the best and most positive experiences of the male student nurses.
- Dream means allowing the participants to think creatively about the future.
- Design means designing plans for the future which reflects participants' views of good practice and visions. This involves producing provocative propositions which are statements about what the participants want to achieve.
- Deliver means working out what will need to happen to achieve the provocative propositions in the designing phase.

DESTINY
"What will be?"
Sustaining

DISCOVERY
"What gives life?"
Appreciating

DESIGN
"How can it be?"
Co-constructing

DREAM
"What might be?"
Envisioning

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Figure 2.1: The AI 4 D cycle adaptation
(Source: Cooperrider, Whitney & Stavros (2008:5)

Only the **first two stages** were used in this study, namely discovery and dream, due to the limited scope of this research report.

A basic principle of AI is that of positivity, meaning that positive questions lead to positive change. Positive questions allowed the male student nurses to reflect on what worked most effectively for learning and allowed them to think about moving in that direction (Filleul & Rowland, 2006:4-5). The intention of AI is *to discover, understand and foster new ways of doing things* (Cooperrider, Whitney & Stavros, 2008:2).

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AI is considered by researchers to be a collaborative and participative approach; it relies on interactive techniques such as group discussions and interviews for collecting data (Shuayb, Sharp, Judkins & Hetherington, 2009:1-2). This researcher opted for interviews which were semi-structured, in-depth and individual. A group discussion was not considered suitable for this study as the aim was to obtain thick data that was rich in detail. This would not have been achieved with focus groups. Participants might have been hesitant to reveal their personal experiences in a group. Language and words are regarded as the basic building blocks of social reality and the most important aspect of AI is the interview. The purpose of the interviews was to extract the best moments and experiences of the male student nurses (Shuayb et al., 2009:1-2). AI assisted the male student nurses to redirect their thinking towards appreciating the things that were working well in the classroom and clinical areas. AI encouraged a conversation with these students about what was working well and what would enhance their learning in the future. AI encouraged positive thinking, supported institutional learning and expanded thoughts for acting on their dreams/wishes for the future (Zolno, 2002:3).

The following two steps of the method AI were followed in this research:

-*Discover*

Discovery consisted of interviews that aided in the collecting of stories, ideas and information about self-leadership at its best (Judy, 2003:3). The focus was on the 'positive change core' of self-leadership (Cooperrider,Sorensen,Yeager & Whitney, 2001:20). Participants normally disclosed self-revealing personal information through these interviews, of best practices and peak experiences as they experienced them (Peelle, 2006:453).

-*Dream*

During the dream phase the participants imagined their desired future (Judy, 2003:4). This consisted of envisioning the phenomenon at its maximum potential for positive influence (Cooperrider et al., 2001:21). It was important to create a clear 'result-orientated vision' in relation to discovering hidden potential (Cooperrider & Whitney,

2005:5).

Assumptions for this study

Assumptions are defined by researchers as statements that are taken for granted or are considered true, even though they have not been scientifically tested (Burns & Grove, 2009:40). Burns and Grove (2009:40) further state that assumptions are found in the philosophical base of the framework, the study design, and the interpretation of those findings and these assumptions may or may not be recognised by the researcher.

The assumptions for this study were qualitative in nature (Wood & Ross-Kerr, 2011:123) because the participants had personal experiences of self-leadership and therefore had the ability to talk about the topic. The researcher was the primary instrument and was interested in the meaning that male nursing students attached to their world, their personal and professional lives and their experiences of self-leadership. This study consisted of fieldwork, whereby the researcher physically entered the world of the students to collect data.

The general assumptions that the researcher had, and over which she had no control, were: the accessibility and availability of the male student nurses; that the students had a good command of the English language; and that the students would be willing to participate in the study. The specific AI assumptions from which the study departed was described under Point 1.4.1 in Chapter 1.

2.3.2 Exploratory design

This research study was exploratory in nature because little is known about the phenomenon of self-leadership in male nursing students. The researcher entered the naturalistic setting of the participants which was the nursing college, and conducted individual, in-depth interviews with them. Exploratory research, according to Brink (1996:11), means to explore the dimensions of self-leadership, the way in which it occurs and the examination of any contributory factors, thereby providing more insight into the nature of self-leadership. This design was an attempt at discovery by means of an in-depth exploration (Wood & Ross-Kerr, 2011:121-123). Immersion in the area of study

refs to the degree of dedication that the researcher was committed to in reading, intuiting, analysing, synthesising and drawing conclusions about the data collected during the study (Streubert & Carpenter, 2011:454).

2.3.3 Descriptive design

This research study described the meaning of the experience of self-leadership during the participants' education and training. The aim was not to look for cause and effect but, instead, to describe the best experiences of the male student nurses. According to Burns and Grove (2009:25), descriptive research gives an accurate picture of the characteristics of a particular individual, situation or group and offers researchers a way to discover new meaning or a way to describe the existing phenomenon.

This study was descriptive because the researcher used the words of the students, while the analysis was inductive because categories and themes were derived from the data. The data collected was in the form of words which were obtained by conversing with the male learners and by taking quotations from the transcriptions of the interviews. The findings were rich and detailed and were gained by in-depth questioning.

2.3.4 Contextual design

Contextual studies focus on specific events in natural settings, which are uncontrolled real-life situations or environments and are also referred to as field settings (Burns & Grove, 2005:32). The researcher entered the educational setting of the participants with pen and paper and an audio-taping device. The setting was regarded as free from manipulation as it did not take place in a laboratory as in quantitative research. The nursing college was considered the most suitable setting to conduct the interviews with the male learners (Holloway & Wheeler, 2010:47).

2.4 POPULATION AND SAMPLE

2.4.1 Population

The term' population' refers to all elements that meet the sample criteria for inclusion in a study, sometimes referred to as a 'target population'. The target population for this

study was all the male nursing students who were registered for the four-year nursing programme, from first year to fourth year during 2012, at a Higher Education Institution in the Western Cape (Table 2.2). These students were the focus of the study and were diverse in terms of race, religion, ethnic, cultural and social backgrounds (Schneider, Whitehead, Elliot, Lobindo-Wood & Haber, 2007:22). Although English is the medium of instruction at the Western Cape College of Nursing (WCCN), for the majority of the student population English was not their mother tongue. It was, however, not necessary to use an interpreter. The researcher started recruiting from the second semester of 2012. The availability of the students proved to be a major obstacle. The researcher works full-time as a mentor and this factor, amongst other limitations, added to the challenge of commencing data collection.

Table 2.2 indicates the race and number of male students who were registered for 2012 per year group

Table 2.2: Statistics of male learners for 2012

Study year	Race	2012
First year	Black	42
	Colored	27
	Indian	0
	White	0
	Total Males	**69**
Second year	Black	26
	Colored	14
	Indian	0
	White	0
	Total males	**40**
Third year	Black	45
	Colored	15
	Indian	0
	White	0

	Total males	**60**
Fourth year	Black	31
	Colored	9
	Indian	0
	White	0
	Total males	**40**

The majority of the student population consisted of the Black and Colored race groups (Table 2.2). The ages of the students ranged between 18 and 24 years.

2.4.2 The sample

A sample is a small representation of the whole population (De Vos et al., 2005:82), or it can be described as a small portion of the total set of persons who together comprise the subject of this study (De Vos et al., 2005:194). The general purpose of sampling is to represent the population as closely as possible (Wood & Ross-Kerr, 2011:71). In qualitative research, it is not always possible to predict the size of the sample since the size depends on data saturation (Streubert & Carpenter, 2011:91). Data saturation means 'sampling to redundancy', when no new information is forthcoming or when the information becomes repetitive (Schneider et al., 2007:146).

Purposive or purposeful sampling is the most commonly used strategy in qualitative studies. This method of sampling is based on the participants' knowledge of the phenomenon, for the purpose of sharing that knowledge. This method was employed in this study and a conscious selection of male student nurses was made by the researcher (Burns & Grove, 2009:716). The goal of purposive sampling in this study was to ensure information-rich cases from which the researchers could collect in-depth information (Morse, 2007, cited in Burns and Grove, 2011:313). Another goal was to learn a great deal about self-leadership in male nurses, which was the central issue and purpose of this research (Streubert-Speziale & Carpenter, 1999:67).

The sample consisted of 12 male students, who complied with the inclusion criteria and who voluntarily agreed to participate in the study.

Inclusion criteria for this study

These criteria identified the specific requirements for the participants in this research study (Schneider et al., 2007:177). The researcher was guided by the accessibility of the male learner nurses and by the opportunities to conduct in-depth interviews with them (Holloway & Wheeler, 2010:137).

The main criterion for qualitative research is diversity, according to King and Horrocks (2010:29). These authors also propose that sampling and recruitment can occur at various stages of a research study.

Inclusion criteria for this study were:
- All the male students who were registered during 2012
- All the male students who were willing to participate in the study
- All the participants who understood the purpose of the study
- All the participants who could speak English.

2.5 DATA COLLECTION

The data was collected by the researcher, who used a semi-structured interview guide that consisted of two questions with probes (Appendix 6). Interviews were arranged in a private room in the academic setting during off-duty times. Permission to conduct the interviews was given by the gatekeepers of the academic institution. The interviews were arranged for a time and date that did not interfere with the WCCN programme of education and training.

2.5.1 Preparation of the field

The library at WCCN had a few private rooms and permission was obtained from the librarian to use a room. This room had a table to place the recording device and for writing purposes. There were two comfortable chairs and the door could lock. The venue thus afforded comfort and privacy. The students were familiar with the library and the environment could be labeled as non-threatening and accessible (De Vos et al., 2005:294-295). The chairs were positioned in a manner that conveyed a relaxed atmosphere in

which a personal conversation could take place. Arrangements were made with the students beforehand as to a suitable date and time and these were confirmed telephonically (De Vos et al., 2005:294). The researcher checked her stationery supplies and ensured that there were enough pens, paper, questionnaires, information sheets and consent forms.

2.5.2 Audio-taping

The recording devices that were used consisted of a digital recorder and a cellular phone. King and Horrocks (2010:45) believe that digital equipment delivers excellent recordings. The recordings were downloaded directly to the researcher's personal computer. The recording devices were fully charged beforehand and tested prior to each interview to ensure that the equipment was not faulty and to prevent disturbance during the interviews.

2.5.3 Field notes

Field and Morse (1994), cited in De Vos et al. (2005:298), describe field notes as a written account of the things the researcher hears, sees, experiences and thinks about during the process of collecting or reflecting on the data. Field notes were used as a method of data collection in conjunction with audio-taping the interview (data triangulation) in this study. Audio-taping the interview in conjunction with the use of field notes enabled the researcher to recall what she heard, saw, experienced and thought about whilst conducting the interviews (De Vos et al., 2005:298). Field notes therefore enabled the researcher to record her *emotions, preconceptions, expectations and prejudices* (De Vos et al., 2005:299). These notes were recorded either during the interview or immediately after (Field & Morse, 1994, cited in De Vos et al., 2005:298), thus the loss of data was prevented.

2.5.4 The interview

The semi-structured, one-to-one interview method was used in the collection of data for this study. Each interview was in-depth and conducted in English. The interviews varied in length and lasted no longer than 45 minutes. The semi-structured interview allowed the

researcher to gain a detailed picture of the perceptions of self-leadership of each individual male student nurse (De Vos et al., 2005:296). The questions were open-ended and thus allowed the participants to share their experiences. The semi-structured interview is the most common method of data collection in qualitative research and, combined with AI, allowed for flexibility as well as the introduction of new issues (De Vos et al., 2005:296). Burns and Grove (2009:405) concur with regard to the flexible nature of interviews. The researcher had her set of questions but these were used as a guide and not rigidly adhered to. The interviews yielded interesting accounts of the experiences of male student nurses on self-leadership.

Two pilot interviews were conducted before the main study. A pilot interview generates an understanding of concepts and theories held by the study population (Maxwell, 1992).

2.5.5 Advantages of an interview

The advantage of the personal or one-to-one interview was that it allowed the student to share more closely together. Another advantage was that the researcher was able to observe the body language and facial expressions of the participants in response to the questions being posed. The researcher obtained a large amount of data in a short time (De Vos et al., 2007:299). The data obtained was thick in description and rich in detail, which was desired for this study. In the event of any misunderstanding of the questions, the researcher was able to clarify by checking with the participants (member-checks) and reading the field-notes. Interviews assisted this researcher in understanding the experiences of male student nurses and in interpreting their perspectives and perceptions about self-leadership (Holloway & Wheeler, 2010:103).

2.5.6 The role of the interviewer

The researcher, as the key instrument, had to be professional at all times, even in her dress code, being neither overdressed nor underdressed. Welman, Kruger and Mitchell (2005:168) suggest that participants respond to the way the researcher is dressed. Being too smart or overdressed could cause the participant to feel intimidated and, likewise, being dressed too casually, might convey the idea that the researcher is not serious about

the study. The main role of the researcher was to obtain the information needed for the study and she accomplished this by having conversations with the participants. Kvale (1996) suggests that the interviewer could be seen, "either as a miner, digging for nuggets of information, or as a traveler, on a journey of discovery". This researcher travelled with each participant as each revealed his experiences (his story). The researcher did her best to put the participants at ease during the individual interviews, listened carefully and presented a non-judgmental attitude whilst the male learner nurses shared their experiences (Kvale, 1996). The role of the researcher was to extract as much information as possible about their perceptions and experiences on self-leadership during their training programme. The interview guide also consisted of probing questions for eliciting more information when required or should the participant be reticent. The researcher made use of prompts and cues to keep the participants focused, as well as reflective notes of responses obtained. The most important skill used by the researcher was the ability to listen to what was being said as well as to observe the participant. Holloway and Wheeler (2010:102) suggest that any inconsistency between the spoken word and the body language is a form of "within method triangulation".

2.6 DATA ANALYSIS

The researcher transcribed the recordings of the interviews (the data). Data analysis was the next step after having collected and transcribed the data. Data analysis is a time-consuming process and could have required skills of using qualitative data analysis programmes which the researcher did not possess. There are computer programmes such as Nvivo to assist the novice researcher, but would have required funding, training and the time-frame did not allow for this (Streubert & Carpenter 2011:44-45). However, the researcher did attend qualitative data analysis lectures at a nearby university to gain an understanding of the process. The researcher then proceeded to hand-code the data.

The transcriptions were also coded by a professional independent coder. An independent coder was used as a method to test the reliability of coding that involved two different people coding the same material independently. The coders need to be qualified to do this in order to obtain a high degree of agreement; therefore an expert in qualitative research

assisted the researcher (Gorden, 1992:3).

Researcher bias was prevented by the use of 'bracketing' whereby the researcher suspended her beliefs and opinions regarding the self-leadership of male nursing students. The data analysis process involved taking clusters of data and reducing these clusters into themes and categories and, once the themes had been identified, they were reported in a meaningful way for the intended audience (Streubert & Carpenter, 2011:46).

For this study the following eight steps of Tesch (1990) in Creswell (2007:192) were used for the data analysis process:

1. The researcher obtained a sense of the whole by reading through transcriptions.

2. The researcher selected one interview, asking: "What is this about?" not thinking about the information but rather the underlying meaning of the data. She wrote all her thoughts in the margin of the page.

3. After completing this task for several interviews, she compiled a list of all the topics. Similar topics were clustered together and formed into columns that were arranged into major topics, unique topics and leftovers.

4. The researcher took the list and returned to the data. The topics were abbreviated as codes and the codes were written next to the appropriate segments of the text. She then looked whether new categories and codes had emerged.

5. She looked for the most descriptive wording for the topics and turned them into categories. The researcher reduced the total list of categories by grouping together similar topics.

6. A final decision was made on the abbreviations for each category and the codes were alphabetised.

7. The data belonging to each category was assembled in one place and a preliminary analysis was performed.

8. The researcher recoded existing data if necessary.

The goal of data analysis in this study was to highlight the positive experiences of the male learner nurses and the meaning they attached to self-leadership during their four-year programme.

An inductively developed framework of themes and categories was derived from the qualitative data in Phase 1 that represented an emic (internal) framework of the experiences of the participants on self-leadership during their training programme. The qualitative data was supported by the literature found in Chapter 3.

2.7 TRUSTWORTHINESS

Creswell and Miller (2000:124) suggest that the choice of validity procedures is influenced by two perspectives, *"Firstly the lens of the researcher and secondly, the paradigm assumption of the researcher."*

Validity, according to Creswell and Miller (2000), is about how accurate the interview represents the realities or experiences. This applied to the male learner nurses on self-leadership. Creswell and Miller (2000) believe that the procedures used for validity checks include those that are employed for credibility checks. Trustworthiness in this study was maintained by transparency. The researcher informed the readers about how she had gained access to the participants, method of recruitment and the procedures used for interviewing, transcriptions and data analysis. The researcher attempted to portray the experiences of the male learner nurses with as much accuracy as possible and thereby ensured trustworthiness of this study (Streubert & Carpenter, 2011:39).

2.7.1 Credibility

Credibility in this study was maintained by the use of reflexivity, as recommended by Streubert and Carpenter (2011:34). Reflexivity is likened to self-reflection and it assisted the researcher to be mindful of how her views and attitudes could affect the study. These views and attitudes could influence either the collection of data or the findings. The researcher ensured credibility by employing bracketing, intuiting in each phase of the

process and doing member-checks with the participants. The researcher returned to some of the participants to identify and confirm the reported findings as a true representation of their experiences (Streubert & Carpenter, 2011:38).

2.7.2 Confirmability

If a study demonstrates certain features – credibility, auditability and fittingness – then that study is considered to have confirmability (Streubert & Carpenter, 2011:452). Confirmability occurred with credibility and was achieved by the researcher when she employed the criteria of reflexivity, persistent observation, peer and participant debriefing, prolonged engagement and member checks (Creswell & Miller, 2000:127). Auditability was demonstrated in this study by the use of field notes, good record-keeping regarding dates and times of interviews as well as other pertinent information about the interviews. This demonstrates auditability as there is an audit trail for others to check for accuracy and truthfulness.

2.7.3 Transferability

Transferability refers to whether the findings of the research can be transferred from a specific situation or case to another (De Vos et al., 2011:420). An example is when the findings of this study, conducted at one campus, have meaning for other male learner nurses at the other campuses in a similar setting. The researcher provided a dense description from the data about the participants, research contexts and settings, all of which were thick and rich in detail (Creswell & Miller, 2000:128). Participants were therefore purposefully selected for this study. Purposive sampling ensured that the participants were representative of the population. The sample therefore contained the most characteristic attributes of that population (De Vos et al., 2005:202).

Fittingness refers to consistency and was achieved as the independent coder and researcher reached consensus about the data analysis (Streubert & Carpenter, 2011:49).

2.7.4 Dependability

This is the fourth criterion for judging the rigor of qualitative research and is related to

the consistency of the findings (Lincoln & Guba, 1985:112). Dependability was ensured through a logical, well-documented report (De Vos et al., 2011:420). An inquiring audit was done by the supervisor of the researcher. The goal of the audit inquiry was to examine both the process and product of the inquiry and to determine the trustworthiness of the findings (Creswell & Miller, 2000:128). This was ensured by the researcher's supervisor checking the researcher's data, her interpretations and her findings. According to Lincoln and Guba (1985), a single audit is sufficient to determine both dependability and confirmability.

2.8 PILOT STUDY

Two pilot individual interviews were conducted to investigate if the research questions were understood by participants, in order to reach the aim of the study. It also prepared the researcher mentally and physically for the actual study (Welman et al., 2005:148). The pilot study reminded the researcher about the importance of scheduling appointments to accommodate both the participants and the researcher.

The additional benefits of a pilot study were the discovery of practical aspects and the development of interviewing skills (De Vos et al., 2005:294). The pilot interview allowed the researcher to familiarise herself with the interview schedule and the process of interviewing. It also provided the opportunity to practise using the dictaphone and taking field notes. The venue at the library proved to be the most suitable venue and the researcher discovered that, as the rooms were in great demand, one had to book a room well in advance. The outcomes of the pilot interviews proved to be successful and the data derived from the two participants was included in the main study. The pilot interview also proved that the method was effective and appropriate for the study (De Vos et al., 2005:210).

2.9 CONCLUSION

This chapter described the methodology used in the research study on self-leadership in male learner nurses. A qualitative approach was used; the reason for this choice was discussed, as well as the characteristics of qualitative research and the AI method. The

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population and the sampling were discussed and the data collection was described in detail, along with data analysis and trustworthiness. The process, dimensions and philosophy of Appreciative Inquiry were also described, as well as the benefits of incorporating AI into the research design.

The next chapter will describe the findings of this study.

CHAPTER 3: RESEARCH FINDINGS

3.1 INTRODUCTION

The previous chapter discussed the research methodology used in this study. This chapter covers the research findings.

Data analysis and the interpretation of the findings consist of two steps, of which the first is the reduction of a large amount of data and the second is the identification of patterns and themes (Mouton, 2006:161). The term 'analysis' refers to the 'resolution of a complex whole into its parts' (Mouton, 2006:161). He posits that qualitative data analysis has as its focal point the aim of understanding rather than explaining social phenomena and human behaviour in a natural setting.

The purpose of this study was to explore and describe self-leadership in male learner nurses and the data was collected by means of individual interviews at the educational institution. The sample consisted of 12 male students of various racial and ethnic backgrounds. The key phenomenon was self-leadership of male learner nurses. These male learner nurses were registered for the undergraduate nursing diploma under Regulation (R425) at a campus of a nursing college. The unit of analysis was male learner nurses. Data collection was conducted, using an Appreciative Inquiry (AI) paradigm. The assumptions of AI were discussed in Chapters 1 and 2 and the reason for using this approach was to allow participants to focus on the positive aspects of their training. The findings are presented in Table 3.2 which depicts the themes, categories and sub-categories that were derived from the data analysis. Five themes and 15 categories emerged. Each theme with the relevant categories and sub-categories will be described, using direct quotations from the participants. The quotations will be placed in *italics* since the responses obtained from the participants were not edited in any way, in order to allow their voices to be heard.

3.2 SHORT DESCRIPTION OF THE DATA

The individual, semi-structured interviews were recorded mostly on a digital recording device while some were recorded on a cellular phone. The interviews were saved to the researcher's personal computer (PC). The interviews were dated and numbered by assigning a code to each, e.g. the first interview was coded as MSN 1 (Male Student Nurse 1). The interviews were submitted for professional transcribing and the transcriptions were saved to the researcher's PC. The interviews were transcribed verbatim and no changes/corrections to the grammar were made. Quotes from the participants will therefore be undiluted. The printed versions of the transcriptions, the consent forms, field notes and demographic data were filed separately and put in a secure place, known only to the researcher and her supervisor. The transcribed interviews were submitted to an independent professional coder for thematic data analysis. This was done to avoid bias and thereby ensure trustworthiness of the study.

3.3 DEMOGRAPHIC DATA

All participants provided demographic details to the researcher during the interviews and this information is presented in Table 3.1.

Table 3.1: Demographical information of participants

Participant	AGE (Years)	AREA	STUDY YEAR	MARITAL STATUS	HOME LANGUAGE
MSN1	22	Rural	4th	Single	Afrikaans
MSN2	26	Rural	3rd	Single	Isi Xhosa
MSN3	23	Rural	4th	Single	Isi-Xhosa
MSN4	23	Rural	3rd	Single	Afrikaans
MSN5	27	Rural	3rd	Single	Isi-Xhosa
MSN6	22	Rural	2nd	Single	Afrikaans

MSN7	24	Rural	4th	Single	Isi-Xhosa
MSN8	24	Rural	4th	Single	Isi-Xhosa
MSN9	34	Rural	4th	Single	Isi-Xhosa
MSN10	25	Rural	4th	Single	Isi-Xhosa
MSN11	32	Rural	2nd	Single	Afrikaans
MSN12	24	Rural	4th	Single	Afrikaans

Participants varied in age, with a mean age of 24 years. All the participants were from rural areas in the Eastern and Western Cape and therefore living in the residence at the campus of the nursing college. None of the students was married and English was their second language.

3.4 THEMES

Five main themes were derived from the data analysis. (Theme 1) – The first theme revealed that the peak experiences occurred on multiple levels and included 'learning from error'. This led to increased motivation and satisfaction, at times even 'life-changing'. Self-leadership was experienced as a process of 'becoming' that culminated in building character – (Theme 2). Future aspirations were voiced and included professional, educational and interpersonal goals – (Theme 3). Qualities needed for the attainment of these future aspirations included focusing on aspects of the personal 'self' as well as active support – (Theme 4). The value of the four-year undergraduate nursing programme was related to the actualisation of this support in the educational environment, fellow student support and practice support – (Theme 5).

Table 3.2: Themes, categories and sub-categories derived from the data analysis

THEME	CATEGORY	SUB-CATEGORY
1. Peak experiences occurred on multiple levels and included learning from 'error'	Academic related	Passing a course/subject Getting out of ECP
	Interpersonal connections	Sense of belonging Blessing Recognition Advocating for patients
	Personally associated	Learning through error Self-motivation
	Practice linked	Working independently Saving a life Providing comprehensive care Being of service Patients making progress Opportunities to learn, apply and lead Midwifery experience – miracle of birth
2. Self-leadership is a process of 'becoming' (at times difficult) that culminated in building character	Growth Adaptation Attitudes developed	 Acceptance Denial (when times were difficult)
3. Future aspirations	Professional aspects	'Living the profession of nursing' 'Being professional'

	Educational aspects	Greater inclusion of males Lifelong learning Completing studies
	Interpersonal leadership	Leading others Giving back
4. Qualities needed for attainment of future aspirations	The personal self	Maturity Responsibility Strong resolve Firm decisions Influencing 'self' through self-talk Hard work Endurance Knowledge
	Active support	Friends Family Educators Management
5. The value of the programme to develop self-leadership	Educational support	Lecturers Mentors
	Fellow student support	
	Practice support	Simulation Lab Wards

3.5 FINDINGS

3.5.1 Theme 1: Peak experiences occurred on multiple levels including learning from error

Peak experiences are described by theorist Maslow (1971) cited in Quinn (1995:100) as an 'ecstatic moment that can be brought on by such experiences as classical music and religious experiences.' Peak experiences in this study referred to those times during the four-year programme when participants recalled powerful positive memories in training. 'Learning from error' could be regarded as reflecting upon a learning experience, a psychological construct that closely relates to internal mental processes such as thinking, reasoning, considering and deliberating (Gregory, 1977) cited in Quinn and Hughes (2007:443). At times, participants in this study found great value in challenging experiences that left a mental imprint, causing an undesirable situation to become meaningful in a positive way. Peak experiences for the participants for this study occurred on multiple levels of academic, personal, professional and practical nature. This led to increased motivation and satisfaction, at times even 'life-changing':

"But now as you've started nursing, you can, you know, man, you can change, man." (MSN 5)

Participants mostly recalled positive experiences as those times when they experienced being empowered and called upon to act as leaders in the ward or clinic by managing the unit or session, either under direct or indirect supervision:

"This year when I was doing EPP (Ethos and Professional Practice), *I was running the ward, that makes me feel very good." (MSN 8)*

This quotation confirms the assumption that reality is created in the moment. The reality of participants on self-leadership was created when they practised self-leadership. Empowerment of the individual is regarded as the core of self-leadership (Lovelace, Manz & Alves, 2007:379). Participants were empowered by taking on more responsibilities and learning to depend on themselves and not on the sister-in-charge of the unit or clinic.

Orland-Barak and Wilhelem (2005:456) believe that novice students usually only develop emotional and cognitive maturity when they are in clinical settings and start learning about the intricacies of nursing in real-life situations. This is usually also the time when students start reflecting on their challenging and peak experiences. A participant felt very strongly that midwifery had a beneficial outcome on male students on a personal level and that it led him to maturity:

> *"Actually, I learned a lot and I became, actually very matured in nursing itself." (MSN 12)*

Maturity developed as a result of self-leadership in the male students' capacity to take on more responsibility for their own direction and motivation (Lovelace et al., 2007:379). In AI, the potential for growth is an inherent part of the human condition. Participants, throughout the interviews, revealed that reaching their third year of training was a turning point and that passing the midwifery course was a definite highlight for them. One participant mentioned:

> *"Actually when I passed my midwifery, my third year, when I passed midwifery and everything was complete, it was a highlight."(MSN 7)*

Australian researchers, Vafeas, Lauva and Beamont (2011:3), agree that success is a highlight for student nurses and, regardless of how big or small the achievement is, it serves as motivation to further succeed in their training. It was also found that success created feelings of positivity in student nurses and that these feelings led to increased confidence in the students regarding their abilities.

The midwifery course was sometimes regarded as challenging due to the theoretical component; however, a participant explained that he adapted to the clinical setting:

> *"It isn't easy for male students to do midwifery but I adapted in that situation." (MSN 12)*

Norris (2008:57) confirms that self-leadership is evident when adjustment to changing conditions is apparent. A participant expressed his satisfaction with the midwifery course challenges encountered thus:

"For me it's always been the best experience and more especially in the midwifery section, you know." (MSN 3)

This experience could help this participant to equip himself with self-determination and direction in his studies. Findings during a midwifery course of a study by Egyptian researchers, Eswi and El Sayed (2011:95), reveal that male student nurses had positive feelings about midwifery and were satisfied with their academic achievements, despite the difficulties they encountered. These findings indicate self-determination in male students to complete a course of study generally regarded as the domain of females. Self-determination is a trait associated with self-leadership that grants individuals a sense of control and leads to satisfaction in their achievements (Dewettinck & Van Ameijde, 2011:9).

Four categories emerged from this first theme and each category generated sub-categories: (i) academic-related achievements, (ii) interpersonal connections, (iii) personally associated category, (iv) practice-linked category.

3.5.1.1 Category 1: Academic-related achievements

Academic-related achievements refer to the educational experiences of the participants in the attainment of knowledge, skills, attitudes and values that will assist them in becoming knowledgeable, safe and effective nursing practitioners (Billings & Halstead, 2009:33). Two sub-categories emerged related to this category: (i) passing a course and (ii) getting out of the Extra Curricular Programme (ECP).

Passing a course

Passing a course or becoming competent in a nursing skill led to a sense of accomplishment. This feeling of accomplishment could be regarded as being equivalent to the appreciation of an achievement. Kotze (2008:201) states that showing appreciation for an academic achievement is indicative of the nursing student's contribution towards attaining self-leadership. Participants expressed pride in their academic records especially in the first year and first class tests:

"I would say passing my first year, that was affirming for me because when I

40

first came here, I had the impression that, uhm, it's not going to be easy."
(MSN 10)

"But on my first test here in the college, I got a distinction." (MSN 7)

Vafeas et al. (2011:3), in their qualitative case study, state that student nurses become empowered to lead when they feel positive about their potential for success. These experiences result in self-pride, both on a personal and professional level, about their academic achievements and clinical performances. Self-pride occurs as a result of self-observation which is listed as a practical self-leadership strategy (Lovelace et al., 2007:379).

Getting out of ECP

ECP is a foundation programme, implemented in the first year of nursing and designed to assist students who have been disadvantaged, due to social and or educational inequalities, in the past (Gill, 2010:3). Although a stigma could be attached to a foundation programme, a participant experienced pride in having succeeded in the programme:

"And getting out of ECP made me very proud but still it is following me."
(MSN 11)

For a participant, passing an examination was a peak experience and his success motivated him and pushed him to a heightened sense of self-belief:

"I think the peak is actually, I think, last year was quite difficult for me, doing second year, so I think the assessment of last year really pushed me. We had the removal of sutures, this exam that we did at the end of the year so initially I was well-prepared for it but somehow I managed to fail and I was thinking to myself that if I fail here, now (the second opportunity) then I'm really in big trouble, I'm going to have to repeat but when I passed that exam, I really, it just pushed me to a whole new level." (MSN 4)

Self-motivation is regarded as a practical strategy for self-leadership as a means to achieve a personal goal (Manz & Neck, 2004, cited in Lovelace et al. (2007:375).

3.5.1.2 Category 2: Interpersonal connections

Jooste (2010:215) states that good interpersonal relationships or connections are essential for a healthy work environment; they assist in creating a harmonious atmosphere and ultimately result in quality healthcare. In this study, an interpersonal connection referred to those relationships that developed between participants and significant others, either on a social or professional level. Participants were able to connect and relate to their peers, patients, multi-disciplinary team, supervisors, tutors and mentors whilst in the clinical areas.

Participants experienced the importance of the nurse-patient relationship when they entered the real world of patient care and started interacting with the various role-players in the clinical areas:

> *"That's where you get to realise that in life you have to do something for the people (patients) that's what I think."(MSN 8)*

A participant stated that his peak experiences were those developmental times when he was learning and interacting with other health professionals:

> *"When we get to work with doctors and staff, doing such, doing those kinds of things, procedures with them, assisting them and get to learn from them." (MSN 6)*

European studies on the clinical experiences of student nurses suggest that students develop as a result of positive social interaction between themselves and others in the clinical areas (Warne, Johansson, Papastravrou, Tichelaar, Tomietto & Van den Bossche et al., 2010).

In times of stress, participants in this study turned to interpersonal relationships for support or comfort:

> *"I think of my family." (MSN 2)*

Thoughts of his family are what drove this participant to obtaining his educational goal. Koen, Van Eeden, Wiesing and Du Plessis (2011:102-103) found that family and friends

were personal resources for professional nurses during difficult times, offering support and sustenance to them. Curtis, De Vries and Sheerin (2011:308) state that relationship skills are the most important leadership skills that are needed by nurses.

The four sub-categories of this category were: (i) a sense of belonging, (ii) a blessing, (iii) recognition and (iv) advocacy for patients.

Sense of belonging

A sense of belonging or belongingness of new graduates of nursing refers to feeling welcome, being part of the team, fitting in and forming social bonds with the staff in the clinical area (Malouf & West, 2011:6).

Participants in this study expressed their sense of belonging:

> *". . . I've realised now, I belong here now . ." (MSN 1)*
>
> *"So, this is a field in which men are wanted." (MSN 9)*

Breier et al. (2009:28) found that nursing is still a predominantly female profession despite the increasing number of males entering the profession. A participant felt that he was being treated equally by the staff during his training and he had not experienced any gender-based discrimination:

> *"It's not a difference to me, the staff they treat everybody equally." (MSN 4)*

The need to belong is universal, as indicated by Levett-Jones, Lathlean, Higgins and McMillan (2009:319) in their study on staff-student relationships. Recognition and appreciation instil a sense of belonging (Levett-Jones et al., 2009:316). Some participants felt a sense of belonging when the staff showed confidence in their abilities as male students:

> *"And in the hospital, when the sister was gone, they came to rely on me."*
> *(MSN 7)*

The findings indicated that participants felt a strong sense of belonging. This could mean that they found their social identity in the workplace and felt that they were part of the team (Klenke, 2007:79). This social identity resulted from the formation of positive

interpersonal relationships which led to finding meaning in their work (Van Knippenberg, Van Knippenberg, De Cremer & Hogg, 2004:827).

A blessing

A blessing is the infusion of something with spiritual redemption, divine will, or one's hope or approval (Alam, 2014). Participants volunteered the information that they felt privileged to be able to care for their patients. They therefore could understand the spiritual dimension of nursing, whereby the profession is regarded as a calling and is linked to servant leadership (O'Brien, 2011:13).

A participant felt that he was blessed to assist a patient in his care, someone who was dependent on him; he regarded this as a peak experience to perform a service that seemed to come naturally to him:

> *"So that's the best experience for me, because it's something like I was never taught or something that I never done before, so like it's a blessing for me to look after someone who can't do something for themselves." (MSN 2)*

Bell-Scriber (2008:147) found that male students had their best experiences whilst caring for patients at their bedside; listening to their patients also provided powerful moments for them. There is a paucity of literature with regard to the spiritual side of nursing; the most common references to the 'blessing' of being a nurse can be found during the Nightingale era when nursing was regarded as a vocation or a 'calling'. Breier et al. (2009:125) cite this 'calling' as one of the reasons why students remain in the nursing programme in spite of the difficulties they sometimes face over the four years of training. Klenke (2007:83) believes that the development of the spiritual dimension of the self is of great importance to the development of leadership.

Recognition

Levett-Jones et al. (2009:321) highlight recognition and its impact on the sense of belonging when feeling appreciated.

The findings in this study indicated that participants experienced acknowledgements that boosted their self-esteem during their relationships with staff, patients and family of

patients. One participant particularly shared and cherished his experience of self-worth and being valued by a patient and relatives for doing a basic procedure such as a full wash:

> *"And when her mother came, she said, Mama, look at this guy, this guy is the one who washes me in the morning." (MSN 9)*

A participant revealed his most life-affirming moment when a patient thanked him and told someone that he, the male student nurse, was good:

> *"That one, he's good." (MSN 8)*

Respect shown from staff served to promote and increase the self-esteem of participants, when they were allowed to run the ward during their EPP training:

> *"So, even the staff, they gave me big, big respect." (MSN 8)*

Recognition together with praise can be powerful sources of self-motivation; they build morale and self-esteem in people (Huber, 2010:253-254). Harding (2005:181) confirms that when feelings of inclusion and acceptance are experienced by student nurses, their learning experiences are enhanced.

Participants valued the recognition they received in the form of a simple thank you from their patients or the family of patients:

> *"And he said I thank what you do for me. Those small things are for me, are the great experiences." (MSN 2)*

Being thanked left participants overwhelmed and speechless at times:

> *"Haai, I feel, especially when after helping a patient, saying thank you to me, oh I feel. . . .." (MSN 5)*

> *"The most liked moment I had, it was with the patients, when they say thank you. You see, so when you . . . when that person says thank you, that's it." (MSN 8)*

Breier et al. (2009:110) state that students are inspired by the gratitude expressed by their

patients. Harding (2005:181) found that male nurses enjoyed being praised for the nursing care they gave to patients and were greatly pleased with positive feedback received from involved others.

Advocating for patients

Jooste (2010:38) states that advocacy involves many aspects such as speaking on behalf of clients and feeling compelled to act on behalf of clients, thereby meeting the needs of clients. One male student said he assisted his patients by looking out for them:

> *"By helping them out when they are in need, actually, also caring for them and then a person that can actually help them to speak on their behalf if they can't, actually." (MSN 12)*

Speaking up for those who cannot speak for themselves demonstrates empathy and self-confidence, two competencies required for self-leadership in nursing.

Kotze (2008:54) agrees that advocacy is an attribute that is required by nurses for effective leadership roles, thus a desired competency for clinical practice. Participants in this study demonstrated their willingness to protect their patients' rights.

3.5.1.3 Category 3: Personally associated

Vafeas et al. (2011:3) describe self-reflection as a personal acquired skill that allows a person to associate with the past, to think about and critically examine past experiences, in order to plan for a better future. Two subcategories emerged, namely: (i) learning through error and (ii) self-motivation.

Learning through error

Participants revealed that they actually learned valuable lessons from the challenges they faced in attaining their educational goals. These challenges acted as motivators to succeed in tasks. Brown (2009:120-129) believes that the challenging encounters of students become educational experiences for them. A participant, after failing a clinical procedure, immediately realised the importance of being successful when granted a second chance:

" I think the assessment of last year really pushed me, we had this removal of sutures . . .. But somehow I managed to fail and I was thinking to myself, this is it, if I fail here now and failed the second opportunity now, then I'm really in big trouble. . . .." (MSN 4)

Another participant recalled how he had paid the penalty for committing fraud during his clinical placement and learned a lesson from it:

"And the other thing that I think is a peak for me, actually something that is bad, that I did, it was a peak for me. I learned something from that thing." (MSN 7)

Fakude and Bruce (2003:49-50) describe self-reflection as the recalling of an event and thinking about it, to such an extent that the experience speaks to the student and, in this way, the student learns from it and will never forget the lesson. 'Learning through error' therefore developed into a meaningful experience that assisted the professional and personal growth of this participant.
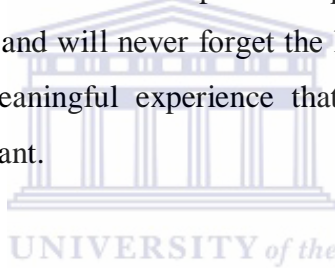
Self-motivation

Sullivan and Garland (2010:130-137) believe that motivation is the key to success or to accomplishing a goal, that it is 'the energy to perform'. Self-motivation was practised by participants in this study by being self-directed in their learning, pushing themselves forward and onward despite barriers, and practising self-talk. Doing well in their examinations or mastering a skill energised participants to perform even better:

"When I passed that exam, it really, it really pushed me to a whole new level." (MSN 4)

A participant described how he practised self-motivation when he was tired due to the long hours of work and study and when he felt like giving up at times:

"It was difficult for me, especially to wake up for lessons for three to four weeks, going to work but yeah, I was motivated, I can pick up myself but sometimes I can feel like, yohh, I give up now, I'm tired but there I try to push hard, ma'am, ja I can say that." (MSN 5)

Positive self-talk was sometimes also employed by participants to get through a difficult period of their training:

> *"Obviously like it's how I coped with stress. I don't know if it's a good way or . . . , but I let it sink in and I accepted the situation. I said to myself, it's OK, it's fine and I continued doing what I was doing . . . .." (MSN 1)*

> *"I told myself, no, this is not right and I told myself once because I'm kind of lazy to go to the services . . . but one day I told myself that no, you want nursing, this qualification goes with practical. . . . so I just told myself, no, I have to make it 50/50, for theory and for practical." (MSN 7)*

> *". . . because I told myself I'm going to prove them wrong because they told me that it's not going to be easy but I managed to pull through." (MSN 10)*

Self-motivation occurs when students have a sense of purpose and are focused on attaining their personal goals. It leads to self-goal setting which is regarded as a practical strategy of self-leadership (Lovelace et al., 2007:379).

3.5.1.4 Category 4: Practice-linked

The link between theory and practice is often referred to as the bridge between what is learned in the nursing classroom and the actual practice of nursing in the clinical areas (Baxter, 2007:103). Peak experiences of participants were linked to the practice of nursing either in the hospital ward or the community clinic, occupational health, geriatric institutions, school nursing and day hospital placement areas. Participants therefore gained best experiences in a variety of procedures and clinical settings. Seven sub-categories were derived from this category namely: (i) working independently, (ii) saving a life, (iii) providing comprehensive care, (iv) being of service, (v) patients making progress, (vi) opportunities to learn, apply and lead and (vii) the midwifery experience – 'miracle of birth'.

Working independently

Working independently in the nursing profession is referred to as autonomy, whereby the nursing practitioner or student nurse is allowed to make clinical decisions within his/her

scope of practice (Jooste, 2010:53). Within the context of this study, autonomy refers to those times when participants were allowed to manage a ward or clinic for the day under the supervision of the sister-in-charge. Participants thoroughly enjoyed the experience of working independently and smiled broadly as they told their stories of exercising their autonomy. During the interview with one participant, it was observed that it proved to be an ego-boosting experience:

> *"In the clinic where I'm working, I managed to be alone and run the clinic."*
> *(*MSN 7 – smiling and pushing his chest forward*)*

Autonomous opportunities included leadership development in taking charge of tasks:

> *"We were given opportunities to lead, to be in charge of things." (MSN 2)*

Self-leadership essentially is a process involving self-influence to obtain a goal (Abdrbo, 2012:107). Participants' own authority in their leadership role was indicated:

> *"So, now I had to be alone, you know, and run a ward, so there I feel, ok,*
> *here I have authority. . . . then it's how you use it." (MSN 3)*

Authority in self-leadership is where the leader has the right to make certain decisions without consultation. This would depend on the situation; it does not, however, mean that there is an absence of restrictions (Jooste, 2010:131).

A participant felt self-confident in having the authority to take charge of the ward whilst undertaking the EPP course in his fourth year of training:

> *"This year, when I was doing EPP, I was running the ward, that makes me*
> *feel very good." (MSN 8)*

Levett-Jones et al. (2009:321) concur that when student nurses are granted the opportunity to work independently with a sense of autonomy, and are allowed to demonstrate their leadership abilities, they feel valued and their confidence levels increase as a result of the recognition they receive.

Saving a life

Saving a life usually refers to a swift reaction by a trained person in an emergency

situation to prevent the death of a patient (Elmqvist, Brunt, Fridlund & Ekebergh, 2010:186). Saving a life was regarded as one of the most rewarding experiences for the participants in this study. One participant reflected on his experience of being able to respond to an emergency situation and making his own contribution during a successful resuscitation attempt:

"Just the ability to save someone's life through resuscitating and I was present and I was actively busy helping them . . . so for me, that's a highlight." (MSN 1)

Pearcey and Draper (2008:599), in their study on clinical experiences of novice nurses, found that even one positive experience of self-worth can influence the student's perceptions and feelings about the profession.

Providing comprehensive care

Henderson (2006:21-34) agrees that student nurses need to understand the holistic nature and basic needs of human beings so that they can learn to assist patients and clients on all levels. Participants in this study started their community training in their second year of the programme at the clinics. A participant indicated how he took the lead in caring for clients:

"I got an experience on how to look after people, to give comprehensive nursing care." (MSN 2)

A participant shared his experience in having the knowledge (power) about the delivery of comprehensive nursing care:

"Medication on its own won't help a patient; there are a lot of aspects. You take one patient and then you look at the whole different aspects, there is the psychological aspect of it, there is the physical need of the patient. Besides the medication, whatever interventions that you have to do for the patient . . . also focusing on the spiritual side." (MSN 3)

Power gained from knowledge about nursing science and derived from the practice of nursing assists in influencing and improving the practice environment (Curtis et al.,

2011:307).

Being of service

Henderson (2006:21-34) believes that being of service is the essence of nursing and defines this concept as a 'helping relationship of nurse to client'. Participants in this study seemed to grasp this concept and revealed during their interviews that they enjoyed doing whatever they could for their patients. Caring for others who depended on them played an important role in their perception of being of service. Furthermore, they experienced a sense of deep satisfaction and accomplishment whilst being of service and this was sufficient reward for them. One participant described himself as being submissive and willing to go beyond what was expected of him if, in the end, he could make a difference in someone's life:

> *"I'm a person who is so submissive. I'm a person who is so much willing, I can say, willing to do whatever." (MSN 9)*

A participant expressed his understanding of the profession as a service to mankind:

> *"That's where you get to realise in life you have to do something for the people, that's what I think." (MSN 8)*

A pervasive sentiment throughout the interviews was a passion for the profession. No matter how big or small the deed, the satisfaction gained and the appreciation expressed by the patient made it all worthwhile. A participant stated:

> *"Those small things are for me . . . are a great experience." (MSN 2)*

Willingness shows a dedication to the profession and not a focus on monetary or other tangible rewards (Breier et al., 2009:110).

Patients making progress

The assessment of a patient's progress is based on the clinical judgment of the nurse, which includes observing and getting to know the patient, as well as monitoring the vital signs of the patient (Tanner, 2006:206). Participants in this study gained this skill during their clinical placements and also learned from observing the experts in the wards and

clinics. Observing how their patients improved or made a recovery constituted a peak experience for participants. They described a sense of peace and satisfaction when their patients made progress. Their sense of self-worth was also elevated because of their perceived contribution to the patient's improved health status. A participant felt that he had influenced the patient's progress and felt good about making a difference in someone's life by the nursing care he had given to the patient:

"But as the days progress, you see that somebody who was unconscious, becomes conscious because of your impact. You know, that is very lovely. That is one thing that I have realized and I have seen that to make a change to somebody is very wonderful. It's beautiful and at the end of the day, you feel so much peace, you feel so much that you have done something to somebody." (MSN 9)

The findings in a study by Comrie (2012:120-121) indicate that one of the highest moral principles followed by participants is the feeling of benevolence towards patients, thus reflecting a 'desire to do good for the patient'. This desire indicated that participants were committed to the progress of patients towards recovery.

Opportunities to learn, apply and lead

Levett-Jones and Lathlean (2008:104) believe that clinical placements provide experiential learning opportunities for student nurses because they are exposed to the real world of nursing. Lovelace et al. (2007:377) suggest that a variety of experiences and the opportunity to learn and apply new skills can lead to autonomy accompanied by the freedom to make choices and to be creative in the workplace. A participant told of his continuous professional development that started from his exposure to the clinical area in his first year:

"You get exposed to a lot of things. I was exposed to so many things already in my first year and now I am in my third year, I've learned so much." (MSN 4)

Another participant expressed his delight in discovering the unknown:

"I've had a best experience because of nursing . . . so, it was really

interesting to me because I experienced a lot of things that I never thought of." (MSN 2)

A leader shows openness to new opportunities such as learning. Openness, according to Hendricks, Cope and Harris (2010:2), is the ability to listen to other people's ideas and views and consider the alternatives, thereby allowing creativity to take hold.

Clinical placements provided the opportunity to correlate theory to practice and the experience proved to be inspiring and exciting to nursing students:

"I was just working now, for the past four months, I was working, doing practicals at a hospital, seeing a lot of new things that I haven't ever seen before, so it's very interesting." (MSN 4)

A participant acted as a leader in using his authority to delegate during a teaching moment whilst acting as a buddy to junior students:

"When first years are coming and second years, then we delegate them, we show them, ja, this is how you should do this and this is how you should do this, teaching them." (MSN 5)

Participants demonstrated the ability to not only lead themselves during their training but also to 'lead others to lead themselves' (Lovelace et al., 2007:179).

Midwifery experience – 'miracle of birth'

The midwifery course was regarded as a peak experience for the practice-linked category. Carolan and Kruger (2011:6) found in their study that the birth of a baby held a certain fascination for student nurses. Participants in this study were mostly positive about the midwifery experience:

"Yes, I did enjoy midwifery." (MSN 1)

"For me it's always been the best experience and more especially in the midwifery section, you know." (MSN 3)

"That is now my first witness of a baby, actually, that was a miracle,

actually." (MSN 12)

Egyptian male students revealed that the most satisfying aspect of their midwifery course was gaining caring skills when patients were in labour or delivering babies (Eswi & El Sayed, 2011:95-96).

Leaders have emotional awareness and display emotional intelligence since emotions are regarded as fruitful and the creative part of learning; however, leaders don't allow their emotions to get in the way of decisions or to affect their behaviour (Allan, Smith & Lorentzen, 2008:16). One participant stated:

> *"I think a peak experience for me during my training was my third year when I started with midwifery nursing science. I actually learned a lot. It was something new." (MSN 12)*

Readiness to learn is an adult learner characteristic (Knowles, 1950, cited in Sullivan & Garland, 2010:143). The participant demonstrated that he was 'present in the moment' and showed appreciation for newness, a characteristic of self-leadership (Sydanmaanlakka, 2004:5).

Eswi and El Sayed (2011:95-96) concur that male student nurses feel good about their academic achievements in midwifery and experience positive feelings about the course, despite the challenges it presents. A participant acknowledged that it was sometimes difficult for males to do this course but that they could adapt to the situation:

> *"It isn't easy for male students to do midwifery, but you have to, really have to adapt." (MSN 12)*

A leader can adapt and can be a change agent. One of the attributes of an effective leader is the ability to adapt to change and thereby influence the self or followers to accept change and to view change in a positive light (Frankel, 2008:2).

3.5.2 Theme 2: Self-leadership was a process 'of becoming' (at times difficult) that culminated in building character

The concept of self-leadership is either easily understood or sometimes not understood at

all (Tuovinen, 2010:6). Self-leadership simply means to lead one's self, to manage one's life, career, goals and ambitions, whereas leadership involves a leader and followers. A leader influences his/her followers to attain a common goal, by the recognition of his/her power and the ability to use that power (Sullivan & Garland, 2010:58). The individual, who has self-leadership qualities, displays it by having a good self-knowledge, a high level of self-esteem, a positive self-image and is goal-driven. A self-leader therefore uses his/her power to achieve personal goals. Finnish author and expert on self-leadership, Sydanmaanlakka (2006), cited in Tuovinen (2010:8), refers to self-leadership as a life-long process and describes all the dimensions pertaining to the total well-being of an individual. These dimensions include the physical, mental, spiritual, social and professional well-being of the individual (Sydanmaanlakka, 2004:1-2). Essentially a person cannot lead others unless he/she is able to lead him/herself. Some of the practical strategies for self-leadership are self-goal setting, self-observation and self-reward; these assist the individual in enhancing their work performance and also lead to self-efficacy (Lovelace et al., 2007:379). Three categories emerged under Theme 3, namely: (i) growth, (ii) adaptation and (iii) attitudes developed.

3.5.2.1 Category 1: Growth

Growth in nursing education refers to the development of the student nurse's full potential in order to reach the highest motivational need, that of self-actualisation (Jooste, 2007:58). Levett-Jones and Bourgeois (2011:13) posit that 'nursing is a process of personal and professional growth' and encourage students to constantly re-evaluate their attitudes and beliefs. Growth in character was noted by participants in their self-assessment of their progress across the four years of training:

> *"Since I've come into nursing, I've grown a lot." (MSN 1)*

> *"Grown, how to lead and how to work with people, co-operating and those types of characteristics I've gained since last year on up till now." (MSN 6)*

A participant felt that he had grown because of the responsibilities and autonomy given by the ward sister:

"I've grown a lot because of responsibilities that there is with nursing." (MSN 1)

Other participants felt that their growth was due to the learning experiences they had encountered and that they had developed character:

"I think nursing, it has changed me and it can build me and it will change me in the future." (MSN 6)

"I learned a lot of character." (MSN 2)

The findings confirmed the assumption that the reality on self-leadership is created when self-leadership is practised.

Bennis (2003), cited in Hendricks, Cope and Harris (2010:2), listed six characteristics of a leader as: integrity, magnanimity, openness, creativity, humility and self-awareness of strengths and weaknesses. Participants in this study displayed self-awareness. It is related to behaviour orientation, one of the three strategies associated with self-leadership (Neck & Houghton, 2006, cited in Norris, 2008:44).

One participant observed a positive change in his life-style due to increased knowledge regarding good habits:

"It (nursing*) changes your life, like you no longer see things and behaviour like you've been doing, like drinking, smoking." (MSN 5)*

This confirms the assumption that what one focuses on becomes one's realities. Kotze (2008:14) adds that by 'becoming your own master' and taking control of one's life, one can change one's lifestyle for the better. This would indicate professional maturity in the male learner nurses.

3.5.2.2 Category 2: Adaptation

The term 'adaptation' could be used interchangeably with the term 'adaptability'. Kotze (2008:209) defines adaptation as being flexible and being able to change with each new situation to overcome obstacles. Adapting to new situations in the clinical areas and in

the classroom was noted as essential by participants.

Koen et al. (2011:104) believe that resilience is the key to adaptation. A participant accepted the need to adapt:

> *"Because midwifery first of all, it's not difficult but it's a lot of work, so you have to acclimatise yourself to that, you have to focus, you have to be alert all the time, so it's a lot of work that you must do in a short space of time."* *(MSN 10)*

A participant adapted to the challenges of the midwifery course:

> *"So, I had to adapt to that and the responsibilities that come with it."* *(MSN 1)*

Another participant realised that giving up was not an option for him:

> *"It's what I want in life because I realised its quitting and letting things go and you know, standing up and you know, it's going to help me."* *(MSN 2)*

This confirmed the belief in AI that, in every individual, something is of value.

Participants in this study demonstrated resilience by their ability to adapt to difficult situations.

Koen et al. (2011:103) describe this attribute of resilience as a necessary skill for nurses to cope with the demands of the clinical environment.

Adapting to a female dominated environment was viewed as essential by a participant, as he felt that males were outnumbered in his experience of the clinical placement areas:

> *"You also have to adjust yourself too, especially in the practical area; you have to adjust yourself because there are a lot of female nurses, actually, more female nurses than male nurses, actually."* *(MSN 12)*

Male student nurses displayed a good measure of self-motivation and resilience in adaptation to the clinical environment. Adjusting to changing conditions is a

characteristic of self-leadership (Norris, 2008:57).

3.5.2.3 Category 3: Attitudes developed

Attitudes, according to Hinchliff (2004: 20), are made up of 'thinking' that is upheld by beliefs, 'feelings' through emotions and 'acting' by accompanying behaviour.

One participant was self-confident in his ability to display a positive attitude and to accept and act out his authority:

> *"For me, I don't go with the attitude, when I go to clinical areas, because I 'm not going to be there for long and there's things that I need and I need the people there to learn from them, so I can walk in with the attitude and if the sister asks me,, like for instance, something to do, I don't have an attitude and tell the sister, no but I can't go do that." (MSN 1)*

Another participant felt that he had to have a positive attitude and was willing to learn new skills to instill change with regard to acceptance of males in the clinical area:

> *"I am willing to learn and I am willing to give myself in order to change things." (MSN 6)*

Koen et al. (2011:110) found that their participants developed resilience when they displayed a positive attitude and regarded any problems they encountered as challenges rather than obstacles.

One participant indicated that he worked on positive self-talk, when he became aware of his own bad attitude towards the staff in the clinical areas:

> *"And it happened like in the services that nobody is going to tell me what to do in the ward because I'm a male nurse, so that attitude must stop right there." (MSN 10)*

This behaviour indicates a characteristic of self-control, which is a desirable quality in a leader because, by controlling his emotions in the workplace, the participant displays emotional intelligence. Hendricks et al. (2010:11) believe that when a leader has this

ability to mask fear and anxiety or to suppress anger, it helps to create and maintain balance in the work environment.

A participant shared his perception of a cultural attitude displayed by some male students who needed authority when interacting with a female supervisor:

> *"Males are easier when things are being controlled by them. It goes with their character." (MSN 8)*

Marks (2000) refers to the cultural belief system of some male nurses that cause them to react negatively when taking instructions from a female authority figure. The findings of this study revealed that participants displayed self-awareness of their attitudes and practised self-control by respecting the authority of the trained staff in the clinical areas.

The two subcategories that emerged under Category 3 were: (i) acceptance and (ii) denial when times were difficult.

Acceptance

When someone deals with a crisis, they experience a full range of emotions in response to the crisis. These emotions range from anger and denial to depression and bargaining and, finally, to acceptance of the situation. These stages of emotions are based on the work of psychiatrist Kubler-Ross (1969), who developed this theory on how people deal with loss or grief. A participant recounted how he dealt with an emotionally traumatic event in the clinical area. He shared how he managed the situation by reflecting on it and finally accepting it. He also used positive self-talk to motivate himself to carry on:

> *"But I let it sink in and I accepted the situation. I said to myself, it's ok, it's fine and I continued doing what I was doing." (MSN 2)*

This confirmed the assumption that students would have more confidence with their own self-leadership in their future practices when they carry parts of their past self-leadership practices forward. This incident also served as motivation for further leadership behaviour. This participant described the type of learning environment he would create when he became a leader:

"I would make a great atmosphere for everyone to work in and to feel free and comfortable." (MSN 2)

Similar ideals have been found in other nursing students, who strongly believed that they would do things differently when they are in charge of a ward or unit (Kyrkjebo & Hage, 2005:172). Participants were aware of their emotions and this helped them to deal with stressors in the clinical environment, indicating a characteristic of leadership (Avolio, Gardner, Walumbwa, Luthans & May, 2004:812).

Denial when times were difficult

People employ various mechanisms to cope with difficulties. Denial is one such coping mechanism. A participant entered a state of denial with regard to an uncomfortable and difficult situation. He pretended that nothing untoward had happened and buried his emotions:

"I shut down my emotions and just was, like, I acted as if I had no feelings anymore." (MSN 2)

He did, however, practise self-awareness of his emotional state and this provided invaluable information about his personal self and about the dynamics of working relationships in the clinical areas (Avolio et al., 2004:812). When students are unable to cope with psychological distress, they could have difficulty in adjusting; they possess poor coping skills and this leads to poor academic performance. Papazisis, Tsiga, Papaikolaou, Vlasiadis and Sapontzi-Krepia (2008:42-46) conducted a survey among Greek nursing students and found that stress can also affect students psychologically in a negative way. However, the participant in this study showed traits of self-leadership by demonstrating self-awareness of his psychological condition.

3.5.3 Theme 3: Future aspirations

Aspirations refer to the ambitions of the male students for their future in the profession. Participants were excited about their choice of career although it was not the first choice for the majority; they became passionate about nursing once they embarked on the four-year journey to qualifying as professional nurses. The three categories that emerged

under Theme 3 were: (i) professional aspects, (ii) educational aspects, and (iii) interpersonal leadership.

3.5.3.1 Category 1: Professional aspects

Professional aspects of future aspirations refer to the wishes and desires of the participants in their nursing career. These aspirations varied from just striving to complete the four-year training course, to completion of the one-year compulsory community service, to furthering their educational qualifications to the highest level. It was uttered:

> *"I mainly chose nursing, to be honest, I wanted to do something, I wanted to have a qualification." (MSN 7)*

> *"I see myself after this, maybe doing my Com Serve (Community Service) and then with my career, I see myself, if I can get an opportunity, to study further." (MSN 8)*

> *"I want to maybe be one of the managers in the big hospitals." (MSN 9)*

From the literature on career motivation in male student nurses, it can be seen that these findings are similar to those of Wang et al. (2011:40), whose participants also expressed a desire to pursue higher positions in the profession on completion of their course. Three sub-categories emerged from the category on professional aspects, namely: (i) living the profession of nursing, (ii) being professional and (iii) a greater inclusion of males.

Living the profession of nursing
Participants were eager to practise the profession of nursing as soon as they qualified. They expressed a desire to use their knowledge and skills and give back to their communities:

> *"I just want to go out there and start working and nurse. For me, it doesn't matter where from, I just want to go out there and put what I've learnt, what I've gained, go and apply that." (MSN 6)*

A participant shared his personal reasons for wanting to qualify as a professional nurse:

"And I wanted to honor my sister, because she died, wanting to be a nurse, so I wanted to honor her." (MSN 7)

A strong passion for the profession and a great sense of caring was obvious from the revelations of the participants during the interviews. Passion and caring are always regarded as the hallmarks of the profession, dating back to the Nightingale era. Kotze (2008:103) believes that professionalism is about using the knowledge gained during training and the application of that knowledge and skills, not only when carrying out nursing duties, but also by giving freely of oneself to the welfare of one's community.

Being professional

'Being professional' means different things to different people. In AI, reality is created in the moment and there are multiple realities. To the participants, it mostly meant providing an inclusive, warm and welcoming environment for staff and students. Some of the participants had strong feelings about treating people equally as they had experienced inequality in the clinical areas:

"First thing is I want to carry out the professionalism of nursing, that's the first thing and I want to treat everyone the same, students that come in, I want to treat them the same. It's not like a female/male that kind of thing." (MSN 1)

This finding is supported in the literature by Kyrkjebo and Hage (2005:172) who found that Norwegian nursing students also envisioned changing the ward culture to make it more student-friendly. The creation of a work environment where the staff are positively motivated is indicative of transformational leadership (O'Brien, 2011:18).

Greater inclusion of males

A need for a greater inclusion of males was voiced by participants as they sometimes felt excluded in the classroom and in the clinical areas. Fooladi (2008:235) concurs with the feeling of exclusion of males in the classroom while Whittock and Leonard (2003:247) refer to the exclusion of males in the clinical areas due to the gender dilemma of specific care and procedures. A participant in this study perceived that males were being excluded to some extent and that there should be equity in the distribution of gender in the

profession:

> *"This is a field whereby men also, they are wanted so badly . . . honestly speaking, it's full of women as I have said, people, they take this field as a field of women, whereas it's not so. . . .. " (MSN 9)*

> *"They must put the males and the women together. Not the women in front and the males at the back." (MSN 11)*

The exclusion of males was not felt as strongly in the classroom situation. The view of two participants was that males needed to make their presence felt and could overcome the situation:

> *"I think that we should stand up as male nurses and ja, I think that we should stand up and come out of our, those places where we sit and just accepting things as it goes on and come out there and show ourselves to the people." (MSN 6)*

> *"There is a place for males in nursing." (MSN 11)*

Fooladi (2008:231-238) conducted a study on gender influence and highlights the need for gender sensitivity and cultural awareness in the nursing education of males.

3.5.3.2 Category 2: Educational aspects

Educational aspirations in this study included life-long learning and a desire to complete studies. Most of the participants had great ambitions in nursing for the future, whilst others felt only the desire to complete their current programme, obtain their qualification as professional nurse and work in their communities. However, upon further probing, they admitted to having considered further educational options available to them. Two sub-categories emerged under this category related to: (i) life-long learning and (ii) completing studies.

Life-long learning

Life-long learning, according to Sullivan and Garland (2010:140), is a continuous process, which is essential in this era, when technological and cultural changes constantly

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occur, resulting in 'knowledge explosion'. Students in nursing need to keep pace with all these changes and they need to constantly update their knowledge. All of the participants expressed a desire to continue with their nursing careers once qualified and to obtain additional qualifications following their one-year community service. Kotze (2008:216) describes life-long learning as the continuity of education after obtaining the R425 diploma; this includes additional diplomas, degrees, attendance of seminars, workshops and short courses as well as obtaining certificates. Participants stated:

"The field is actually open for you in nursing itself." (MSN 12)

"I want to start studying further on." (MSN 3)

One participant wished to become a medical doctor once he had completed his nursing educational goals:

". . . after that gain my doctor's degree and that is actually where I want to be." (MSN 11)

Another participant wished to obtain a doctorate in nursing:

"But ultimately I think I want to get like a PhD, you know in Nursing Science for a certain field." (MSN 3)

Participants wished to specialise in areas such as Primary Health Care, Occupational Health, Community Nursing, Trauma and Psychiatry. They felt they had so many choices and some wanted to specialise in more than one area of the profession:

"And then also I want to specialise in the future, I want to specialise in medical emergency as I told you. First, I would go into my primary healthcare before doing that." (MSN 1)

"I would really like to specialise but I'm not quite sure which . . . .." (MSN 4)

These findings are in direct contrast to those of Harding (2005:224) whose participants only indicated interest in high status and prestige and did not indicate this keen desire to further their studies for personal growth and development. It also confirms the AI assumption that the potential for growth is an inherent part of the human condition.

One participant's perception was that the career opportunities in the profession were in abundance in comparison to other careers:

"The future here is very bright, you can climb as much as you can here, I'm telling you when they say the sky's the limit here." (MSN 9)

Some participants stated that they wanted to change and expand their nursing career:

"I enjoy community nursing more than the hospital because in the hospital you wake up at 5 o'clock, you have to catch a bus or catch a bus here at the back and coming back late, 8 o'clock." (MSN 7)

Most of the participants had aspirations for managerial and leadership positions:

"I want to maybe be one of the managers in the big hospitals." (MSN 9) and (MSN 11)

"So, if I would work in a general setting like a general hospital, I would like to be a unit manager or something."(MSN 11)

"If I would be working as an occupational nurse, maybe or anything of nursing but I want to lead." (MSN 2)

A participant had ambitions to qualify as a lecturer, after only completing several courses:

". . . and once I've studied other short courses and other advanced courses, and then I want to be a lecturer." (MSN 3)

Sherrod, Sherrod and Rasch (2006:34) concur that, although the profession is challenging for men, opportunities abound in various areas of nursing and that men can follow exciting and rewarding career paths in nursing.

Completing studies

It became evident that all the participants in this study had a burning desire to complete their studies, despite being placed on the ECP or having setbacks. Even those male students who did not like to study were determined to complete this course and their one-year stint of community service:

"The first point is just to finish this initial study and have the four years and then do my Com Serve and then try and go on with my studies." (MSN 4)

A participant expressed a desire to exercise altruism in the workplace after completing this course:

"Just a professional nurse, qualified but like to lead and to make a great environment for everyone, not just for my patients but for my staff as well." (MSN 2)

Other participants felt they wanted to work as registered nurses for a while before commencing another course:

"I see myself in two years time, studying further. First of all, cause I want to do Primary Health." (MSN 10)

"I just want to go out there and start working as a nurse." (MSN 6)

None of the participants indicated that they were going to drop out of the course, even though some of them had faced some difficulties during the programme. Breier et al. (2009:62) report similar findings of students eager to complete their training course, albeit for very different reasons from those in this study.

3.5.3.3 Category 3: Interpersonal leadership

Interpersonal leadership refers to the ability or capacity to interact socially with others and to manage those relationships with the attribute of social intelligence (Kotze, 2008:208). Participants interacted with fellow-students, the multi-disciplinary team and patients in the clinical placement areas:

"It all comes down to a lot of interpersonal skills, I would say, having the ability, knowing the people you are working with." (MSN 4)

Jooste (2010:215) believes that interpersonal relationships demonstrate an understanding of one's self and of others and of having the ability to interact with people, to adjust to the environments and to possess coping skills.

Two sub-categories namely: (i) leading others and (ii) giving back, emerged under the category of interpersonal leadership.

Leading others

Leading others can only occur once the students are able to lead themselves; they also need to have a good self-understanding and know their strengths and weaknesses (Sydanmaanlakka, 2004:4).

The participants had all experienced the opportunity of leading others, especially fellow junior students at some point during their training:

> *"When first years are coming and second years, then we delegate them, we show them, ja, this is how you should do this and this is how you should do this, teaching them because when we get there, you know, we are lost as first years, so they have been teaching us there, the second years. As a second year, I also taught the others, the first years, yeah, I can say it was like that." (MSN 5)*

A participant indicated his leading role:

> *"Yeah, I have, while working at ******** , I think it was my second year, mostly then, we were given like opportunities to lead, to be in charge of things and to lead a bunch of first years." (MSN 2)*

Malouf and West (2011:488-493) found that newly graduated nurses had the opportunity to guide in the clinical areas.

Giving back

Charles (2005:3-5), who conducted an ethnographic study on the meaning of this wording, found that 'giving back' to the community is an action by an individual to make a positive impact on their community. The desire to give back to their communities was apparent in the interviews with participants of this study who hailed from the rural areas, many coming from impoverished communities. This confirmed the AI assumption that people have more confidence and comfort to journey to the future (the unknown) when they carry forward parts of the past (the known):

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"I want to go and work and serve my community, that is what I want to do, afterwards." (MSN 6)

A participant expressed his ambition to mould the next generation of nurses:

"So, it will give me a chance to groom somebody, who is new in that and to actually mould them and so that they can become very competent professional nurses." (MSN 3)

Breier et al. (2009:87) found that the students are motivated by altruism in their choice of a nursing career and want to lead others. Altruism stems from a desire to help others and it indicates a caring attitude in these participants. Swedish nurses also indicate their motivation for choosing nursing as 'wanting to care for others 'and 'help others' (Jirwe & Rudman, 2011:1618). The finding of participants' future aspirations indicated that the participants visualised success by having constructive thoughts (Furtner, Rauthman & Sachse, 2010:1192).

3.5.4 Theme 4: Qualities needed for attainment of future aspirations

The qualities identified as important and needed for the attainment of participants' future aspirations were identified as attributes relating to: (i) the personal self, and (ii) the active support of others.

3.5.4.1 Category 1: The personal self

The personal self is best described by Dutch professor Ten Have (1970) in Kotze, (2008: 188) as the "development of an integrated personality and a personal identity and demonstrating evidence of self-management." Kotze (2008:188) believes that this definition can be applied to nursing students who are traditionally still emerging from their teenage years and entering young adulthood. Participants in this study consisted of a diversified group in relation to cultural beliefs, age, religious and social backgrounds. This diversity impacted on their identity, behaviours, commitment and interpersonal skills:

"Ok, one thing in this profession, is that you work with different people from

different backgrounds, that's one thing that I would like to do, is make friends
. . . friends from different cultures." (MSN 10)

"Even in behaving towards and respect, like these cultural things, you know,
ja, living with people, respecting each other, ja, things like that." (MSN 5)

Self-respect was noted as important in dealing with diversity:

"Even in behaving towards and respect, like these cultural things, you know,
ja, living with people, respecting each other, ja, things like that." (MSN 5)

Billings and Halstead (2009:279) believe that cultural sensitivity develops as nursing students start to appreciate, respect and value cultural differences, thereby becoming culturally competent graduates – they believe this is the goal of any nursing programme.

This category generated several sub-categories which will be discussed individually. Some of the qualities that were identified for the development of the personal self were maturity and responsibility, which are closely related to the qualities needed for self-leadership and for professional development (Kotze, 2008:208). Sub-categories for the personal self were: (i) maturity, (ii) responsibility, (iii) strong resolve, (iv) firm decisions, (v) influencing 'self' through self-talk, (vi) hard work, (vii) endurance, (viii) sacrifice and (ix) knowledge.

Maturity

Maturity is a quality that can develop on several different levels of the human psyche, e.g. there are emotional, mental, social and moral maturities. Maturity also develops at an educational and a professional level. Kotze (2008:13) believes that professional maturity is demonstrated when a student nurse displays integrated thinking and self-leadership attributes such as 'self-discipline, self-regulation and self-management'. Maturity was developed in participants during the course of their training and education especially in the field of midwifery:

"And I became, actually, very matured in nursing itself." (MSN 12)

Participants also displayed self-awareness of being self-driven as they faced challenges

during the training programme:

"Yeah, I mean, I've a lot of things that is making me to have a driving force within. A lot of things that are happening and things that have happened, that sort of makes me to . . . even though like they are obstacles, even though they are things that are really like demoralising." (MSN 2)

Maturity was viewed as a positive acquisition by the participants:

"Because now I can sit with grown-ups and talk to them, so that's one of the good things that I've accomplished through this nursing that I'm studying." (MSN 1)

Maturity affects the ability of people to form interpersonal relationships in the classroom and clinical areas. Wang et al. (2011:39) report that when male students cannot fit in with fellow students or are unable to communicate with patients and other people, they suffer from 'emotional loneliness'. Participants in this study portrayed maturity by being aware of their growth and development during their training.

Responsibility

Gallagher and Tschudin (2010:225) believe that responsibility is an important element in ethics, since students will learn that they have a responsibility to and for people, situations and behaviour. They will also discover that responsibility takes many forms. Responsibility is synonymous with accountability, a prominent aspect of the nursing profession, according to the South African Nursing Act (No 33 of 2005). Self-direction, according to Knowles (1990), cited in Quinn (1995:103-104), refers to the responsibility that adult learners take for their own learning. Participants listed professional responsibility as a reason for their growth and maturity:

"Since I've come into nursing, I've grown a lot, because of responsibilities that there is with nursing." (MSN 1)

A participant realised the continual responsibility of being a nurse:

"One of the things in nursing is responsibility; you take it everywhere, in every decision, everything you do in nursing takes responsibility." (MSN 4)

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British researchers O'Driscoll, Allan and Smith (2010:210) found in their study that students have no option but to take responsibility for their own learning. Recognising the responsibility that accompanies the profession was noted because it indicated that the participants were self-directed in their learning.

Strong resolve

Strong resolve is defined as a strong determination to do something. Strong resolve is a quality that is required for self-directed learning; it is evident when student nurses are ready to assume ownership for their learning, without the assistance of others (Gyawali et al., 2011). Participants in this study described their strong resolve and desire to be successful during their training. A participant described his plan, which did not include failing or even falling behind:

> *"Well, the plan is, my ensure plan is to pass every year. I don't want to repeat any semester." (MSN 11)*

Yang, Gau, Shiau, Hu and Shih (2004) also report that male nurses use personal strategies in an effort to develop a positive mindset to attain their goals. A participant resolved to prove to others that he would not fail:

> *"I am going to prove them wrong . . . I told myself, no, I am not going to fail." (MSN 10)*

Manz and Neck (2007) cited in Tuovinen (2010:25), state that the setting of specific personal goals is the foundation of self-leadership. Strong resolve is linked to the self-efficacy theory of Bandura (1986), cited in Yang (2004:286). Participants displayed this ability when they were able to judge their own capabilities.

Firm decisions

Firm decisions are linked to strong resolve and refer to the strength of a decision made by the participants. Hodgins (2005:6) believes that decision making is linked to the person's emotions and mindset. Jooste (2010:147) adds that emotions influence a person's motivation, not only shaping their actions but also assisting in the decision-making process. The ability to execute firm decisions was regarded by participants as an

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important leadership attribute. Huber (2010:101-103) describes decision making as the very core of nursing leadership and management due to a wide range of decision making in various settings and under various conditions. Not only are peoples' lives affected by the decision-making process, but also other important aspects such as careers and resources are affected. Nurses, therefore, need to make effective, firm decisions. A participant described decision making as follows:

> *"Decision making must be the thing that you are very like, on point with. You need to be sharp." (MSN 8)*

Firm decisions were linked to other positive personal traits such as having confidence and being precise. According to one participant:

> *"You have to be strong, you have to make firm decisions and you have to be confident in what you do and you have to place think precisely and make good decisions." (MSN 2)*

Male students scored higher for traits such as independence, decisiveness and self-confidence than their female counterparts in a previous study (Buddeberg-Fischer, Klaghofer, Able & Buddeberg, 2003:539).

Influencing 'self' through self-talk

Self-talk is defined as what people tell themselves, without other people hearing them (D'Intino, Goldsby, Houghton & Neck, 2007:107). Bandura (1977), cited in D"Intino et al. (2007), describes self-talk as a *constructive thought pattern strategy* which is linked to self-efficacy. Self-efficacy, according to Bandura (1977), cited in D'Intino et al. (2007), is the belief that a person has in his/her ability to be successful in a specific situation. Neck and Manz (2004), cited in D'Intino et al. (2007:107), believe that self-talk and mental imagery affect the performance of an individual. They also posit that it is important to practise positive self-talk as opposed to negative self-talk which will affect one's self-esteem. Participants in this study employed both self-talk and mental imagery to influence their performances in a positive way:

> *"I said to myself, it's ok, it's fine and I continued doing what I was doing."*
> *(MSN 2)*

". . . and I was thinking to myself, this is it, if I fail here now and failed the second opportunity now, then I'm really in big trouble." (MSN 4)

Participants used the behaviour-focused strategies of mental self-evaluation and self-observation to assess their progress (D'Intino et al., 2007:106). Self-talk was one of the strategies practised by a participant:

". . . So I just told myself, no, I have to make it 50/50 for theory and practical." (MSN 7)

Positive self-talk and imagery also had a positive outcome for minority group students in another study (Sutherland, Hamilton & Goodman, 2007:82). Positive self-talk and mental imagery are part of the cognitive thought pattern strategies for self-leadership and were practised by participants in this study (D'Intino et al., 2007:107).

Hard work

Hard work consisted of long hours in the clinical areas and a vast amount of theory to be mastered. Hard work was regarded as part of the course by the participants of this study. They were often exhausted due to the long hours worked during their clinical placements at the hospitals. Their studies also proved to be hard work and left them exhausted at the end of the day. Carlson, Kotze and Van Rooyen (2003:30) report that exhaustion can lead to attrition of first-year nursing students. A participant realised that hard work was required to get ahead in the training programme:

"I think moving forward really takes a lot of hard work, especially in nursing, a lot of hard work and studying." (MSN 4)

Another participant admitted that he needed to work harder:

"But I still think I should, in the future, try harder." (MSN 4)

Passion was also regarded as a quality that participants felt was needed:

"I would say hard work, passion as well." (MSN 10)

Hard work in a nursing programme is identified as a stressor for students (Sharma & Kaur, 2011:16). Working hard demonstrates a positive learning attitude in nursing

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students (Yang et al., 2004:647). Participants in this study demonstrated their willingness to work hard and remain in the programme.

Endurance

Endurance is defined as the ability to endure an unpleasant or difficult process or situation without giving way (www.The free dictionary.com). Endurance can also be described as staying power. Participants recognised endurance as necessary to attain their goal of completing their training:

> *"It really takes, you have to have endurance, especially now we're just preparing now for another exam and I just had a prac (practical) exam and I was working practical hours in between, so it takes a lot of endurance." (MSN 4)*

> *"It wasn't easy for us, actually, especially first and third year, actually. There were many students that failed, but we actually kept on going." (MSN 12)*

Participants realised that they needed to endure some hardship:

> *"When you get to fourth year, you try to work hard, it's a very difficult thing." (MSN 7)*

> *"But sometimes I can like, joh, I give up now, I'm tired but there I try to push hard man, ja, I can say that." (MSN 5)*

Bowden (2008:50) found, in a nursing programme in the UK, that academic issues contributed to students' possible attrition. Male students in this study displayed awareness of the challenges of the nursing programme and remained focused on their goals under tough conditions (Zeitel-Bank & Tat, 2013:188).

Sacrifice

The Merriam-Webster on-line dictionary defines sacrifice as 'to give up something (valued)', e.g. socialising with friends, 'for the sake of other considerations' or 'for a better cause' such as a qualification.

Participants were aware that their training programme held challenges for them and, in

order to meet those challenges, they needed to make sacrifices:

> *"There are also sacrifices that you need to do, especially on this course."*
> *(MSN 12)*

They were also aware of the need to give up certain things in order to attain their ultimate goal of a qualification as a registered professional nurse:

> *"I had to sacrifice a lot in order for me to succeed and I haven't achieved my goal yet." (MSN 10)*

During the interviews, participants expressed their awareness of having to sacrifice time with their friends or family in order to succeed at a class test or an examination:

> *"I have to study. Maybe I'm writing next month, maybe at the end of the month, so it's just three weeks, I will not have life for three weeks, then after that, it's finished. So, that's how I managed." (MSN 7)*

Bandura (1977) describes this ability to recognise when sacrifice is needed, the willingness to do so, as self-efficacy. Participants displayed this ability which is also related to servant leadership. Self-leadership was therefore evident in the participants of this study. Manz and Neck (2004), cited in Houghton and Yoho (2005), describe self-leadership as a process by which people influence themselves to achieve self-motivation and self-direction.

Knowledge

English philosopher Sir Francis Bacon (1597) stated that knowledge is power, which simply means that, the more a person knows, the more a person is able to control events. The amount of knowledge required for the basic education of nurses is constantly increasing and the training of nurses has moved from the hospitals to higher education. (Sullivan & Garland, 2010:8). A participant declared that knowledge was the basis of self-leadership:

> *"The first thing I know is that you must have knowledge, that's the first part."*
> *(MSN 6)*

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The participant elaborated further:

"It is something that you learn over the years, it's part of your development. So, it is something that you have to develop over the years of training and interacting with other people and that is how you gain experience." (MSN 6)

Another participant felt that stamina was required in order to acquire nursing knowledge:

"You have to sit for hours, trying to really sit and get information that you really need to that you can have the knowledge, as I say, knowledge to really help the people, some day, when we're finished." (MSN 4)

Kyrkjebo and Hage (2005:168) report that nursing knowledge that is passed on does not only consist of skills and procedures, but also of behaviours and traditions. This type of knowledge is referred to as the hidden curriculum. Student nurses develop their attitudes and values in this way.

3.5.4.2 Category 2: Active support

Active support was obtained from various role-players in the lives of the participants, both on a personal and a professional level. Friends, family, educators and management all played supportive roles during the four years of training. Jeffreys (2004:82-87) discusses the importance and significance of the support of family for the student nurse. She believes that family does not only refer to blood relatives but that others important in practitioners' lives can fulfill that role too. According to Maslow (1987), cited in Hinchliff (2004:74), love, acceptance and a sense of belongingness are social needs that, when fulfilled, lead to intrinsic motivation of students. Participants in this study all hailed from rural areas and therefore lived in residence. They were far from their families and other people filled the supportive and nurturing role of the absent families of these male students. The sub-categories for active support were: (i) friends, (ii) family, (iii) educators and (iv) management.

Friends

The support of friends within the residence and of those off-campus all actively played a supportive role in the lives of the participants. One participant described this supportive

role of friends as influential:

". . . also, the positive influence displayed by people that care for you, actually, your friends." (MSN 12)

Another participant acknowledged the value of friendship:

"What I value the most, is just the, I think the students, the people that is with us . . . because I am living in at the hostel . . . after hours, you are with these people and they are really amazing people and sometimes they really uplift you." (MSN 4)

Peer groups and friends outside of college were found to be a very important source of support for participants (Bowden, 2008:55). Such support is of great importance to students as it acts as a buffer against stressful situations (Watkins, Roos & Van der Walt, 2011:5). Individuals are found to be supportive of each other due to the nature of the circumstances which bind them together (Roberts, 2009:369).

Family

The support of family regarding the choice of a nursing career as well as during the training period was found to be of great importance to participants in this study. Students live far from home and only occasionally get to visit or see their family, usually when the college closes for the mid-year break. Some participants could afford to go home more frequently, although transport was regarded as costly and placed a financial strain on them. Other participants, mainly those from the Eastern Cape, had family living in the Western Cape and could visit them over the week-ends and public holidays. The care and support of family was greatly appreciated by a participant:

"Actually, it was something to appreciate actually, especially your family caring for you, also and being positive for you." (MSN 12)

The emotional support received from family was described as meaningful to participants in this study. A participant valued the assistance from family in practical matters of applying for admission to the college and telephonic contact:

"I've got my uncle who is supporting me and my mother. They helped me to

apply for nursing. My mother calls me every week, sometimes twice a week. She also called me this morning. She is very supportive, always wants to know what I'm doing. And then there's also my uncle's wife who is a professional nurse, so, yes, all of my cousins, my grandfathers, they're all interested in how it's going. The support is good." (MSN 1)

Parents, more especially mothers, provide practical and emotional support and can influence decisions made by students (Bowden, 2008:55). A participant considered family to be a source of personal motivation in times of difficulty:

"I think of my family, I think of what I can do better, what I can change or like, those are things that keep me going, because there were some tough times that obviously, like, disturbed me." (MSN 2)

Rochlen, Good and Carver (2009:52) report that social support plays a very important role in student nurses' lives. Yang et al. (2004:646) report that a lack of support from family and friends can have a negative impact on male students in their careers. Participants in this study valued the active support of family and friends and used it as a resource in their self-leadership.
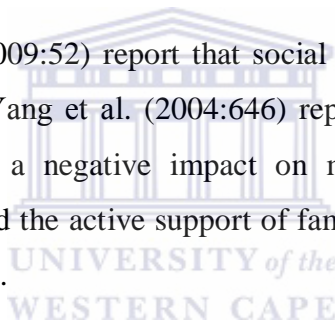
Educators

Kotze (2008:189-190) states that educators have a great impact because they are the role models for student nurses, demonstrating passion for the profession as well as offering clinical guidance. Educators can also be a source of motivation and offer encouragement to students. Educators have a responsibility to students in their care for the provision of support and guidance (Kotze, 2008:36).

One participant described how his lecturer motivated him during stressful periods in his life:

*"Motivation, I've got a lecturer last year, Mrs. ****, then we grown fond of each other and she will always speak about where I am coming from, what my circumstances is and I think this is what drove me forward." (MSN 11)*

Fooladi (2008:236) reports that some male students need to be pushed by their educators

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in order to perform well. Participants in this study, however, did not have any negative feedback about their lecturers. They were asked about their experiences in the classroom and, apart from their own difficulties with English being their second language, they were mostly satisfied with the teaching style, content and support received.

Management

Kotze (2008:173) believes that the nursing institution has to ensure that it manages the education of students so well that the end product is a competent, caring and highly professional graduate. Participants raised a few changes that could be implemented by management. One participant mentioned balancing work and study leave:

> *"I am not sure if there is ways, if let's say, for example, if they can decrease the number of hours you are working in the hospital and then you spend more time in class, like the other universities." (MSN 10)*

3.5.5 Theme 5: The value of the programme to develop self-leadership

The value or worth of the R425 nursing programme related to the positive clinical experiences of participants in this study. They were mostly satisfied with their learning experiences and expressed their appreciation for their lecturers and mentors. The value of the programme was enhanced by educational support, fellow student support and practice support. These findings are in direct contrast to those of a study conducted at a college in the Limpopo province (Mabuda, 2006:48). Students there did not experience clinical accompaniment from their lecturers and there are no mentors employed in that province. The absence of educational support in the clinical area led to a high level of anxiety in those participants. Three categories to emerge were: (i) educational support, (ii) fellow student support and (iii) practice support.

3.5.5.1 Category 1: Educational support

Educational support is the help and guidance given to the student to facilitate the process of learning (Kotze, 2008:202). Educational support can be regarded as a team effort by the educational institution to assist the student in completing the R425 programme. The accompaniment of students is the conscious and purposeful guidance and support for the

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student, according to SANC Regulation R683 of 1989. Lecturers have an important part to play in supporting the students' learning, in addition to the guidance of preceptors and staff at the hospitals and community facilities. This implies that it is an educational team effort and participants in this study verbalised their appreciation for the support received from the various role-players:

> *"The things that they teach me . . . for me that was very helpful and they are very organised. So, it's become that I won't forget that." (MSN 1)*

Warne et al. (2010) report that when students receive educational support, they feel safe in the learning environment which, in turn, impacts on their ability to take the lead in learning.

Lecturers

Lecturers were regarded as very important role players in the educational support of these male learners. One participant spoke about a lecturer who motivated him with words of encouragement:

> *"I've got a lecturer, Mrs. ****** . . . she will always speak to me . . . I think this is what drove me forward." (MSN 11)*

Another participant greatly appreciated the educational support of his midwifery tutor, who intervened when students were struggling on the wards with their practical sessions. She would act as mediator and ensure that the students were allowed to complete their practical procedures. The participant appreciated that that faculty went the extra mile for the students:

> *"It's like the lecturers, they go through, I had this one in midwifery and also in my EPP subjects, when I was doing midwifery, sometimes the professional nurses in the wards didn't want the students to go up to their ward . . .." (MSN 1)*

The same participant valued the academic support received:

> *"They made the classes, the tutorial classes for us, explaining to us, what it's all about and how to answer questions. If I finish here* (referring to the

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college)*, I'll come back to them and just thank them." (MSN 1)*

He further reiterated that he valued the assistance and support immensely:

"Things that I value, is well, the people that teach me the stuff, about the nursing, the lecturers, that go out of their way to assist students and support you." (MSN 1)

Levett-Jones et al. (2009:316) concur that nursing educators need to understand that their interactions and behaviour can impact on students' sense of belongingness and learning experiences.

Mentors

Mentors are qualified, mature and experienced professional nurses who accompany the students in the clinical placement areas (Jooste, 2010:23). One participant expressed his gratitude for the support from the mentors:

"Our mentors helped us a lot . . . that is really something for me." (MSN 11)

Warne et al. (2010) found that a student's satisfaction with the clinical experience is reliant on the relationship between the mentor and the student and has an impact on the overall satisfaction of the student's learning experience.

3.5.5.2 Category 2: Fellow student support

Fellow students who were mentioned by the participants referred mainly to other male learners on the wards, in class and in the residence. The support from fellow students or peers in the clinical placement areas enhanced the value of the programme for the participants. Sullivan and Garland (2010:102) posit that fellow students provide support for each other because they share similar concerns and can address these issues through discussion. A participant explained how students feel when they are in the clinical areas:

". . . I also taught the others, the first years, ja, I can say it was like that." (MSN 5)

Camaraderie could develop among fellow students as a result of sharing the same

feelings (Sullivan & Garland, 2010:102).

Another participant, succeeded due to the support of fellow students:

> *"Also male nurses that were with me and they really motivated me and really took me to a new level of believing in myself." (MSN 5)*

The same participant also valued the support he received in the residence:

> *"You are also with these people and they are really amazing people and sometimes they really uplift you, give you support, emotionally." (MSN 5)*

A participant described the bonding of male students in the educational setting:

> *"We male students together, we also support each other, yes, at college." (MSN 1)*

Fellow student support is related to students taking responsibility for their own learning (O'Driscoll et al., 2010:216).
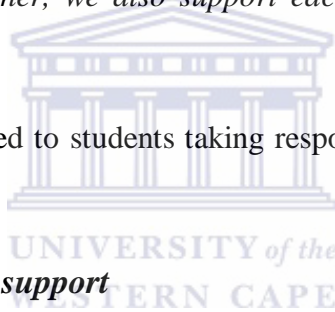
3.5.5.3 Category 3: Practice support

Practice support is the assistance given to nursing students for their practice learning in the simulation laboratory (Simlab) and in the clinical placement areas of various settings such as the hospitals and community facilities. Besides the simulating of clinical procedures, various other skills such as communication, leadership, management and physical care can also be practised in the Simulation-lab (Baillie & Curzio, 2009:297). This teaching method proved effective for the male learners. Two sub-categories emerged, namely: (i) the simulation laboratory and (ii) wards.

Simulation laboratory

The simulation laboratory and the wards formed part of the clinical learning environment for the participants in this study. These were the places where they learned to apply the theory of nursing to the actual practice of nursing. A participant described how he learned to apply theory to practice:

"When we are in the clinical settings now and to actually see the link between what you're studying and how you must actually execute it now and practice it. For me it's always the best experience." (MSN 3)

Billings and Halstead (2009:322-323) describe simulation as an 'imitation of the real world' and state that simulations are commonly used to represent reality and as a teaching strategy. This finding is echoed by Baillie and Curzio (2009) who report that student nurses find simulation to be a' great way to learn skills' and that it helps to prepare them for the wards.

Wards

The hospital ward was the place where most of the clinical education of the student nurse occurred. The experiential learning that takes place can affect retention of the male student nurse, depending on the type of experience (Eswi & El Sayed, 2011:94) Educational and emotional support from their peers, tutors, mentors and ward staff was valued by participants in this study. The opportunity of running the ward was valued by a participant:

"We were given opportunities to lead, to be in charge of things . . . there was a few staff , so we had to run the ward." (MSN 2)

Other participants were eager to learn and were excited by learning new things:

*"I was exposed to so many things already in my first year and now I'm a 3ʳᵈ year. I've learnt so much, doing practical at ***** Hospital." (MSN 4)*

"Those are the best experiences for me, especially in the hospitals when they are giving us opportunities there to do certain things; they are putting their trust in us." (MSN 6)

The ward sister has been described as the 'architect of nursing work who sets the emotional agenda for the ward' (Chesser-Smyth, 2005:325).

3.6 CONCLUSION

The peak experiences of the male learner nurses related to self-leadership. This was due

to the characteristics they demonstrated in response to their learning experiences during their training programme (Theme 1). Self-pride regarding their academic achievements was pervasive throughout the interviews. Participants expressed their feelings of belongingness to the profession and revealed their social and spiritual identities. They also displayed self-leadership traits such as advocacy, altruism and self-motivation. They valued all their practical experiences, both good and bad, using them as learning curves in their professional development.

Participants in this study showed some of the essential attributes for potential leadership such as personal growth and adaptation to difficult situations (Theme 2). They developed self-observation which is a practical strategy of self-leadership. In Theme 3, the future aspirations of the participants were identified as a theme and the categories generated were those of professional aspects, educational aspects and interpersonal leadership. The professional category generated three sub-categories, that of living the profession, being professional and a greater inclusion of males. For the educational category, lifelong learning and completing their studies were identified as sub-categories. Interpersonal leadership category generated two sub-categories, that of leading others and giving back to others.

The fourth theme consisted of the qualities identified by the participants for self-leadership in the attainment of their future aspirations. It was found that various groups of people such as friends, family and educators all offered support and guidance to participants on their educational journey. The fifth theme addressed the value of the programme and three categories were generated by the data. Educational support was valued by participants and the key role players were the lecturers and mentors. The importance of fellow student support was acknowledged by participants. Practice support in the simulation laboratory and the wards was found to be of great importance to participants. Overall, the participants indicated their appreciation for the training programme in a predominantly female environment both at the college and in the clinical areas.

In the next chapter, the conclusions of the study will be discussed, the guidelines will be

outlined and recommendations for future research, nursing education and practice will be made. The limitations of the study that were encountered by the researcher will also be described.

CHAPTER 4: CONCLUSIONS, GUIDELINES, RECOMMENDATIONS AND LIMITATIONS OF THE STUDY

4.1 INTRODUCTION

In the previous chapter, research findings were discussed.

In this chapter, guidelines based on the findings are described and presented, each with its rationale and related actions. Recommendations for nursing educators, research and practice as well as limitations of the study are also discussed.

4.2 GUIDELINES

The following five guidelines were developed from the themes that were generated by the data analysis. They are represented in the table below and then a discussion on each guideline follows.
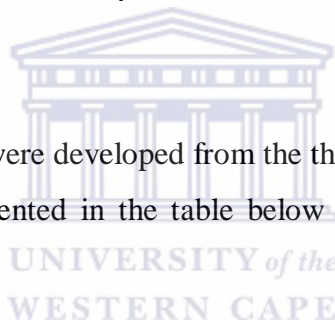
Table 4.1: Themes and guidelines

Themes generated	Guidelines developed
Theme 1: Peak experiences were on multiple levels and included 'learning from error'. This led to increased motivations and satisfaction, at times even 'life-changing'.	*Guideline 1*: Male students should focus on 'learning from error' on levels that are academic-related, interpersonally connected, personally associated and practice-linked.
Theme 2: Self-leadership is a process of becoming (at times difficult), that culminates in building character.	*Guideline 2*: The male student should view self-leadership as a process of 'becoming' in building character through growth, adaptation and the development of positive attitudes during his programme.
Theme 3: Future aspirations include professional and educational aspects as	*Guideline 3*: Male learner nurses should envisage future aspirations that include

well as interpersonal leadership.	professional, educational and interpersonal aspects.
Theme 4: Qualities are needed for the attainment of future aspirations.	*Guideline 4:* Qualities recommended for male learners in attaining future aspirations should be linked to the personal self and the acceptance of active support from significant others.
Theme 5: The value of the programme was enhanced through educational, fellow-student and practice support.	*Guideline 5:* Male learners should view educational and practice support and the support of fellow students as valuable.

4.2.1 Guideline 1

Guideline 1: Peak experiences of self-leadership should include 'learning from error' and occur on levels of academic-related, interpersonally connected, personally associated and practice-linked self-leadership.

Rationale: Peak experiences of self-leadership could mould and shape male learner nurses and guide them to self-direction in their learning. This could empower them to lead themselves during their training. Peak experiences, whether positive or negative, can be valuable learning experiences. Positive experiences can lead to increased motivation and satisfaction and negative experiences could possibly be 'life-changing' for male learners.

Actions: The following actions could be taken to address Guideline 1:

- **Academically related actions**

Male learners could become self-directed in their learning by doing the following:

❖ They should ask for and value feedback given by their lecturers because feedback can assist learners in discovering their academic strengths and weaknesses. Learners will therefore know where improvement is needed.

❖ They should learn how to balance work and studies and allow some time for leisure activities, in order to cope with the demands of life as a student nurse.

❖ They should focus on the importance of the inclusion of rest, sleep and exercise as a self-leadership strategy. This strategy can provide learners with a good

physical, psychological and social balance, thereby leading to their total well-being (Sydanmaanlakka, 2004:4).

- ❖ They should set personal goals for achieving success in the classroom and in the clinical areas by using the SMART strategy whereby those goals are Specific, Measurable, Achievable, Realistic and Time-limited (Hinchliff, 2004: 86-87).
- ❖ They should design and follow a study time-table and try to abide by the plan of actions.
- ❖ They should be aware of the need to sacrifice, work hard and endure tough times in order to reach their academic goals.

- **Interpersonal connection actions**

Male learners should develop good interpersonal relationships in the clinical areas as it may increase their sense of belonging, resulting in positive learning experiences.

Good relationships could be achieved by following these guidelines:

- ❖ Male learner nurses should act civilly and compliantly towards the nursing staff in the clinical areas.
- ❖ Male learners should become aware of the need to adapt to the various clinical situations they may find themselves in. The urge to lead should be encouraged when practising under the supervision of trained female staff.
- ❖ Male students should step out of their comfort zone and view difficult and challenging situations as meaningful learning experiences.
- ❖ Male students need to become aware of the importance of effective communication with their patients, fellow-students and the multi-disciplinary team, in order to foster good relationships.
- ❖ Male students should take advantage of the ECP, which offers language support for previously disadvantaged students, thereby improving their communication skills.

- **Personally associated actions**

Sydanmaanlakka (2006), cited in Tuovinen (2010:16), believes that empowerment is about becoming aware of one's true self. The ability to recognise personal strengths and

weaknesses could be achieved by the use of a leadership strategy such as the SWOT analysis (Hinchliff, 2004: 134), (an acronym for strengths, weaknesses, opportunities and threats). Male learners could do the following to achieve Guideline 1:

❖ They should recognise opportunities and turn threats into challenges. Trying to avoid potential threats could serve male learners well during their training and education in a pre-dominantly female environment.

❖ Male learners should start practising a self-evaluation strategy such as a SWOT analysis to further lead themselves during their training. When a male learner recognises his personal short-comings, he is able to improve on those aspects, making him a safe nursing practitioner.

- **Practice linked actions**

It is in the clinical areas where opportunities abound for gaining new knowledge and learning the hidden curriculum of nursing. Male learners could experience many interesting and miraculous moments in the clinical areas, such as saving a life or observing the miracle of birth. They could also learn to work independently and as part of a multi-disciplinary team, to ultimately become caring and competent practitioners, by observing the actions of health professionals.

Male learners could experience self-leadership in the clinical placement areas by doing the following:

❖ They should actively participate in the daily activities of the ward or clinic.

❖ They should undertake to report on duty daily during their clinical placement period.

❖ They should employ positive self-talk as a strategy to influence themselves in a bid to decrease any absenteeism.

❖ They should use visual imagery of success to motivate themselves to reach their learning objectives.

4.2.2 Guideline 2

Guideline 2: The male student should view self-leadership as a process of 'becoming' that can culminate in building character through growth, adaptation and the development

of positive attitudes.

Rationale: Self-leadership is a process of learning to lead one's self by becoming self-aware and self-reliant and by employing self-direction and self-efficacy to reach self-actualisation (Sydanmaanlakka, 2004:1-2).

Actions: The following actions could be taken to address Guideline 2:

Growth

Growth is synonymous with development and maturity in male learners on both a professional and personal level. Male learners could achieve this by:

❖ Becoming self-reliant and taking ownership for their learning.

❖ Employing the process of reflection as this leads to self-awareness (Idczak, 2007:70-71.

❖ Keeping a reflective journal to record their experiences and the feelings associated with those experiences.

❖ Compiling a portfolio, documenting their academic achievements which could act as personal motivation when perseverance is needed.

❖ Creating collages of moments that have been captured in photographs as a remembrance. Male learners could reflect on their journey across the years of training, thus providing motivation to move onward and forward.

❖ Empowering themselves with knowledge and skills by attending lectures, presenting themselves for practice sessions in the simulation laboratory and reporting on duty for placements in the clinical areas.

Adaptation

The transition from high school to a nursing college requires a great deal of resilience. Likewise, the transition from classroom to a hospital ward or the consulting room of a clinic requires adaptation. Resilience can be learned but male learners can also rely on the support of their peers and educators. There are different ways to learn to adapt to situations and the following actions could assist in achieving adaptation:

❖ Male students should make enquiries prior to the clinical placement with regard

to contact details of the person-in-charge and the address of the facility, to reduce stress and anxiety.

❖ Male learners should read their practical books prior to entering the clinical areas and know their learning objectives; they should influence others in the same direction.

❖ Male learners should abide by the general rules of conduct of the institution and those of the facility. This could help learners to fit in and serve as role models to other students.

❖ Male learners should also value the support of their peers in the clinical areas; these peers could help them to enhance their authority and learn about the ward or clinic culture.

Developing attitudes

It is in their best interests for male learner nurses to develop positive attitudes to their studies, their clinical placement and towards the staff of the ward or clinic. A positive mindset leads to positive clinical experiences. The following actions could assist in the attainment of positivity:

❖ Male learners should maintain a positive attitude and good etiquette. This could help male learners to be valued by staff and patients in the clinical placement areas.

❖ Male learners should learn effective coping mechanisms to deal with challenges in delivering nursing care, e.g. by attending skills workshops.

❖ Male learners should use debriefing sessions to give vent to any negative emotions and to build their self-confidence for clinical practice.

❖ Male learners should be mindful that they are representing their educational institution and that a positive attitude reflects positively on the institution and also enhances self-leadership.

4.2.3 Guideline 3

Guideline 3: Male learner nurses should have future aspirations and visions that include professional, educational and interpersonal objectives.

Rationale: Male learner nurses should aspire to be competent and caring, knowledgeable and have the ability to lead others.

Actions: The following actions should be taken to address Guideline 3:

Professional aspects

Professionalism is judged by the way nurses dress and behave, as prescribed by the National Strategic Plan of the Department of Health (DOH 2012/2013:24). Male learner nurses can achieve professionalism by learning from good examples in the clinical field. Professionalism is evident in the way nurses dress, their code of conduct, the execution of their duties, efficiency, passion and how they treat their patients and subordinates. Sullivan and Garland (2010:63) posit that one's attire can express power and success. Male learners should pay attention to the following to achieve professionalism:

❖ Male students should adopt an ethical and moral code of conduct and not compromise their integrity by committing fraud during their clinical placements.

❖ They should adhere to the institution's policies for students and always be proud ambassadors of the college.

❖ They should be familiar with the SANC rules and regulations and adhere to the prescribed guidelines for their scope of practice as well as standards of practice.

❖ Male learners should act as role models to junior nurses by always wearing their stipulated uniform, student identification and student epaulettes in the clinical areas.

❖ They should demonstrate respect of their educators and others in positions of authority and should find ways to be assertive without resorting to aggression or incivility.

❖ Male students should aspire to become culturally competent when dealing with people of various backgrounds and to embrace cultural diversity.

❖ Male learners should also learn to accept and obey instructions from their female supervisors and educators.

Educational aspects

The educational aspirations of male learners should not end with the acquisition of their

basic qualification of a registered nurse. Life-long learning, although not compulsory, is the desired aim to improve competency and skills, according to the National Strategic Plan of the DOH (2012/2013:28).

In this age of technology and knowledge explosion, it is essential for students to update themselves and keep abreast of the latest trends in nursing and the medical field. It is suggested that the following actions could be employed:

❖ Male learners should explore the various career pathways that are available to them in nursing and not limit their vision for the future.

❖ Male learners should job-shadow, if possible, in the nursing discipline of their choice, to ascertain if the career pathway is in accordance with their talents.

❖ Male learners should develop an interest in research projects to develop their knowledge and expertise (Nursing Act 33 of 2005).

❖ Male learners should take responsibility for their personal and professional growth by being eager to learn and always search for extra and new knowledge.

❖ They should become aware that nursing knowledge has many dimensions that include knowing one's self, knowing the profession and knowing the patient, as well as gaining fundamental theoretical knowledge (Gillespie & Paterson, 2009:167).

Interpersonal leadership

Interpersonal leadership can be achieved by male learner nurses when they are able to lead themselves first. Manz and Neck (2004), cited in Lovelace et al. (2007:375), believe that by practising self-leadership, the elements of self-direction and self-motivation emerge and assist individuals in reaching their goals.

❖ Male learners should therefore practise leading themselves first and experience self-direction and self-motivation.

❖ The self-esteem of male learners could be enhanced by practising self-direction and could enable them to lead others by sharing their knowledge.

❖ Male learners should assist their juniors when sharing a clinical placement, by teaching and guiding them and setting a good example by their conduct.

❖ Male learners need effective communication skills as this is the key to the

transfer of knowledge (West, 2013:47).

4.2.4 Guideline 4

Guideline 4: Male learner nurses should develop qualities needed for the attainment of future aspirations. These qualities should be linked to the personal self and should show acceptance of active support from significant others.

Rationale: Certain attributes are required in leaders such as maturity, confidence, a high self-esteem, taking responsibility, the willingness to work hard, to sacrifice and to endure hardship to attain their goals.

Actions: The following actions should be taken to address Guideline 4:

The personal self
- ❖ Male learner nurses should be aware of their strengths and weaknesses (as discussed previously) and by doing this they will get to know which areas of their lives need improvement.
- ❖ Male learners should also be aware that knowing themselves is connected to the practical nursing issue of the provision of optimal and safe care to their patients and to making effective clinical decisions (Gillespie & Paterson, 2009:166).
- ❖ Male learners should learn to develop the self-confidence known also as self-efficacy, which is the "belief in one's ability to achieve a specific goal or to be successful in a certain situation." *(*Bandura, 1977).
- ❖ Male learners should practise using constructive thought patterns and should opt for positive self-talk rather than negative self-talk (Manz & Neck (2007), cited in Touvinen (2010:37)).

The personal self is developed along with the professional self when students enter the clinical area (Stockhausen, 2005:11), and the key to the development of both the personal and professional self is the relationship between student and mentor (Warne et al. 2010).
- ❖ Male students should therefore build a good relationship with their mentors, as this may assist in achieving the best clinical experiences which can lead to increased self-esteem and job satisfaction (LaSala, 2009:35).

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- ❖ They should also value the skills, expertise, experience and knowledge of their mentors and learn to accept the guidance of these mentors in becoming competent.
- ❖ Male learners should be aware that the more competent they become, the stronger their sense of personal and professional self will develop (Stockhausen, 2005:12).
- ❖ Male learners should seek the direction and advice of their mentors and the trained staff in the clinical areas; these colleagues can guide them into competency and prepare them for their future roles in nursing leadership (LaSala, 2009:35).

Active support

The support of educators and management can assist the male learner through his educational programme. The following actions could assist in achieving active support:

- ❖ Male learners should recognise the importance of significant others such as friends, family, educators and management, who form a structure of support.
- ❖ Male students should appreciate practical and emotional support from family and friends during their training as they can pour out their concerns and fears to them (Bowden, 2008:55).
- ❖ Male learners should make use of the facilities and services e.g. student support, counseling, academic writing support, occupational health department, etc.
- ❖ Male students should not underestimate the value of the college yearbook. They should equip themselves with information regarding the college rules, regulations and policies.
- ❖ Male learners should also view the yearbook as a clinical guide regarding protocol for the clinical placement areas, including the dress code, code of conduct, absenteeism and due dates for their workbooks and assignments.

4.2.5 Guideline 5

Guideline **5**. Male learner nurses should view the educational and practical support and

the support of fellow students as valuable.

Rationale: Male learners require the support of others in their support group during their educational and practical training, due to their status as a minority group in the nursing profession. The support from the nursing faculty, family, friends and peers is essential in reducing the level of stress and anxiety that male learners might experience (Bowden, 2008:53).

Actions: The following actions should be taken to address Guideline 5:

Educational support
- ❖ Male learner nurses should seek guidance and feedback from their lecturers and others in their faculty, as they can offer academic support and guidance with regard to male learner nurses' learning needs.
- ❖ Male learners should be aware of the student assistance available to them and seek help from the relevant departments at the college with regard to their physical, emotional, social and spiritual needs.

Fellow student support
Peers in the form of fellow students can also provide male learner nurses with the necessary support they may need. Sometimes referred to as 'letting off steam', it can alleviate a great deal of stress to talk to someone who shows empathy, according to Bowden (2008:55).
- ❖ Male students should therefore try to build collegial relationships with fellow students in the classroom and clinical areas to strengthen their self-leadership.
- ❖ Male learners could form a support group where males can meet and share their experiences as a form of reflection upon their self-awareness (Idczak, 2007:70).
- ❖ Male learners could develop and implement recreational activities to solidify relationships with their peers such as sport tournaments, games evenings or forming debate groups.
- ❖ Male learners could start a magazine or newsletter at the college to highlight their challenges and successes so as to create awareness and address gender-based issues.

❖ Male learners could use social media to start on-line discussion groups that offer moral and educational support and to establish rapport with other students.

Practice support

Practice support can be gained in the simulation laboratory and on the wards. Male students should become aware of the necessity of practising procedures, prior to entering the clinical areas. Simulation practice sessions can offer invaluable support to students, not only on a practical level but also on an emotional level. Practice and repetition as well as the input of the clinical educator are key to the acquisition of skills needed by the male students. Mastering these skills could lead to self-confidence in male learners.

❖ Male learners should regard the simulation laboratory as a place to develop their skills, thereby reducing their fears and decreasing their stress levels regarding clinical placements.

❖ They should equip themselves with the knowledge and the necessary skills before venturing into the wards or clinics by attending practice sessions and seeking additional sessions if needed to master a particular skill.

Wards are another area where male learners require support from various role-players besides the mentors who accompany them. This is where the hidden curriculum is taught by older, experienced and trained staff about how to think, act and feel like a nurse (Idczak, 2007:67). It is also referred to as the professional socialisation of nursing students. Male learners could benefit from the following actions:

❖ They should be willing to learn from the multi-disciplinary team in the clinical area, who can assist in teaching them the procedures they need to master.

❖ Male learners should be aware of the value of good relationships within the clinical area as this is where the 'true art of nursing' is taught (Idczak, 2007:67).

❖ Male learners could have positive learning experiences by forming good relations with the ward staff and by being compliant with the policies of the relevant institution.

❖ Male learners could also enhance their learning experience by being aware of their learning objectives prior to entering the ward or clinic.

❖ Male learners should show a willingness to participate in the daily activities of

the ward or clinic and not take on the role of an observer only.

❖ Male learners should get to know the ward or clinic culture and have an eagerness to learn, thereby gaining the support of the ward or clinic staff.

Following these guidelines could ensure a positive learning experience which will lead to feelings of self-confidence and motivation, thereby possibly enhancing the clinical learning experience (Levett-Jones et al., 2009:323).

4.3 RECOMMENDATIONS FOR FURTHER RESEARCH, NURSING EDUCATION AND PRACTICE

Research

Overall, there are very few research studies on self-leadership in general and even fewer on self-leadership in male learner nurses. It would, therefore, be of benefit to all stake-holders if more studies were conducted in this field. This study has created an awareness of the best experiences of self-leadership in male learner nurses at a college in the Western Cape.

➢ It is also recommended that different types of studies be conducted, such as quantitative surveys to investigate the challenges faced by South African males in the profession.

➢ An in-depth study on the perceptions of the lecturers and nurse educators with regard to the male learner nurse, with a view to improve the education climate for males in the profession, is also recommended.

➢ A comparison of male and female student nurses' self-leadership abilities would also be of interest.

➢ Further studies regarding self-leadership should be conducted at the other campuses of the educational institution to compare the findings of this study.

➢ It is also recommended that further studies envisaged should perhaps employ the assumptions and philosophies of AI.

Nursing education

Nurse educators and trained staff need to take cognisance of the challenges and gender-based issues that male learners face, in order to implement the necessary changes to

accommodate these learners in the classroom and clinical areas.

➢ A learning environment free from gender bias could assist male learners to experience a sense of belonging; this could lead to positive learning experiences. This has implications for the recruitment and retention of male learner nurses.

➢ Special classes or workshops for male students should be arranged to educate them in developing coping strategies for the classroom and clinical environment.

➢ The learning environment in the class should be warm, friendly and accommodating for the male students, to give them a sense of inclusion.

➢ \Lecturers, mentors and management also need to embrace cultural diversity and develop gender sensitivity when dealing with students.

➢ The academic support given to students via the ECP should perhaps be extended, as one year's support might be insufficient for male students from the previously disadvantaged areas.

➢ Management should address the physical needs of students who live in residence with regard to the provision of substantial nutrition for the male students on clinical rotation. This could possibly reduce the rate of absenteeism among male learners in the clinical placement areas.

➢ Management could demonstrate flexibility by revising the current list of prescribed textbooks and adding books that may be more user-friendly for students whose English is a second language.

➢ Management could consider the introduction of newer methods of teaching and learning technologies in the classroom to address the needs of male learners.

➢ Management should revisit the year programme and consider the implementation of extra study hours for students, as this could reduce the rate of absenteeism in male learners both in the classroom and clinical areas.

➢ Management could review the current state of the classrooms and consider upgrading the physical learning environment and reducing the number of learners per class. Overcrowding of classrooms could further disadvantage male learners who are already disadvantaged due to having a minority group status.

Nursing practice

The active and educational support from nursing faculty and trained staff in the clinical

placement areas could give male learners a sense of belonging in a predominantly female environment.

> Staff in the clinical areas should not display harshness towards the male learner nurses in their care; they should rather be professional in their conduct since they are the role models for students.

> Clinical educators and lecturers should practise sensitivity and offer nurturing support to male students when accompaniment is done in the clinical areas.

> Acceptance of male learner nurses by trained staff is of the utmost importance in helping male students to feel a sense of belonging, resulting in a positive learning experience for them.

> The education of patients regarding the acceptance of males in the profession could result in positive learning experiences for the students, giving them a sense of inclusion and boosting their confidence.

> Health professionals in the clinical areas should assist with the socialisation of male learners by revealing the hidden curriculum and teaching them the finer points of the art of nursing.

> Trained staff in the clinical areas could also assist in the professional socialisation of male learners by making time for them, despite the shortage of staff and heavy workload.

> The multi-disciplinary team should treat patients with care and compassion as male learners learn from what they observe in the clinical areas.

> Positive clinical experiences will be etched on the minds of male students and could assist in the retention of males to the profession.

4.4 LIMITATIONS OF THE STUDY

There were several limitations to this study. Student protest action at the college impacted greatly on the collection of data in 2012/13. This led to repeated recruitment of participants for the study and also to rescheduling of interviews with recruited participants. Difficulty in accessing students was experienced. The researcher tried to obtain the relevant statistics on past attrition rates for the background of this study, but this was not possible because statistics were either outdated or not updated. Logistics also

proved to be challenging due to the researcher's work schedule and the availability of students. This required repeated rescheduling of appointments and rebooking of the venue at the college.

Purposive sampling was employed in this study and thus the interviews were conducted at only one of the three WCCN campuses. The findings, therefore, cannot be generalised to other campuses of the institution.

4.5 CONCLUSION

The focus of this research was on self-leadership in male learner nurses during their four-year training programme at a college in the Western Cape. The research question was framed from an AI perspective and answered by the findings of the study. The objectives of the study were met by an in-depth research study that generated themes from the individual semi-structured interviews during Phase 1 and the formulations of guidelines in Phase 2. Further research into self-leadership, male student nurses and the challenges in the South African context is suggested. This study could be extended to a larger study or replicated in other nursing colleges or schools of nursing and in other provinces of South Africa.

The findings of the study indicate that self-leadership in male learner nurses does indeed exist and that peak experiences of self-leadership occur for them on multiple levels which lead to increased motivation and satisfaction. It was also found that self-leadership is a 'process of becoming' that culminates in building character. It is evident that male learner nurses have professional, educational and interpersonal aspirations for the future. This implies that there were no indications of attrition from the programme. The findings also imply that male learners have the required attributes to lead themselves through their training, despite the barriers and challenges of being a minority group. The general recommendations for nursing educators are to retain the males in the profession and to create an inclusive and nurturing environment for these students. The importance of retention of males in the profession is one way of addressing the perceived shortage of nurses in South Africa and the rest of the world.

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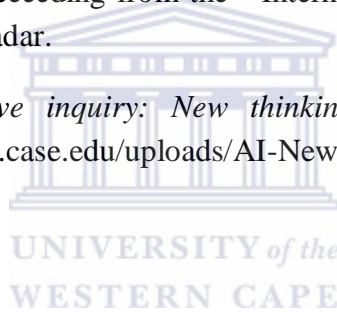
APPENDIX 1: ETHICAL CLEARANCE UWC

17 April 2012

To Whom It May Concern

I hereby certify that the Senate Research Committee of the University of the Western Cape has approved the methodology and ethics of the following research project by: Mrs S. Mia (School of Nursing)

Research Project: Self-leadership of male learner nurses during the four-year training programme at a nursing college in the Western Cape.

Registration no: 12/3/25

UNIVERSITY *of the*
WESTERN CAPE

Ms Patricia Josias
Research Ethics Committee Officer
University of the Western Cape

APPENDIX 2: ETHICAL CLEARANCE
WCCN/CPUT

2012/05/10

Ms Mia
7 Arba Street
Rylands Estate
Ext. 3
Athlone
7764

Dear Ms Mia

RE: Request to conduct a research investigation at WCCN

The research ethics committee has perused your research proposal and has granted you the necessary permission to conduct the research and the Pilot here at the WCCN under the following conditions:

1) The committee requests that you schedule appointments with the relevant year clerks in order to obtain the necessary information from them; please present the year clerks with a copy of this letter on the request of information.

2) Please provide WCCN with feedback with regard to the findings of your study.

The research ethics committee of WCCN wishes you success in your study.

Ms TM Bock

Head of Campus Metro East Campus: Western Cape College of Nursing
Acting Chair WCCN: Research Ethics committee

APPENDIX 3: INFORMATION SHEET

INFORMATION SHEET

Project Title: Self-leadership in male learners during the four-year nursing programme at a nursing college in the Western Cape.

What is this study about?

This is a research project being conducted by Shahnaaz Mia at the University of the Western Cape. We are inviting you to participate in this research project because you are a male nursing student, currently undergoing training at the Western Cape College of Nursing and you are over 18 years of age.

The purpose of this research project is to understand how male students conduct themselves during the four year programme, to discover what problems are encountered by male students and how the education of male nurses can be improved.

What will I be asked to do if I agree to participate?

Should you agree to participate in this study, a one-on-one interview will be scheduled with the researcher at a time, date and location convenient for you.

The interview will last about half an hour and will be audio-taped.

You will be asked to answer a few questions regarding your training at the college and your clinical experiences.

A few demographic questions will also be asked such as your age, marital status etc.

Would my participation in this study be kept confidential?

We will do our best to keep your personal information confidential. To help protect your confidentiality, we will not share your information with anyone who is not connected to this project.

Your name will not appear on any documents or tapes. A code will be used for the interview transcripts and tape recordings. A different cassette will be used for each participant.

The cassettes and transcripts will be kept for a period of approximately five years, after which it will be destroyed.

The researcher will take the necessary precautions to protect your information from being disclosed to anyone not related to the research.

In the event that a report or article is written about this study, the researcher will protect your identity at all costs.

The questionnaire and tape recording of your interview will be filed in a locked drawer and in a storage area that is known only to the researcher.

Any information that is stored on the personal computer will be protected by a password, known only to the researcher.

If we write a report or article about this research project, your identity will be protected to the maximum extent possible.

What are the risks of this research?

There are no known or foreseeable risks involved in participating in this research.

What are the benefits of this research?

This research is not designed to help you personally but the results may help the researcher to better understand how male students lead themselves during their training.

The information obtained in this study may benefit the nursing faculty in the recruitment and retention of males into the profession.

We hope to gain insight into the experience of being a male in a predominantly female profession.

We hope that in the future, other male students might benefit from this study through improved understanding of the male experience in the four=year nursing programme.

Do I have to be in this research and may I stop participating at any time?

Participation is strictly voluntary. You have the right to refuse to participate in this study.

Should you choose to participate, you may withdraw from the study at any time or when you feel the study is affecting you negatively. There are no penalties for refusing to participate in this study or for withdrawing from it, after having volunteered to participate. It is not a course requirement for you to participate.

Is any assistance available if I am negatively affected by participating in this study?

As stated before, there are no foreseeable risks but should you be negatively affected at any time as a result of this study, professional help will be made available to you in the form of counseling or medical care.

What if I have questions?

This study is being conducted by:

Shahnaaz Mia

Faculty of Community & Health Sciences

School of Nursing at the University of the Western Cape.

If you have any questions about the research study itself, please contact:

Shahnaaz Mia

7 Arba Str.

Rylands Estate,

Athlone

7764

Tel: 083 300 1277/ 021 684 1325

E-mail: shahnaazmia@vodamail.co.za

Should you have any questions regarding this study and your rights as a research

participant or if you wish to report any problems you have experienced related to the study, please contact:

Head of Department: Prof. O. Adejumo

   Tel: 021 9593024

   E-mail: oadejumo@uwc.ac.za

Dean of the Faculty of Community and Health Sciences: Prof. H. Klopper

E-mail: hklopper@ uwc.ac.za

University of the Western Cape.

Private Bag X17

Bellville

7535

Tel: 021 9592631

This research has been approved by the Senate Research Committee and Ethics Committee of the University of the Western Cape.

Shahnaaz Mia:………………………… Date:………………

Prof. K. Jooste:…………………………. Date:…………….. .

APPENDIX 4: INFORMED CONSENT

<u>Informed consent form</u>

Please ensure that you complete a signed consent form before you participate in this study.

Declaration by participant

I……………………………………….hereby agree to participate in a research study titled 'Self-leadership in male learner nurses in the four-year programme at a nursing college in the Western Cape.'

I also agree to be audio-taped for the purpose of accurate recording of my interview/s.

I understand that the purpose of the research is to see how male learner nurses conduct themselves during their training and whether there are any special issues that need to be addressed by nursing educators to improve the training of male learner nurses.

I understand that there are no benefits to me directly, but that the information given may be of assistance in the future to other male learner nurses.

I understand that there are no risks or discomfort to me in sharing any information.

I understand that I will meet with the researcher once or possibly twice for an audio-taped interview, lasting about one hour.

I understand that the tape/s of the interviews will be kept by the researcher in a secure place and that no-one else except the research team has access to it.

I understand that my name will not appear on the tape or on any other document, that I cannot be linked in any way to the information given to the researcher and that my identity will not be revealed at any stage of the study nor when the study is reported or published.

I understand that I am allowed to contact the researcher (Mrs. S. Mia) at work (021 684 1325) or on her mobile (083 300 1277), if I have any questions regarding the study. The researcher has given me her contact details.

I understand that my participation in this study is voluntary, that I may withdraw from the study at any time that I may wish to do so and that there will not be any penalty for doing

so.

I have been assured by the researcher that I am not under any obligation to participate in this study and that my refusal to participate will not have any repercussions on my academic record.

I hereby freely consent to take part in this study.

Signature of participant………………………..

Signature of witness……………………………..

Date………………

APPENDIX 5: DEMOGRAPHIC QUESTIONAIRE

Demographic questionnaire

1. What is your age in years?..........................

2. What is your marital status?..........................

3. Which year of training are you in?.....................

4. Which race group do you belong to?..................

5. What is the language of your choice?...............

6. What is your nationality?......................

7. Do you live in or out of the college residence?...................

8. Where is your hometown?.........................
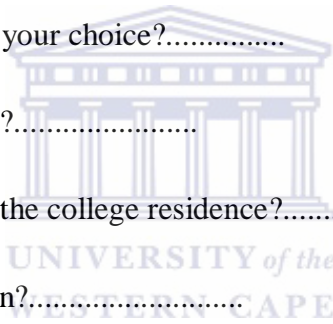
APPENDIX 6: INTERVIEW SCHEDULE

Interview schedule for 'Self-leadership in male learner nurses in the four-year training programme at a nursing college in the Western Cape'.
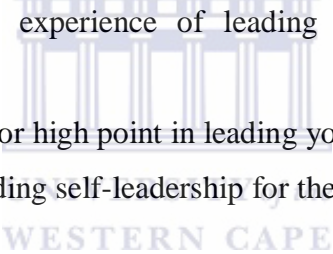
Date of Interview:

Time of Interview:

Place/Venue:

Interviewer:

Interviewee:

- What has been your best experience of leading yourself during your training programme?
- Describe a peak experience or high point in leading yourself during your training.
- What are your wishes regarding self-leadership for the future?
- What are the things you value most in your training programme?

(Reed 2007:35)

Probing questions

What is your vision/dream?

How will you obtain your vision/dream/goals?

What authority do you have that can assist in obtaining your dream?

What type of power do you use to obtain your dream?

APPENDIX 7: TRANSCRIPT OF INTERVIEW

RESEARCHER: I'm not going to call you on your name because it's private and I assume you're voluntary?

INTERVIEWEE: Yes.

RESEARCHER: And no name will be mentioned and how old are you?

INTERVIEWEE: I am 23 years.

RESEARCHER: 23 years.

INTERVIEWEE: Yes.

RESEARCHER: Are you also now, in which year are you?

INTERVIEWEE: I'm doing my third year.

RESEARCHER: Are you also busy with your third year and are you married?

INTERVIEWEE: No, I'm single at the moment.

RESEARCHER: Are you single at the moment? That's also maybe a good thing {laughter}, especially with all the studies and that.

INTERVIEWEE: Ja, its quite hectic.

RESEARCHER: Yes, but its sometimes difficult between all these women, all these women in the course. So, would you say that you led yourself in the course, did you take, how did you experience the programme so far, up to your

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third year as a male?

INTERVIEWEE: No, for me it wasn't like, it's not a difference for me, there's no difference really because I was working at Somerset and the experience there that I'm there from the staff, they treat everybody equal, so its, you get exposed to a lot of things, I was exposed to so many things already in my first year and now I'm a third year. I've just learnt so much. I was just working now, for the past four months I'm working, I was working, doing practical at Groote Schuur. Seeing a lot of new things that I haven't ever seen before, so it's very interesting.

RESEARCHER: So tell me, let's go back to what you said. You said you've experienced a lot of things in your first year, tell me about that.

INTERVIEWEE: Well, I was, I think its just because I was working a bit harder than other students, just they had a bit of more confidence in me. Letting me do a lot of things, so some of the things I've seen, I've been, as a first year student I went, I've went to the pop clinic, seen how they manipulate bones, how the doctor, how they, I can't remember what it, it's a function of the bones, how they actually manipulate the bones.

RESEARCHER: So terrible?

INTERVIEWEE: No, it was quite nice. It was nice. The doctor gave the patient a sedative, I think it was called (?), so the patient didn't feel anything, the patient was just snoring while he was doing it. Explaining to me what he was doing and what he's trying to achieve there and then he put on the Plaster of Paris.

RESEARCHER: But you say you've worked harder and you've worked more, why is that?

INTERVIEWEE: Yes, there is a lot girl teachers, nurses, a nurse that we usually do in the wards, especially in the first year, we do washes, we do the basic nursing care like the washes and the pressure cares and assisting, even the sisters giving out medication, just asking questions, what is sister doing now, what medication is sister giving and just showing more interest in what's actually happening.

RESEARCHER: Is it, but you say you worked harder than the females.

INTERVIEWEE: {laughter} Sometimes, I don't know, sometimes it's, especially for the females I think it's a bit different for them because, I don't know, it's like, the females are always, sisters, males I think, it's easier for sister to relax and learn, to teach the males, for males it's a bit easier, I would say, but females, it's a bit different because females, some of the students, they actually want to be sisters and they are not really up to the level of having that type of experience.

RESEARCHER: What in yourself made you move forward in your course?

INTERVIEWEE: I think moving forward really takes a lot of hard work, especially in nursing, a lot of hard work and studying. Going to your books, constantly consulting your books to always do the right things because, in this profession, you have to do everything almost perfect cause you're working with people's lives. Really, you have to be on point all the time, most of the time.

RESEARCHER: Now what does that take from you?

INTERVIEWEE: It really takes, you have to have endurance, especially now, we're just preparing now for another exam and I just did prac exam and I was working practical hours in between, so it takes a lot of endurance. You have to sit for hours trying to really sit and get information that you really need so that you can have the knowledge, as I say knowledge, to really help the people, someday when we're finished.

RESEARCHER: So if you look back what would you say, when you look back and you've now shared with us a few things, what would you say were the peak experience in your course? If you think back where you had to lead yourself to go forward?

INTERVIEWEE: I think the peak is actually is, the peak, I think last year was quite difficult for me, doing second year, so I think that assessment, really, I think the assessment of last year really pushed me, even for this year because this year wasn't as difficult as I expected it to be. We had this removal of sutures, this exam that we did at the end of the year so initially I was well prepared for it, removing the sutures but somehow I managed to fail and I was thinking to myself, this is, if I fail here now and failed the second opportunity now, then I'm really, not even in big trouble, I'm going to have to be (PT?) here now and just having and I was thinking a lot of things, bad things but there were other friends, also male nurses that was also with me and they really motivated me and really took me to a new level of this believing in myself and I eventually did do the

assessment and I really think I came to doing it close to perfect. So I think for that moment it really, that was the moment I would say, if I can go back to my studies I would say that was the moment that really, when I passed that exam, I really, it just pushed me to a whole new level and I haven't looked back ever since that. Even this exam I just did last week, it was really a breeze for me.

RESEARCHER: So that's wonderful. So looking at the future, what wishes have you got, what do you wish for yourself to take yourself forward to still a higher level?

INTERVIEWEE: I would say, the thing that I've learnt now throughout my studying career now, studying now it's just people, when you see someone coming in ill and the progress they make and when they go home sometimes it's really, it's sometimes unbelievable the amount of progress people make. Even, sometimes they even remember you, they call you and even sometimes you find the people on the street, just on the street and they will say, oh, they still remember you. You've looked after them, so it's just something I really look into, like for future studying, specialising, I would really like to specialise, but I'm not quite sure which, I haven't completed everything yet. So I only have psychiatry left and just community, well I think it will either be in community that I will try and specialise in.

RESEARCHER: Is there anything in yourself that you need, still, that you wish you had to actually reach this dream?

INTERVIEWEE: It's quite tricky. No I just, the only thing I need now is just to

really complete my studies, just finish, first finish point, the first point is just to finish this initial study and have the four years and then do my community com serve here and then try and go on with my studies.

RESEARCHER: And then I want to know, looking back at your programme, what do you value the most of this programme?

INTERVIEWEE: What I value the most is just the, I think the students, the people that is with us, I think the college, really, they picked some people, some amazing people that you find as your colleagues, the students and with them, sometimes because I'm living in, at the hostel, so we're not only in class, not only at work, but after hours, you are also with these people and they are really amazing people and sometimes they really uplift you and especially in my case, I can't really cook and do some other things, some other, I would say basic things but they really do, sometimes they help you with those things, give you support, emotionally.

RESEARCHER: It sounds like you are a people's person.

INTERVIEWEE: Ja, I'm really, I enjoy working with people. This is the right profession for me. I wanted to go, there was two choices I had, going to the lab or going into nursing, but I picked nursing because I can't be in the lab, it's too secluded, away from people and I think that is really what was missing, the people, working with people.

RESEARCHER: So for, just to wrap up, if I again pose to you the question, what

made, what characteristics did you have in you that made you go forward in this course?

INTERVIEWEE: Sjoe.

RESEARCHER: Well you are sitting here today so I'm asking.

INTERVIEWEE: I just, somebody once told me that you, in this profession you have to really, you have to mature and you have to mature quickly and that is one of the things I think you have to really, the characteristics you should have in this profession. You have to really show maturity throughout your studies and you have to, one of the things in nursing is responsibility. You take it everywhere, in every decision, everything you do in nursing, take responsibility. Every action that you do and always know that the actions that you take, it can directly affect somebody's life, so the action that you take is not only affecting the patient's life but also maybe sometimes the family members as well.

RESEARCHER: That is wonderful.

INTERVIEWEE: So your decision (even if its split like in recess?) or, every action you're doing, always remember that. Every second you have with that person it's vitally important.

RESEARCHER: That's now all about (self?) and then lastly, what do you see your own leadership?

INTERVIEWEE: You have to, with leadership, if you want to be a leader you

have to, especially in working with a team you have to inspire people, to also be leaders, feel that they are leaders. When people feel, especially when people feel they are, you are showing that they are respected, whatever they do, even, it doesn't matter what work they are actually doing in the wards, I think they, they up their game, they really work.

RESEARCHER: And did you apply that during the programme?

INTERVIEWEE: I've applied it, I've applied it. Some of the sisters they really, they let you take some of the positions as a leader and I've tried, but I still think I should, in the future try a bit harder. Try and more perfect the leadership because being a leader is not very easy.

RESEARCHER: Ja and which one will you perfect?

INTERVIEWEE: It all comes down to a lot of inter personal skills I would say. Having the, knowing the people you are working with, expecting them, no matter of their culture, their age, where they are coming from, just accepting them.

RESEARCHER: Yes, right.

INTERVIEWEE: That's what you would do.

RESEARCHER: That's great. Thanks for coming.

INTERVIEWEE: OK.

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APPENDIX 8: CONFIRMATION OF EDITING

This is to confirm that the proofreading and editing of the mini-thesis:

SELF-LEADERSHIP IN MALE LEARNER NURSES DURING THEIR FOUR-YEAR PROGRAMME AT A COLLEGE IN THE WESTERN CAPE

By **SHAHNAAZ MIA**

School of Nursing, University of the Western Cape

Degree of Masters in Nursing Science at the School of Nursing

was done by Jenny Mostert in July/August 2014.

I have a Masters Degree in Education, in 2004 I completed John Linnegar's Training Course in Copy Editing and Proofreading, and in 2012 I completed John Linnegar's Advanced Training Course in Copy Editing and Proofreading. I have since worked in the field of school textbooks, magazine and journal articles, university theses and doctorates. I am a full member of PEG (Professional Editors' Guild).

Part-time proofreader and editor

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