LEARNER NURSES' PERSPECTIVES REGARDING CLASSROOM AND CLINICAL LEARNING FOR THE REGULATION 425 PROGRAM AT THE UNIVERSITY OF LIMPOPO

BY

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DECLARATION

I, Moila Dimakatso Ophilia, declare that "LEARNER NURSES' PERSPECTIVES REGARDING CLASSROOM AND CLINICAL LEARNING FOR REGULATION 425 PROGRAM AT UNIVERSITY OF LIMPOPO" is my own work and has never been presented at this or any other institution of higher learning. The used or quoted sources have been referenced.

Full name: Moila Dimakatso Ophilia   signature: ……………   date:

DEDICATION

This research is dedicated to my parents: Mr Moila Mokete Nelson and Mrs Moila Motlanalo Millicent, my son Thato, my brothers; Kgaugelo and Given, and my sisters; Carol and Lebo for their love, support and words of encouragement. I also dedicate this research to the nursing learners of the University of Limpopo

ACKNOWLEDGEMENTS

ABSTRACT

Background:

Graduate professional nurses from universities continuously face intellectual scrutiny from nurses who graduated from college, because of the nature of the training programme within the University of Limpopo. Most of the registered nurses perceive learner nurses and community service nurses from universities as those who do not know anything, yet very little is known about the perceptions of learner nurses regarding their training program.

Purpose:

To investigate how learner nurses in the R425 program perceive their classroom and practical learning.

Study method:

A quantitative, descriptive cross-sectional method was employed in this study. Data was collected via an online questionnaire from 129 learner nurses with the response rate of 100%, at the University of Limpopo. Data was collected under ten criterion of program review. The data was analyzed using the descriptive statistics from the SPSS tool with the assistance of a statistician.

Results:

The results of the study showed that the learner nurses had a positive perception on their studies, both theoretical and practical on the seven criterion of program review. However, the criterion on infrastructure and resources, program coordination and learner assessment demonstrated negative perceptions by learner nurses. There was no association between the learner nurses' choice of study and the outcome of learner nurses performance.

Recommendations:

The researcher recommends adequate staff of theoretical and clinical learning, a balanced program co-ordination on theoretical and practical learning, a better-structured skills lab and enough resources for the learners, and a yearly program review.

Conclusion: The results of this study indicate that, the learner nurses enrolled in the nursing department's R425 program positively perceive their clinical and classroom learning. The study was limited to the university of Limpopo learner nurses, program R425 and cannot be generalized. The study found a few factors that hinder the learner nurses' learning perspectives, such as lack of support and limited time to clinical areas.

Keywords: learner nurse, perspective, program and clinical learning

LIST OF ABBREVIATIONS

BN   :   Bachelor of Nursing

CI   :   Clinical Instructor

DOH   :   Department of Health

DHET :   Department of Higher Education and Training

NEI   :   Nursing Education Institution

RN   :   Registered Nurse

SANC :   South African Nursing Council

T&L   :   Teaching and Learning

TREC :   Turfloop Research Ethics Committee

UL   :   University of Limpopo

DEFINITION OF CONCEPTS

Learner nurse

Any person pursuing nursing education or training must submit an application to the council in order to be registered as a learner nurse or learner midwife (South Africa, Act No. 33 of 2005). Learners who have registered with the South African Nursing Council and enrolled in the University of Limpopo's Bachelor of Nursing Science R425 program are referred to as "learner nurses" in this study (SANC).

Perspective

A proper comprehension of something's relative value is referred to as a perspective (Cambridge Advanced Learners' Dictionary, 2020). The perspective in this study will discuss how the learner nurses comprehend the material they are studying and the significance of the Bachelor of Nursing Science R425 program.

Program

A program is a strategy for carrying out tasks or achieving goals (Cambridge Advanced Learners' Dictionary, 2020). As a result, a program will refer to the Bachelor of Nursing Science (R425) provided by the University of Limpopo's Department of Nursing Science.

Clinical learning

Instead of theoretical or laboratory learning, clinical learning relates to the observation and treatment of real patients (Oxford Dictionary, 2020). Clinical learning in this study refers to learner nurses from the University of Limpopo putting what they have learned in the classroom into practice at clinics and hospitals**.**

Classroom learning

Classroom learning describes instruction that places a greater emphasis on the theoretical information learned in a class (Oxford Dictionary, 2020). The theoretical

instruction that learner nurses at the University of Limpopo receive in class is referred to in this study as "classroom learning."

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CHAPTER ONE

OVERVIEW OF THE STUDY

1.1. INTRODUCTION AND BACKGROUND

There are a number of internal learning problems that affect nursing learners' academic performance, including the learner's profile, academic aspects, psychological and emotional challenges, and family challenges such as family background and economy (Mthimunye & Daniels, 2019). No matter their year of study or any other demographic factor, learners pursuing a bachelor's or nursing degree evaluate their perceived clinical performance far higher than their perceived academic achievement (Terry & Peck, 2020).

The clinical program is crucial because it exposes learner nurses to practical activities that are taking place in the clinics. Learner nurses are required to have practiced for a minimum of 4,000 clinical hours at the Nursing Education Institution (NEI) where the research is done before completing their study. In order for the South African Nursing Council (SANC) to register learners as Registered or Professional nurses, it is the nursing education institution's responsibility to provide documentation of learners' academic and clinical learning after they have completed their education programs. The institution where the research will take place has a skills lab where lecturers show off abilities to use in the clinical setting.

The Nursing Education Institutions are governed by the following regulations: The Government notice no. R425, which governs regulations relating to the approval and minimum requirements for the education and training of a nurse (general, psychiatric and community) and a midwife. Regulations relating to the approval of and the minimum requirements for the education and training of a learner nurse leading to registration in the categories of professional nurse and midwifery are described in Government Notice No. R. 174. In 2020, the University of Limpopo began offering the new R174 program. However, the second to fourth level learners, who are the final group, were still enrolled in the R425 program.

1.2. PROBLEM STATEMENT

As a professional nurse working in a private hospital in Polokwane, Limpopo Province, the researcher has witnessed several informal discussions about the competency level of nurses who graduated from the University of Limpopo (UL). The witnessed discussion was about the learner nurses at UL mastering the theoretical component of nursing more than the clinical learning component. Graduate professional nurses from universities continuously face intellectual scrutiny from nurses who graduated from college, because of the nature of the training program within the university.

Most of the registered nurses perceive learner nurses and community service nurses from universities as those who do not know anything, yet very little is known about the perceptions of learner nurses regarding their training program. This stimulated the researcher's interest in investigating learner nurses' perceptions at the University of Limpopo regarding their clinical and classroom learning of R425 program.

1.3. LITERATURE REVIEW

The R425 (Bachelor of Nursing Science) program underwent a self-evaluation review by the Department of Nursing Science at the University of Limpopo. This was due to the fact that since the program's implementation (in 2011), neither the University Quality Assurance Office nor the South African Nursing Council (SANC) had conducted any evaluation of it. As a result, in the second semester of 2019, the department of Nursing Science began reviewing the R425 program. Interviews with various teaching, learning, and assessment staff members, learner nurses, and the review panel were conducted as part of the R425 Bachelor of Nursing Science program review process.

Only eight of the program's learner nurses were interviewed by the evaluation panel due to time restrictions. The evaluation panel also expressed issues about the eight learners' interview responses, including worries about their lack of enthusiasm for their studies in the nursing program and their inadequate provision of clinical assistance for learner nurses during clinical learning. This implies that learner nurses may have a diverse perspective of the Bachelor of Nursing degree. The study's objective is to ascertain the learner nurses' perspectives and; if necessary, to enhance learning. Literature review will be discussed in details in chapter two; it includes challenges faced

by learner nurses, benefits of program review as well as clinical and theoretical perceptions.

1.4. THEORETICAL FRAMEWORK

A theoretical framework, according to Brink, Van der Walt, and Van Rensberg (2018), is a study framework based on declarative statements from a theory of theories. In this study, learner nurses at UL were surveyed about their opinions of the Bachelor of Nursing Science R425 program using Rosemarie Rizzo Parse's Human Becoming Theory. According to the Human Becoming Theory, nursing practice should aim to improve each person's quality of life (Parse, 1992).

As a result, the Theory of Becoming Human will serve as the study's theoretical foundation by outlining the qualities required to become a nurse. It directs nurses to concentrate on the quality of life that is articulated and lived in their clinical work. Parse (1992) asserts that the idea is structured around three abiding themes: meaning, rhythmicity and transcendence.

- **Meaning**

According to Parse (1992), meaning depicts that a man receives his reality through his personal experiences. This study is appropriate because it examines the perspectives of the program that learner nurses have enrolled in from their various perspectives and experiences. Concrete made by humans and the environment are also included. All respondents were given equal chance to their concrete perspectives on their classroom and clinical learning.

- **Rhythmicity**

Rhythmicity is another trait. According to Parse (1992), rhythmicity describes how human becoming concretizes rhythmical patterns through interaction with the universe. The researcher opines that it fits with the study since nursing is a profession that involves teamwork; a good relationship between the learner nurses and nursing department employees would foster togetherness.

- **Transcendence**

According to Parse (1992), transcendence entails constant transformation. The research addresses certain parts of what and how UL or the nursing department is contributing to achieving this since the study is about aspiring registered nurses, or learner nurses. The idea offers a framework for looking at a man as a composite of biological, psychological, sociological, and spiritual elements, it asserts that with expanding potential outcomes, human becoming is naturally co-transcending much above multidimensional. The trait also discusses joining and forgoing the limitations that a person has set (Younas & Quennell, 2019). Nursing is a very good practical example; before completion, almost all learners perceive the practical side of nursing as difficult. However, once they get used to the skill, it becomes very easy. A graphic explanation of Parse's theory is illustrated below:
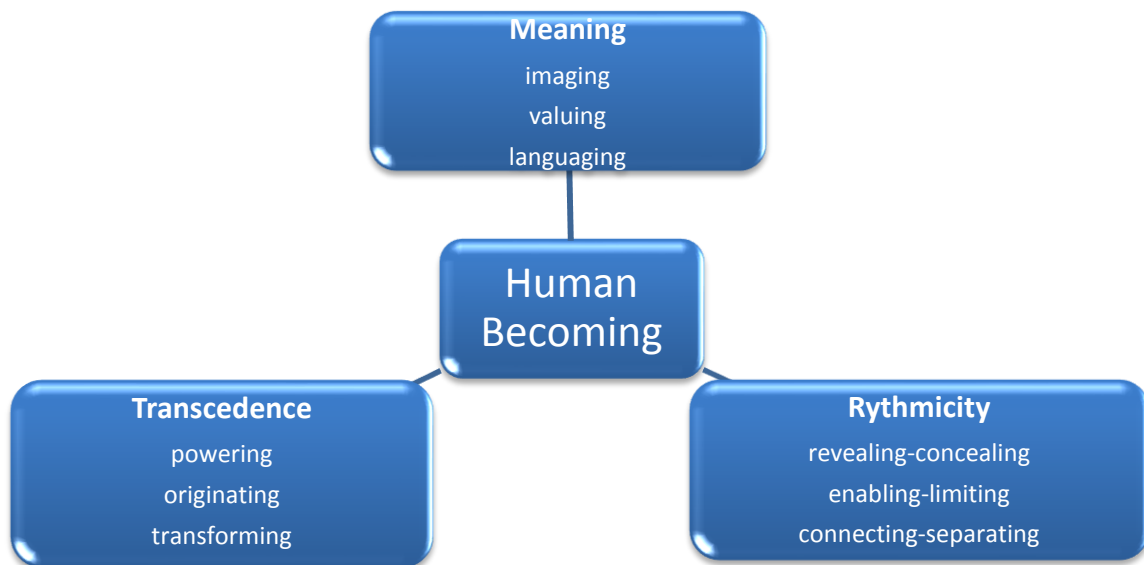
Figure 1.1. Schematic presentation of Parse's Human Becoming Theory

1.5. PURPOSE OF THE STUDY

1.5.1. Research aim

To investigate learner nurses' classroom and clinical perspectives regarding the Bachelor of Nursing Science R425 program at the University of Limpopo.

1.5.2. Research objectives

1.5.2.1. To identify learner nurses' perspectives regarding the classroom and clinical learning in Bachelor of Nursing Science R425 program at the University of Limpopo.

1.5.2.2. To describe learner nurses' perspectives regarding the classroom and clinical learning in Bachelor of Nursing Science R425 program at the University of Limpopo

1.6. RESEARCH QUESTION

What are the learner nurses' classroom and clinical perspectives at the University of Limpopo regarding the Bachelor of Nursing Science R425 program?

1.7. RESEARCH METHODOLOGY

According to Creswell (2018), quantitative research is a strategy for testing unbiased ideas by looking at the relationships between various variables. Additionally, according to Creswell (2018), these characteristics are quantifiable, often utilizing devices, allowing numbered data to be statistically examined. In order to obtain objective, definitive answers for the study's questions, a quantitative research approach was employed to gather numerical data from learner nurses and then generalize the findings to a broader sample of learner nurses (Bhatia, 2018).

1.7.1. Research design

According to Grove, Gray, and Burns (2018), a study design tries to offer a plan or strategy with real-world application to address issues about societal problems. The researcher ensured that the study researches about real-world application such as

application of theory to practical since the study is about the perceptions of learner nurses in both theoretical and clinical learning.

1.7.2. Study site

The study was conducted at the University of Limpopo, where the learner nurses are enrolled to study for the Bachelor of Nursing Science R425 program. The university of Limpopo is located in the Mankweng area, midway between Polokwane and Magoebaskloof, in Limpopo Province; South Africa.

1.7.3. Population and Sampling

The targeted focus of this study is the learner nurses who were enrolled to study the Bachelor of Nursing Science program R425 in 2020, level II, III and IV. A Bachelor of Nursing Science R425 is a four-year program, and only level 2 to level 4 learner nurses formed part of the study because 2021 was the last year of this program. The calculation of the sample will be shown in chapter 3.

1.7.4. Data collection

Data collection is the methodical, accurate gathering of information pertinent to a study's specific aims, questions or hypothesis (Grove et al., 2018). English will be used as the instruction language, and questionnaires will be produced and sent to the population for results.

1.7.5. Data analysis

Data must be prepared for data analysis and confirmatory analysis (Burns, Grove & Gray 2017). Once ready, the data is used to thoroughly describe the sample. Descriptive statistical analysis was used in this investigation. In order to arrange data and provide meaning and insight, the researcher can use descriptive statistics, which are summary statistics (Grove et al, 2018). Data was collected in accordance with the covered portions, sections A and B, and analyzed using the program SPSS version 27 before verified as accurate. Graphs were used to present the data to promote understanding. Fundamental characteristics of the data in a study are described using descriptive statistics, Simple summaries of the sample and the measurements are

provided, and they serve as the foundation for almost all-quantitative study of information, along with straightforward graphical analysis (Williams, 2020).

1.8. VALIDITY AND RELIABILITY

1.8.1. Validity

Internal validity, external validity, content validity and face validity will be explained in chapter 3.

1.8.2. Reliability

The researcher will explain how reliability was applied in chapter 3 of this study.

1.9. BIAS

When establishing comparisons, the researcher will use precise language and be explicit when writing about individuals. Selection bias was used to avoid bias, and will be explained more in chapter 3.

1.10. ETHICAL CONSIDERATIONS

1.10.1. Permission

The University of Limpopo Turfloop Research and Ethics Committee granted approval for the project (TREC). To acquire access to the learner nurses, clearance from the university administration and the head of the department of nursing science was also be obtained.

1.10.2. Informed consent

Prior to starting, informed consent must be acquired from the respondents to ensure voluntary participation (Grove, Burns & Gray, 2018). The researcher will explain how the consent of the respondents was granted in chapter 3.

1.10.3. Principle of confidentiality and privacy

The administration of a subject's shared private information is a confidentiality principle (Grove, Burns, and Gray, 2018). The respondents' privacy is protected because their names will not be revealed. More details will be elucidated in chapter 3.

1.10.4. Principle of justice

By choosing the respondents based on criteria that is specifically connected to the research problem, the researcher was able to treat them equally.

1.10.5. Principle of beneficence and non-maleficence

This principle, which Gerrish and Lacey (2015) refer to as a utility principle, calls for us to make an effort to produce the greatest ratio of good to harm. According to the non-maleficence principle; it is forbidden to do harm to other people. The researcher formulated questionnaires that do not cause harm to the respondents and that the environment in which the data was collected, did not subject them to any harm.

1.11. SIGNIFICANCE OF THE STUDY

The study may contribute to the understanding of the program's benefits and help to evaluate the program's level of quality. It might lead to advancements and better procedures in the UL nursing program. Undergraduate learner nurses are given the chance to share feedback on their educational experiences, which could help the school or the department to improve where it's needed. The health department may also gain from working with nurses who are well-equipped. This study might help the nursing department assess its advantages, disadvantages, and development.

1.12. CHAPTER'S LAYOUT

Chapter one : Overview of the Study

Chapter two : Literature review

Chapter three: Research Methodology

Chapter four : Discussion/presentation/ interpretation of findings

Chapter five : Conclusion, Summary and Recommendations of the study

1.13. CONCLUSION

This chapter covers the study overview, which in turn, covers the introduction and background information, problem statement, literature review, theoretical framework, study purpose, research question, research approach summary, ethical considerations, bias, and study significance. Literature relating to this study is reviewed in the succeeding chapter.

CHAPTER TWO

LITERATURE REVIEW

2.1. INTRODUCTION

A literature review identifies, picks, and critically evaluates information to address a clearly stated question. This clear, exhaustive search covers a wide range of databases and gray literature, and it is transferable by other academics. It requires creating a well-thought-out search strategy that focuses in on a particular subject or responds to a particular question. The evaluation outlines the types of material that were looked up, criticized, and reported within the specified periods (Dewey & Drahota 2016). The researcher used information that was either in support of the study or against it because information can be either way.

The topic "learner nurses' perspectives regarding classroom and clinical learning for Bachelor of Nursing Science R425 program at University of Limpopo" has a gap that was discovered throughout the selection process. Clinical Instructors (CI) are responsible for using their clinical and instructional expertise to assist nursing learners in integrating knowledge learned in lectures, labs, and simulations to the challenging clinical scenarios they encountered while providing hands-on patient care in the practice setting (Norris, New & Hinsberg, 2019).

Competence in nursing is built on the knowledge and abilities acquired throughout training. Nursing learners can receive the knowledge, skills, and attitudes necessary to provide nursing care through a combination of theoretical and practical learning experiences. Theoretical instruction and practical instruction are the two complimentary components of nursing education. The majority of nursing education takes place in clinical settings (Yousefy, Yazdannik & Mohammad, 2015). This is why nursing is regarded as a profession, this is because it is a continuous learning process.

More than half of the formal educational courses in nursing are clinical education-based in Iran and many other nations. The clinical component of nursing education is therefore

a crucial and vital component. Clinical learning environments are crucial for the development of professional skills and prepare nursing learners to pursue the nursing profession and become registered nurses because nursing is a performance-based profession. Additionally, nursing learners' decisions to pursue a career in nursing or not, depend greatly on the clinical component of their education (Jonsen, Melender and Hilli, 2013). Even though the study indicates that clinical learning is crucial, theoretical learning should never be underrated because for one to know the human anatomy for example, they should know the theory first to avoid harming the patients.

It has been discovered that a confiding relationship, defined as a formative relationship in which the CI provides direction and supports the understudy's learning as the understudy matures into a fruitful and beneficial nursing learner, is expected to foster the ideal passionate environment for understudy learning. This kind of environment fosters good relations between CIs and understudies. CIs then serve as the learner's mentor, advisor, helper, and supporter. CIs should have the option to combine strong clinical skills with good presentation abilities to effectively execute their duties (Hou, Zhu, and Zheng, 2019).

Below is the literature describing the challenges faced by learner nurses, the benefits of a program review as well as clinical and theoretical learning perceptions.

2.2. CHALLENGES FACED BY LEARNER NURSES

A poor learning environment might hinder learners' professional growth since good clinical learning environment influences their professional outcomes favorably. Analysts' involvement in the nursing clinical instruction reveals that nursing understudies' practices and exhibits vary in the clinical setting, which might cause some challenges for nursing learners due to the unconventional nature of the clinical preparation environment. This modification may have a negative impact on their ability to learn, advance in patient assessment, and perform skillfully. Differentiating problems and challenges that these learners have in the clinical learning environment can help partners deal with these problems and enhance their professional development as well as their endurance (Mthimunye & Daniels, 2019).

The difficulties faced by learners from higher education institutions generally and, more in particular, the difficulties hindering academic progress are of interest to educational researchers worldwide (Jeffreys, 2015). (Mthimunye & Daniels, 2019). This means that the performance of learners can be affected by different things.

Below are the factors resulting in the challenges that learner nurses face during their training.

2.2.1 Psychological factors

According to a study by Mitchell (2018) mental illness is a serious health concern, and college learners are particularly at risk because of the high scholastic, financial, and interpersonal demands they are currently facing. Medical assistant learners who are still in training are known to be particularly helpless against anxiety and hopelessness. Nervousness and discouragement can interfere with educational success and working relationships, which are important components of therapeutic practice (Mitchell, 2018). This shows that, learners can be affected psychologically by factors such as socio-economic status in cases where bursaries are not offered.

2.2.2 Emotional factors

According to a different study by Galvin, Suominen, Morgan, O'Connell, and Smith (2015), ongoing overview data from emotional health nursing learners in the United Kingdom (UK) suggested that this group engaged in more feeling-centered adapting and fewer issue-centered adapting procedures during preparation than other comparative gatherings, and these findings were linked with higher levels of stress (Galvin and Smith 2015). This study indicates that adaptation to the new environment can cause stress to the learners and inability to socialize and have study mates, for example.

Weurlander, Lönn, Seeberger, Broberger, Hult, and Wernerson (2018) highlight the fact that clinical and nursing undergraduates encounter a variety of scenarios throughout their undergraduate courses that they find genuinely challenging, particularly during

clinical settings. Defying patients' illnesses and deaths, amateurish behavior on the part of medical professionals, scenarios involving protracted therapy, learners relating with patients as persons and not conditions, and using patients for their own learning were all topics covered in the undergrads' testimonies. The stories dealt with both formal and informal schooling, or what is remembered for the calling (fighting illness and dying) and what is not (amateurish conduct among medical care experts). Understudies handled their encounters by talking with trusted friends or directors and adjusting to these situations (Weurlander et al, 2018). This tells us that some learners can be badly affected by the experiences they get at clinical areas, such as deaths or very ill patients, and it would really be a good thing for facilitators to identify such and if possible, find therapists for those learners.

2.2.3. Limited learner supervision at clinical areas

According to the Nursing Act (Act No.33 of 2005), learner nurses must work at least occasionally under the direct or indirect supervision of a registered nurse. Every ward needs supervision to ensure that the necessary care is provided by all the different categories of personnel and to guarantee that learning is taking place and is supported, especially if there are learners present. To be approved by the South African Nursing Council, clinical placement places must have a documented agreement with competent authorities as a teaching site (SANC Regulations, Government Notice no. R173, 2013. This indicates that, if learners are not supervised at the clinical areas, patients could be endangered directly or indirectly and the learning will be impacted as learners might not be sure if they are doing the procedures accordingly and there will be no one to rectify them if they are wrong, then the production of well- equipped nurses will not be possible.

The training facility must offer learning opportunities to meet the needs of learners placed in various clinical practice environments. According to Chuan and Barnett (2012), the supervisor-learner relationship was the most crucial aspect of learners' clinical learning. The learners felt supported in their clinical learning and believed it was crucial to help enable the translation of theory into practice where dedicated clinical

teachers, instructors, or support personnel was used within the CPA, reflecting the need noted by the participants in the current study. This literature should serve as a motivation to the clinical facilitators because it shows how grateful learner nurses become when they receive the support they need and nothing beats a healthy working environment.

According to the study conducted by De Swardt, van Rensburg, and Oosthuizen (2014), learners who were not effectively supervised or oriented found it difficult to achieve clinical outcomes. According to Daniels, Linda, Bimray, and Sharps (2014), clinical supervision is affected by the growing use of agency staff. Candidates for these positions stated that these staff members "don't seem to be curious about learner development; they're just there to try and do the task," which supports the participants' negative experiences related to the hostile learning environment. This literature indicates the impact that the facilitators can have on the learners, if they supervise them or encourage supervision then positive impact will be seen, if the is little or no supervision, the impact will be negative. This information tells us that if learner nurses are excluded from the plan of the day such as clinical delegation, they may not have courage to apply their theoretical learning into practice, hence learners should be delegated to practice their scope of practice under direct supervision.

2.3. BENEFITS OF PROGRAM REVIEW

Program assessments, in the opinion of Terry and Peck (2020), also assist in making decisions on whether to continue, pause, or end a program. The review offers valuable information on how well the program is doing in terms of its goals and the requirements of the learners. The effectiveness of the delivery strategies and instructional methodology can also be ascertained using the data. The program's advantages and shortcomings serve as a springboard for beneficial program adjustments that raise the standard of instruction. This is a great chance to learn what learners thought and felt about the entire program (Terry & Peck, 2020). This study researched about the perceptions of learner nurses experiences on clinical and theoretical learning program

R425, the new program R174 have been introduced, the above literature shows that programs can be faced out based on different reasons.

Program review makes sure that each unit consistently takes a break from day-to-day struggles to assess its strengths, shortcomings, and progress in order to lay a solid foundation for the creation of upcoming strategic plans and priorities. Program Review helps the university strategically handle these variations by making the university's complexities more apparent (Vaughan, 2020. The nursing programs in South Africa are regulated by the SANC, based on the findings regarding the programs, they either continue or face it out while NEIs can either be given an approval to offer such program or not, based on their regulations and/or requirements.

The strategic plan for nursing education, training, and practice (The Strategic Plan for Nursing Education, Training, and Practice, 2013) acknowledges the difficulties in achieving effective clinical facilitation, noting that the majority of clinical facilities across the nation do not provide enough clinical facilitation for nursing learners, leaving newly qualified nurses inadequately prepared for their roles. This literature shows that, failure to supervise learner nurses means failure to produce well-equipped nurses.

Oermann (2019) emphasizes that without examining the literature and comprehending the direction that health care is taking, one cannot make informed decisions about the reform of educational programs. It is possible to implement a necessary change by using a different approach to deal with educating an academic change rather than a curriculum change. Less lectures and more active learning techniques, new learning activities and tasks distributed across courses to develop understudy knowledge and skills, expansion of re-enactment, and a variety of clinical settings may be all that is required. This literature gives an idea that, learners should have more time at their clinical learning environments than theoretical to be more competent with skills, nursing is practice.

The majority of nursing programs are revising their educational plans for nurses in response to the dynamic changes taking place in the healthcare sector. The Affordable

Care Act of 2010 highlighted how important consideration is to a vast percentage of Americans (Macy, 2016). However, resources devoted to important consideration are insufficient to assist the large number of Americans suffering from numerous illnesses and other complex demands (Macy, 2016). A useful source for guiding modifications in the nursing educational plan would be the Macy establishment gathering processes. This shows that it is good for the SANC to be modifying the nursing program from R425 to R174.

2.4. CLINICAL AND THEORETICAL LEARNING PERCEPTIONS

In the integrative perceptions, Pitt, Powls, Levett-Jones, and Hunter (2014) pointed out that different studies have found different things about how demographic characteristics affect both academic and clinical performance. However, Jeffreys (2015) and Pitt et al. (2014) found no association between self-reported academic or clinical performance and demographic variables such age, sex, employment status (part-time or full-time), and ethnicity. In support of the previous literature, demographic variables can affect clinical performance. For example; institutions that do not offer bursaries, learners from disadvantaged backgrounds may not even have practical resources that the institution requires them to have, e.g; uniform, second hand watch, and might therefore be unable to attend the first few clinical learning exposure which might badly affect their performance.

The findings suggests that learners' perceived academic performance, which is based on theoretical nursing components, is rated lower than learners' perceived performance in the practical application of their knowledge or theory (Wolters and Hussain, 2015), raising concerns about the program's quality. This means there should be a balance between clinical and theoretical learning. Learners' struggles should be outlined and dealt with to improve learning.

Despite this, little is known about the academic transfer that nurses and midwives make from clinical mentor, teacher, and supervisor to efficient academic instructor (Ebert, Mollart, Nolan, & Jefford, 2020). The transition from clinician to academic in the tertiary

environment is frequently difficult, with a significant difference in roles and scope of practice, even though a clinical nurse or midwife may have a strong professional identity as a capable or experienced clinician (Ennals Fortune, Williams & D'Cruz, 2015). This information tells us that, not all clinicians have the ability to teach, some are good at working as clinicians only.

According to Terry and Peck (2020), the differences between perceived academic and clinical performance in the context of year level within the program may be influenced by the class attendance requirements in clinical simulation laboratories, hospitals and health care practical exercises. In comparison to potentially less passionate courses when attendance diminishes and learners feel they are "learning" what they view as the non-essential components of nursing, the passion of learners is more highlighted if they are given the chance to play the role of nurse (Wolters & Hussain,2015). This highlights that all learners nurses should be aware of their scope of practice according to their level of study and should not feel underappreciated if they are to do skills such as bed making.

According to Nielsen, Norlyk, and Henriksen (2018), first-semester nursing undergraduates in the Danish Bachelor's Degree program work in a skills lab.
There has been some discussion about whether nursing skills learned in the lab can be transferred to clinical practice. Some creators also point out that clinical practice will always be much more confusing and complex than it is possible to replicate in a lab. In support of this literature, certain skills are completely different when done on an artificial human body and an actual human body. One example is wound suturing; the difference is the texture so the moment one has to apply it on the actual human body, it is actually tougher than it appears, but one gets used to it with time.

According to Sherman, Dyess, Hannah, and Prestian (2013), nursing learners who are enrolled in Baccalaureate programs have very little interest in learning about preoperative procedures and clinical advancements in real-world settings. This suggests that preoperative nursing is a common career option for novice attendants after graduation. In addition, because of their limited familiarity with the environment and

the strength zone, many health care pioneers are reluctant to hire recent graduates into the perioperative area. This is because an operation needs to be as sterile as possible and the staff needs to be well trained to maintain such sterility, hence newly qualified nurses are not hired in such departments due to little or no experience, while some get to undergo this training during community service depending on the institution.

In 2013, Sherman and colleagues found that 68% of nurture pioneers predicted enlistment issues in the next five years and that 56% of them were now experiencing enrollment challenges. Attendants' lack of access to the operating room during academic arrangements, the lack of perioperative nursing content in baccalaureate and other degree programs, the requirement for residency programs after graduation, and a lack of administrative responsibility (time and money) to train unpracticed staff were among the reasons cited.

2.4.1. Health care services

The South African National Department of Health (NDOH) (2010b) has pledged in recent years to raise the level of healthcare provided in the nation. The release of the Ten Point Plan for Improving the Health Sector (2012-2014) in July 2010 (NDOH, 2010b) has further highlighted this commitment. The objective of the department is to ensure "an accessible, compassionate, and top-quality health system," according to the NDOH's Strategic Plan for 2010/11-2012/13 (NDO, 2010b). The Department of Health's mission is to "improve the health status through the prevention of illnesses and, as a result, the promotion of a healthy lifestyle, as well as to consistently improve the health provision system by specializing in access, equity, efficiency, quality, and sustainability" (NDOH, 2010b). Even in areas where there is capacity to provide these services, the Department of Health (2011) reports that patient and community coverage of life-saving services is low. Despite being paid, healthcare personnel frequently miss their allocated shifts. The researcher stipulates that, poor health provision results in poor learning for the learner nurses, hence disrupts the health care system at large.

2.5. CONCLUSION

The chapter on literature reviews highlighted its advantages, the difficulties new nurses confront, the advantages of program reviews, and clinical and theoretical reviews. The research methodology for this study will be thoroughly explained in the following chapter.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1. INTRODUCTION

The research approach used in this study is discussed together with other types of research approaches in this chapter. Research approaches are strategies and methodologies that cover everything from general hypotheses to specific data gathering techniques, analysis, and interpretation (Creswell, 2018). Qualitative research is a method for testing objective theories by looking at the relationship between variables.

3.2. RESEARCH APPROACH

Quantitative analysis is dependent on the component of quantity or degree. An example of such an examination would be an organized trial investigation of perceived astonishment using factual, numerical, or computational methodologies, as well as insights and rates (Shanti Bhushan & Shashi, 2017).

However, to explain a phenomenon and provide objective, conclusive answers, the study used a quantitative research approach, gathered numerical data from learner nurses, and then extrapolated the results to a broader sample of learner nurses (Bhatia, 2018). A quantitative method was chosen by the researcher since it can be tested and verified. A careful test design and the ability for anybody to replicate the test and the results are necessary for quantitative analysis. This strengthens and narrows the scope of the information one gathers. When obtaining quantitative data, the type of findings will direct which actual tests are appropriate to apply. Deciphering one's data and delivering those insights is therefore simple and less vulnerable to error and subjectivity (Devault, 2020).

3.3. RESEARCH DESIGN

A research design is the organization of parameters for data collection and analysis with the goal of balancing economy and method with relevance to the study purpose (Akthar, 2016). A study design, according to Grove, Gray, and Burns (2018), tries to offer a plan

or approach with practical usefulness in order to address concerns about societal problems. In this study, the perceptions of learner nurses regarding the Bachelor of Nursing Science R425 program at the University of Limpopo were described using a cross-sectional descriptive approach. In a cross-sectional descriptive design, the researcher gathers data at a single point in time, according to Creswell (2018). A cross-sectional study might analyze existing attitudes, beliefs, opinions, or practices that the researcher wants to investigate, according to Creswell (2018).

3.4. STUDY SITE

The learner nurses registered to pursue the Bachelor of Nursing Science R425 program at the University of Limpopo, where the study was carried out. The University is situated in the Mankweng region, halfway between Polokwane and Magoebaskloof. Here is a map showing where the study site located below.
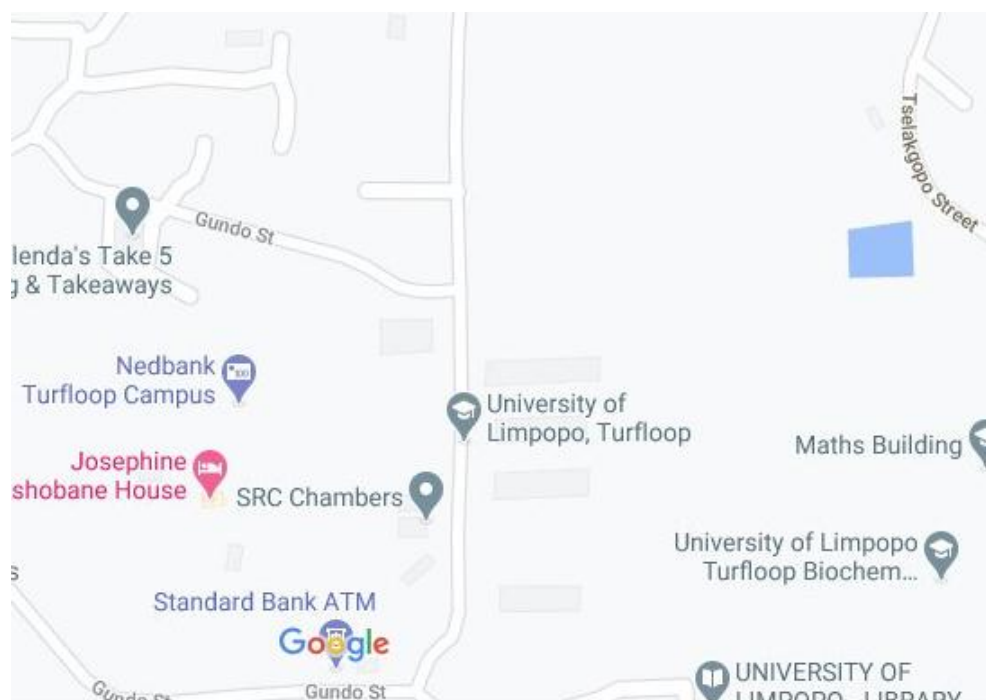
Figure 2: Map of the study site

3.5. POPULATION AND SAMPLING

A research population is described by Neuman (2014) as the abstract concept of a sizable group of numerous examples from which a researcher selects a sample and to

which results from a sample are extrapolated. The population of this study consisted of all 190 learner nurses enrolled in the Bachelor of Nursing Science program (R425) for the academic year 2020, ranging in level from second to fourth. The three levels were chosen because 2020 is the final year that the R425 program will be offered by the Department of Nursing Science.

Table 1: Number of learner nurses from level 2 to level 4

Level of study	Number of learner nurses per level
Level II	68
Level III	62
Level IV	60
Total	**190**

Because 2020 was the final year for the intake of the Bachelor of Nursing Science R425 program, only learner nurses at the level 2 to level 4 (of class 2020) participated in the study. A sample is a representative subset of the population (Neuman, 2014). In this study, stratified sampling was utilized. The population is divided into subgroups, or strata, according to the applicable characteristics, such as gender and age range, using stratified sampling (Pilot & Beck, 2017). Age, gender, level of study, choice of study, reason for choosing nursing as a field of study, and performance were all factors that differentiated the people in this study.

- **Sample size**

The term "sample size" refers to a test size that quantifies the number of unique examples or perceptions estimated or used in a study or investigation (Zamboni, 2021). The sample size for the current investigation was calculated using the Slovin formula. The following formula will be applied:

$n = N/ (1+Ne^2)$

n = sample size

N = total population of the study

E = error tolerance of 0.05

$n = N/ (1+Ne^2)$,

$n = 190/ (1+190*0.05^2)$

n = 129

Therefore, 129 learner nurses will make up the study's sample size using the Slovin formula.

3.6. DATA COLLECTION

Data collection is the methodical, accurate gathering of information pertinent to a study's specific aims, questions, or hypotheses (Grove et al, 2018).

3.6.1. Structure of the questionnaires

The study used the criteria for academic quality reviews by UL to develop the questionnaire to gather information pertinent to its goal. The researcher picked the aforementioned approach because it improved response rates, response quality, and outcome comparability. The questionnaires were divided into two sections: section A, which contained seven questions on demographic information, and section B, which contained 34 questions using a five-point Likert scale and the criteria for Academic Quality Reviews by UL (Pilot & Beck, 2014). English was used as the medium of instruction because it is the suggested language for teaching and learning, and questionnaires were produced and distributed to the respondents for results.

3.6.2. Data collection process

All respondents were issued consent forms to sign, and the researcher explained to them why they needed to sign a consent form. The responders got a URL from the researcher to access the questions (Pilot & Beck, 2017). The researcher went to the clinical area, Mankweng hospital where the 2020 level III learners were doing their

clinical learning ward by ward to gather information, this took less than 10 minutes for each group to complete, and the second levels of 2020 were found at the skills labs the following day and completed their questionnaire, while the level IV of 2020 where found through the help of the supervisor telephonically, the data collection process occurred within a week.

3.6.3. Inclusion and exclusion criteria

The following criteria will guide the researcher in selecting the sample;

- **Inclusion criteria**

The major characteristics of the target population that the researchers will employ to address their study issue are described by Patino and Ferreira (2018) as inclusion criteria. Due to their enrollment in the R425 program and exposure to both classroom and clinical learning made possible by the university, this study comprised second, third, and fourth level learner nurses from UL.

- **Exclusive criteria**

Exclusive criteria are qualities of potential study participants who match inclusive criteria but have extra traits that could hinder the study's success or raise the likelihood that they would have a negative outcome (Patino & Ferreira, 2018). The study excluded all UL learner nurses who weren't available during the data collecting dates and those from the same level who didn't want to take part.

3.6.4. Data analysis

Data was collected in accordance with the A and B portions that were covered, and it was then analyzed using the SPSS version 27 program before being verified for accuracy. Graphs were used to illustrate the data in order to aid in understanding.

The fundamental characteristics of the data in a study were described using descriptive statistics (Williams, 2020). Simple summaries of the sample and the measurements are provided (Williams, 2020). They serve as the foundation for almost all quantitative study of data, along with straightforward graphical analysis (Williams, 2020).

3.7. VALIDITY AND RELIABILITY

3.7.1. Validity
The steps that were taken to guarantee the measuring of the questionnaire's validity are as follows:

3.7.1.1. Internal validity
If a study can establish if there is a causal link between one or more independent variables and one or more dependent variables, it is considered internally valid (Heffner, 2017).

3.7.1.2. External validity
The minimum number of respondents necessary to detect a statistically significant difference determines the appropriate sample size. In this study, the researcher has guaranteed validity by creating theory-based questionnaires that are well phrased. The researcher has made sure that there are no impending threats to internal and external validity.

3.7.1.3. Content validity
The extent to which the measurement encompasses every facet of the concept being measured is known as content validity (Middleton, 2019). In order to gather information relevant to the study's topic, the researcher has previously researched the literature. The supervisor assisted in determining if the questionnaires used by the researcher met the study's goals.

3.7.1.4. Face validity
On the surface, a test's content appears to be comparable to content validity, but face validity is a less formal and more individualized evaluation (Middleton, 2019). Through discussions with the supervisors and discussions with the university statistician, face validity was guaranteed in this study.

3.7.2. Reliability
A tool's dependability is determined by how consistently it measures the things it is supposed to (Moule & Goodman, 2014).

3.8. Bias

Any factor that causes a study's findings to be distorted is referred to as bias (Pilot & Hungler, 2013). When drawing comparison and writing about specific individuals, the researcher used precise language. A questionnaire was thought to be the best technique for gathering data for the study by the researcher. Without being prodded by the researcher to respond to the questions in the researcher's preferred manner, the respondents merely indicated their level of agreement, from strongly disagree to strongly agree. When respondents were completing the questionnaire, the researcher remained impartial and did not exert any influence over them. The researcher selected respondents from all learner nurses enrolled to study Bachelor of Nursing Science program R425 at UL.

3.9. ETHICAL CONSIDERATIONS

3.9.1. Permission

To acquire access to the learner nurses, approval from the university administration and the head of the nursing science department was asked and granted.

3.9.2. Informed consent

Before beginning, informed consent from the respondents was received and signed to ensure voluntary participation. The respondents were informed that they would not be pushed into answering any questions if they felt that doing so would violate their rights, and that they might choose to participate without experiencing any consequences. The consent form for learner nurses can be found in Appendix A. The researcher will also uphold the respondent's rights by giving them the opportunity to decide that much of their personal data will be disclosed to others (Grove, Burns & Gray, 2018).

3.9.3. Principle of confidentiality and privacy

Only the researcher and the study supervisor kept the questionnaire used to gather the data in this study; everyone else was only distantly involved in the data analysis. The confidentiality principle states that surveys should be kept secure and should not be disclosed to others who are not participating in the research without the respondents' consent (Moule & Goodman, 2014).

3.9.4. Principle of justice

No respondent was mistreated or exploited because of their race, religion, sex, age, class, or sexual orientation, according to the justice principle (Moule & Goodman, 2014). All the respondents were treated fairly and equally regardless of their race, religion, age, class or sexual orientation. They were all given a fair chance to be part of the study without any criticism.

3.9.5. Principle of beneficence and non-maleficence

The questions were thoughtfully crafted to protect the respondents from damage. The researcher made sure that the study was carried out in a secure setting for the respondents' security.

3.10. CONCLUSION

This chapter described the quantitative research methodology utilized to gather data, and a descriptive cross-sectional study design was provided as the guide to achieving the goals of the research study. Data was gathered using a self-created questionnaire that included a Likert scale and demographic information. Data analysis was done using SPSS version 27. The examination of research technique and designs in Chapter 3 address the precautions and ethical standards that the researcher adhered to in order to conduct the study, protect, and treat research participants fairly. All of the procedures from data collection through analysis that might have resulted in errors in the research study were documented in order to ensure that the study was genuine. The following chapter contains a report on the study's findings.

CHAPTER FOUR

DISCUSSIONS/PRESENTATION/INTERPRETATION OF FINDINGS

4.1. INTRODUCTION

This chapter is divided into two sections and, presents the survey respondents' findings. The findings of the demographic data are shown in the first section, and the results of the five-point Likert scale (strongly disagree, disagree, neutral, agree, and highly agree) are presented in the second section. The data was analyzed with SPSS version 27 and displayed using graphs and tables to facilitate a better understanding of the results

4.2. DEMOGRAPHIC PROFILE

The respondents' gender, age, level of study, choice of study, justification for choosing to pursue a bachelor's degree in nursing science, and performance are all covered in the demographic data.

4.2.1. Gender

The questionnaire was created in a way that allowed respondents to indicate their gender, choosing between male and female. There were more female learner nurses (76%) who responded to the study than male learner nurses (24%) (figure 4.1).
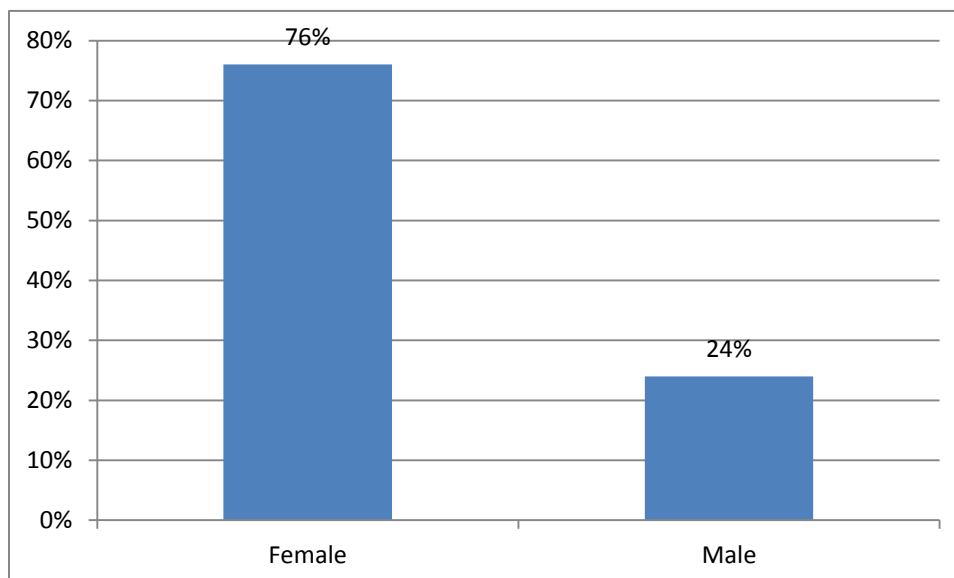
Figure 4.1: Gender of the respondents.

4.2.2. Age in years

Among the respondents learner nurses aged between 16-20 years were 17.8 % of the data, most learner nurses (74.4%) were aged between 21-25 years, learner nurses aged 26 years and above, made 7.8% of the study. Below is a graph presenting the age of respondents in year
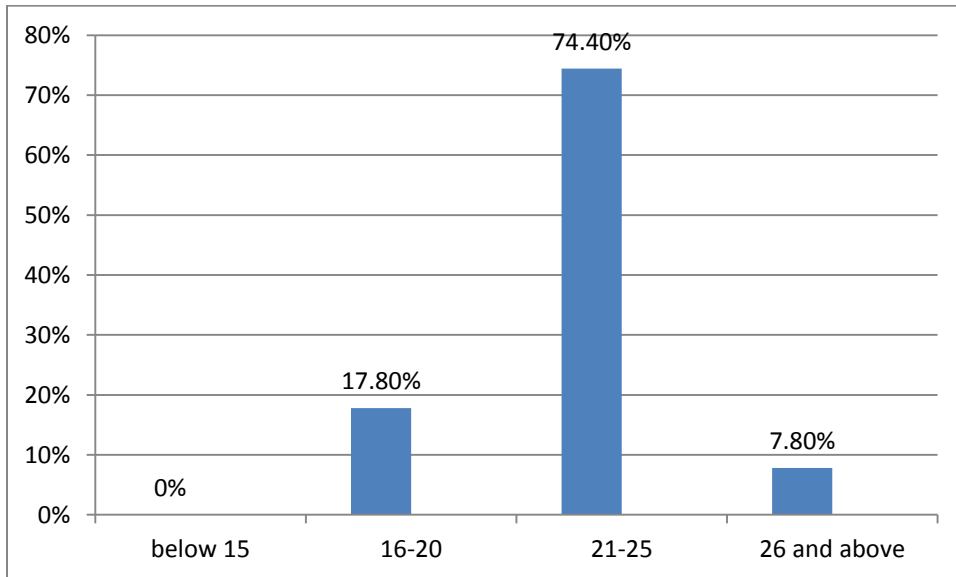
Figure 4.2. Age of respondents in years.

4.2.3. Level of study

The respondents had to choose between level II,III and IV for the year 2020 since only these levels were enrolled under the R425 program. Most learner nurses who responded were in the third level of study in 2020 making 59.7% of the study, learner nurses who were in their fourth level of study made 27.1% and 13.2% learner nurses were in their second level of study (figure 4.3).

3. Level of study for the year 2020
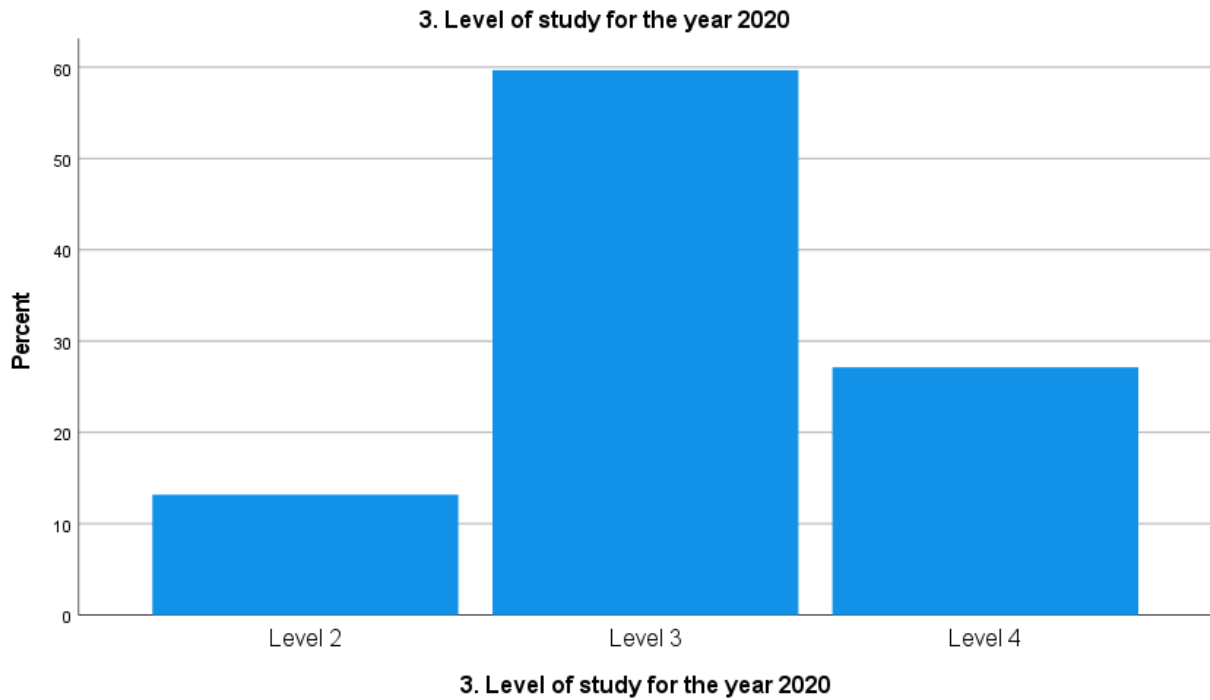
Figure 4.3. Level of study in 2020.

4.2.4. Choice of study

Respondents had to choose one of the two options, whether studying for Bachelor of Nursing Science was their first or second choice of study. Most learner nurses (62%) said Bachelor of Nursing Science was their second choice of study, and 37.2% learner nurses said it was their first choice of study.

5. Choice of studying Bachelor of Nursing at University of Limpopo
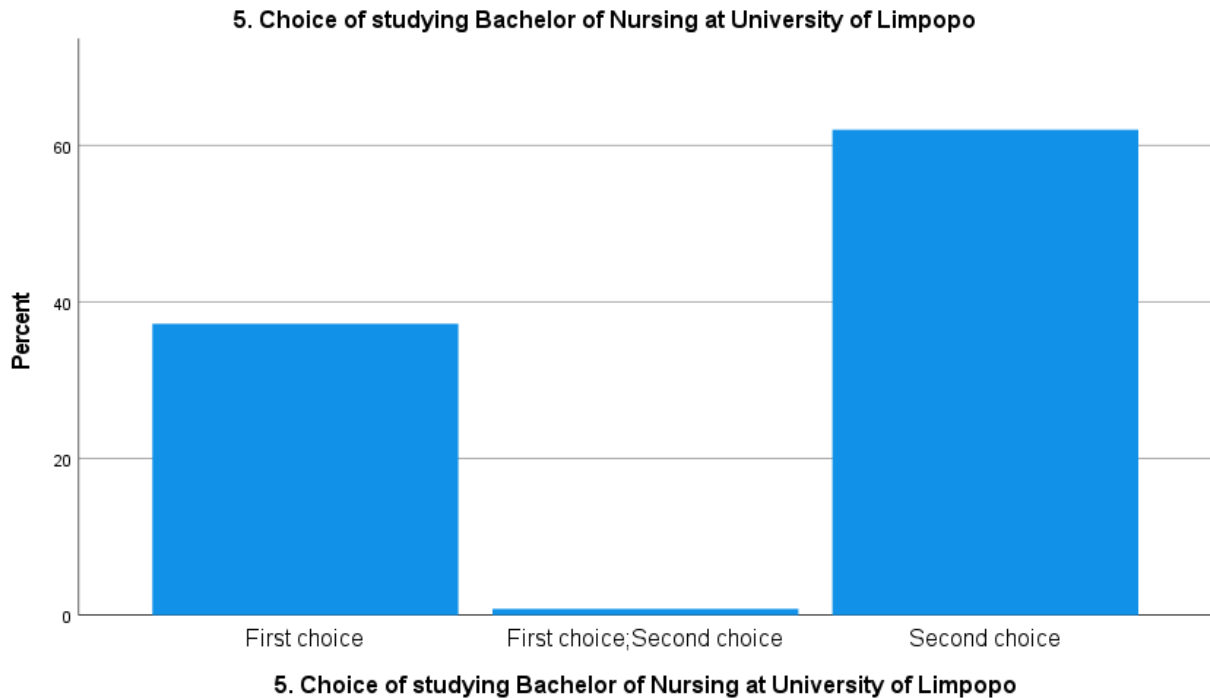
Figure 4.4: Choice of studying Bachelor of Nursing Science at the University of Limpopo by respondents

4.2.5. Reason for choosing to study Bachelor of Nursing Science

Learner nurses had to choose their reasons for studying Bachelor of Nursing Science among the four on the questionnaire, first one being a calling, then career purpose, followed by lack of better choice and lastly other reasons. Most learner nurses (58.9%) said they chose to study bachelor of nursing science for a career purpose, 26.4% learner nurses said they lacked a better choice of study, 8.5% learner nurses said it is their calling and 6.2% learner nurses said other reasons and unfortunately could not specify. Below is the graph presenting the learner nurses' reasons for choosing to study Bachelor of Nursing Science.

6. Reason for choosing to study Bachelor of Nursing
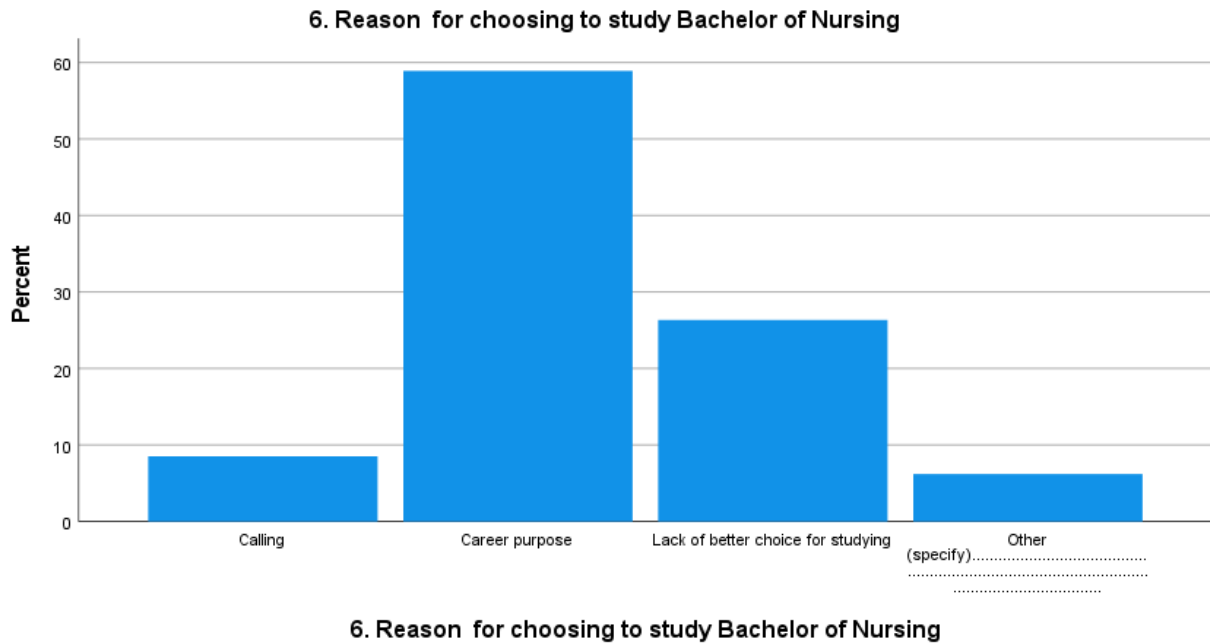
Figure 4.5: Reason for choosing to study bachelor of nursing

4.2.6. Performance on the nursing program

Respondents had to rate their performances on the nursing program indicating whether it is satisfactory or not satisfactory. Most (78.3%) learner nurses rated their performance as satisfactory while 21.7% learner nurses rated their performance as non-satisfactory. Below is a graph presenting learner nurses performance on the nursing program R425.
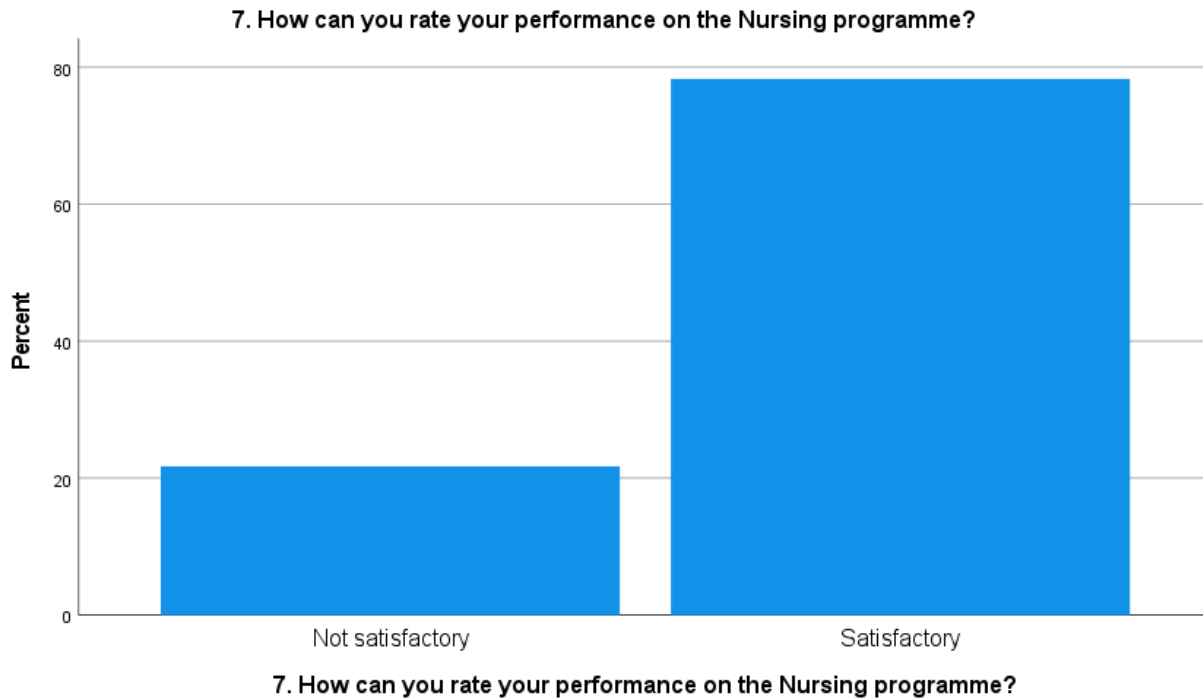
Figure 4.6: Learner nurses performance on the R425 nursing programme

4.3. PERCEPTIONS OF LEARNER NURSES

4.3.1. Table 4.1. Perceptions of learner nurses

The table below presents learner nurses responses on the Likert scale questionnaire where they were responding according to whether they agree or disagree with the statement, it was a 5 point Likert scale: SD-strongly disagree, D-disagree, N-neutral, A-agree and SA-strongly agree. The standard means (SM) and deviation (SD) also form part of the table according to how learner nurses responded to the Likert scale. The standard means test will be discussed under discussion of results (4.4) below.

TABLE 4.1: PERCEPTIONS OF LEARNER NURSES

	SD	D	N	A	SA	SM	SD
1.Criterion 1: program design							
1.1.The Bachelor of Nursing Science program serves great importance to the health care system	5.4%	0%	5.4%	23.3%	65.9%	4.4	1.007061
1.2. The qualifications (general, community and psychiatric nursing science and midwifery) offered at the University of Limpopo are equally important	3.1%	3.1%	2.3%	34.9%	56.6%	4.4	0.921192
2. Criterion 2: Learner Recruitment, Admission, and Selection							
2.1. The minimum requirements required by UL for learners to qualify to study for the Bachelor of Nursing Science program are fair	4.7%	5.4%	13.2%	43.4%	33.3%	4.0	1.052233
2.2. All subjects required before one registers within the nursing department are recognized and approved by the department of education and department of higher education and training (DHET)	3.9%	10.8%	10.9%	41.1%	43.4%	4.2	0.944371
2.3. All learner nurses enrolled to study the Bachelor of Nursing Science program are registered with the SANC as learner nurses before being registered	5.4%	5.4%	5.4%	5.4%	5.4%	4.2	1.128547
3. Criterion 3: Staffing							

3.1. There is enough staff to facilitate learning in both theory and practice within the nursing department at UL	13.2%	20.2%	22.5%	22.5%	21.7%	3.2	1.340927
3.2. Learning is easier for us for modules that have different facilitators for theory and practical	13.2%	19.4%	21.7%	20.2%	25.6%	3.3	1.376585
3.3. Clinical facilitators always demonstrate skills for our level of study before we are exposed to the clinical environment	10.9%	14.7%	19.4%	35.7%	19.4%	3.4	1.257439
3.4. We manage to achieve the learning outcomes of each module with the available staff members	3.9%	13.2%	25.6%	45%	12.4%	3.5	1.000908
4. Criterion 4: Programme Coordination							
4.1. Hours required by the nursing council (SANC) are prioritized over anything else	6.2%	2.3%	4.7%	23.3%	63.6%	4.4	1.102543
4.2. Time allocation for clinical learning is adequate for us to learn the outcomes of the level of study	24.8%	27.9%	18.6%	21.7%	7%	2.6	1.266748
4.3. Our clinical facilitators always visit us at our clinical facilities to assess and correct us on procedures we were taught in class/skills lab	13.2%	24.8%	28.7%	24%	9.3%	2.9	1.179453
4.4. We get enough support to meet our learning outcomes at the clinical area from our facilitators and staff(RNs)	8.5%	26.4%	35.7%	21.7%	7.8%	2.9	1.066184
5. Criterion 5: Teaching and Learning							
5.1. Presenting different topics of the same module is	5.4%	14.7%	20.9%	41.9%	17.1%	3.5	1.104847

beneficial and challenges us to study more on the topic presented by other groups							
5.2. It is helpful to have separate facilitators (for theory and practical) for each module, and it yields better results	10%	13.2%	17.8%	28.7%	29.5%	3.5	1.329224
5.3. Modules offered at UL from level 1 to level 4 of Bachelor of Nursing Science program all contribute to the production of competent Registered nurses(RNs)	2.3%	2.3%	8.5%	45%	41.9%	4.2	0.874654
6. Criterion 6: Learner Assessment							
6.1. I get enough time to study and practice before our tests and skills evaluations	45%	31%	8.5%	10.9%	4.7%	2.0	1.18253
6.2. I get better marks in tests written within a week(test week) than those we write randomly	33%	27.9%	17.1%	14%	7.8%	2.3	1.284834
6.3. My venues for assessments for both theory and practice are conducive	4.7%	9.3%	38.8%	33.3%	14%	3.4	0.998242
6.4. I get feedback on our work and then do corrections with our facilitators	10.1%	18.6	34.1%	26.4%	10.9%	3.1	1.134969
6.5. I believe I will be competent and ready to work in the field by the time I complete my nursing degree	2.3%	9.3%	24%	36.4%	27.9%	3.8	1.030483
7. Criterion 7: Infrastructure and Resources							
7.1. There are enough resources for me to practice procedures demonstrated	10.1%	32.6%	24%	23.3%	10.1%	2.9	1.168879

7.2. Our skills lab is structured in a way that is a convenience for me to practice the procedures demonstrated by our facilitators	7.8%	19.4%	27.9%	32.6%	12.4%	3.2	1.133581
7.3. The capacity of our skills lab is sufficient enough to accommodate all learners and makes learning easier	25.6%	35.7%	19.4%	17.1%	2.3%	2.3	1.1.8569
7.4. I get access to utilize the skills lab, library and the classes whenever we need to	11.6%	23.3	24%	28.7%	12.4%	3.1	1.219542
8. Criterion 8: Co-ordination of experiential learning							
8.1. We are able to apply what we learn in theory into practical	1.6%	3.9%	24%	51.9%	18.6%	3.8	0.833382
8.2. My lecturers and Registered Nurses are always there for us at our practice area to help and support us to abide by our scope of practice	6.2%	23.3%	40.3%	23.3%	7%	3.0	0.999879
8.3. The workbooks given to us are filled based on true and existing patients	3.9%	7.8%	15.5%	48.1%	24.8%	3.8	1.018958
8.4. I am given enough time to complete my workbooks before the date of submission	16%	20.2%	20.2%	27.9%	15.5%	3.1	1.327309
9. Criterion 9: Learner retention, learner throughput, and programme impact							
9.1. I fail those modules that are not offered under the nursing department than those under the nursing department	3.9%	10.9%	29.5%	31%	24.8%	3.6	1.091113
9.2. The second level of nursing science is a	3.1%	10.9%	24%	41.9%	20.2%	3.7	1.020502

level where most learners fail a subject and carry it to the next level						
9.3. My lecturers have contributed positively to my studies	0%	7%	28.7%	45.7%	18.6%	3.8	0.836428

10. Criterion 10: Program Reviews

10.1. It can be beneficial to the nursing department, university of Limpopo, SANC and the health care system at large to review the Bachelor of Nursing Science program	1.6%	3.1%	10.9%	41.9%	42.6%	4.2	0.872088
10.2. There is a need for a Bachelor of Nursing Science program to be assessed yearly	1.6%	1.6%	9.3%	42.6%	45%	4.3	0.819458
10.3. A program review will help determine what needs to be improved within the nursing department	3.1%	0.8%	4.7%	38%	53.5%	4.4	0.867772

4.3.2. Learner nurses' perceptions based on the average mean

Table 4.2 represents the average mean as per responses given by learner nurses according to criteria for program review by the University of Limpopo. There are 10 criterion in which questionnaire was formulated under each and the average mean will indicate whether the respondents have positive or negative perceptions on those criterion. The average mean was converted and written in brackets under learner nurses perceptions.

Table 4.2: Learner nurses' perceptions based on the average mean

Criteria	Average mean	Learner nurses' perceptions
Criterion 1: program design	4.4	Learner nurses had positive perceptions on the program design
Criterion 2: learner recruitment, admission and selection	4.1	Learner nurses had positive perceptions on learner recruitment, admission and selection
Criterion 3: staffing	3.3	Learner nurses gave a positive perceptions on staffing
Criterion 4: program coordination	3.2	Learner nurses had a negative perceptions on the program coordination
Criterion 5: teaching and learning	3.7	Learner nurses had positive perceptions on teaching and learning
Criterion 6: learner assessment	2.9	Learner nurses had negative perceptions on learner assessment
Criterion 7: infrastructure and resources	2.9	Learner nurses had negative perceptions on infrastructure and resources
Criterion 8: coordination of	3.4	Learner nurses had positive perceptions on

experimental learning		coordination of experimental learning
Criterion 9: learner retention, learner throughput and program impact	3.7	Learner nurses had positive perceptions on learner retention, learner throughput and program impact
Criterion 10: Program reviews	4.3	Learner nurses had positive perceptions on program reviews

Learner nurses have a negative learning perception on the learner assessment, infrastructure and resources, and program coordination, and have appositive perceptions on the seven criterions out of ten(table 4.2). The positive perceptions overweigh the negative perceptions, however, the researcher believes the negative perceptions should be addressed and attended to. Recommendations regarding the improvement or addressing of the negative outcomes based on the research questions will be discussed in the next chapter.

4.4. DISCUSSIONS OF THE RESULTS

The objectives of this study are; to identify learner nurses' perspectives regarding the classroom and clinical learning in Bachelor of Nursing Science R425 program at the University of Limpopo; to describe learner nurses' perspectives regarding the classroom and clinical learning in Bachelor of Nursing Science R425 program at the University of Limpopo, to assess the association between the effects of choice on studying nursing program on both classroom and clinical learning and related outcomes of the program's learner nurses' performance

4.4.1. Demographic data responses
Respondents had an option of choosing between male and female. There were more female (98) learner nurses (76%) than male (31) learner nurses (24%) who participated in this study. The study by Boniol, McIsaac, Xu, Wulij, Diallo, and Campbell (2019) supports previous findings showing women hold a significant proportion of the workforce

in the health and social sectors, with an estimated 67 percent of women working in the health sector across the 104 nations studied.

In most countries, men workers constitute the majority of the medical, dental, and pharmaceutical professions, whereas female professionals make up the majority of the nursing and labor and delivery professions (Boniol et al, 2019). Even though there were more female respondents than males, this study did not investigate if gender has an impact on the learner nurses' classroom and clinical learning.

- ***Age (in years) of learner nurses who responded to the study***

Learner nurses were given a choice to click their age in years, first one being 15 years and below, second was between 16-20 years, the third was between 21-25 years, and the last was 26 years and above. Most (74.4%) learner nurses were aged between 21-25 years old, 17.85% learner nurses were aged between 16-20 years old and only 7.8% learners were aged from 26 years old and above. In the study's conclusion of Spies, Seale, and Botma (2015) it is stated that mature learners have established habits of thinking and acting that may prove to be difficult in learning. This means that the respondents who were part of the study were matured enough to take part in the study.

- ***Learner nurses' level of study in 2020***

The questionnaire allowed the respondents to choose their level of study in the year 2020, which was choosing between level II, III and IV. Most respondents in the study were in their third level of study in the year 2020 with 59.7%, 27.1% respondents were in their fourth level and 13.2% respondents were in their second level of study in 2020. Only 7.2 % of learners had the best degree of clinical thinking ability, according to a study by Jun-Yan, Xiu-Li, Cui-Ping, Xiu Xin, Xue-Zhu, Hui-Li, and Chi., the study revealed that 77 % of learners have a better level of clinical thinking ability. The study findings show that, only 27.1% of the respondents were in their final year of study, which might mean that the results are not accurate as they are the ones with more learning experience than any other levels of study, hence more of their response would mean accurate results.

Choice of studying Bachelor of Nursing Science at university of Limpopo

Respondents had to choose whether Bachelor of Nursing Science was their first or second choice of study. Most (80) learner nurses showed that the Bachelor of Nursing Science was their second choice of study (62%), while only 38% learner nurses said it was their first choiceBy establishing professional training at the university level for accreditation, learners may see the potential for the nursing profession to improve. Learner nurses emphasize the need to raise the status of this profession during their university coursework. To attract potential learners to the field, medical universities/schools and nursing management should jointly develop a genuine and current perception of the nursing profession, outlining its benefits and drawbacks.

The first characteristic is meaning in Parse's human becoming theory, which suggests that people choose meaningful structures in an intersubjective way in order to live fulfilling lives (Younas & Quennell, 2019). In this study, the respondents chose to study Bachelor of Nursing Science, to some (38%) it was a first choice and a second to some (62%).

- ***Reason for choosing to study Bachelor of Nursing Science***

Among reasons for choosing to study Bachelor of Nursing Science, learner nurses had to indicate whether it was their calling, career purpose, lack of better choice for studying or other. The majority (58.9%) of learner nurses chose to study Bachelor of Nursing Science for career purpose, 26.4% learner nurses said they are studying the Bachelor of Nursing Science due to lack of better choice, only 8.5% learner nurses said they were studying Bachelor of Nursing Science because it's their calling and 6.2% learner nurses chose the Bachelor of Nursing Science for other different reasons.

According to Marcinowicz et al. (2016), practical considerations, such as the possibility of job, dominate the decision to choose nursing. Although nursing has a negative reputation, young people still think it is potential to change this and raise the profession's standing.

- ***Respondents' performance on the nursing program***

Respondents had two choices when rating their performance, which is satisfactory and not satisfactory. Most (78.3%) learner nurses rated their performance as satisfactory whereas 21.7% learner nurses rated their performance as not satisfactory. Coaching and developing clinical practice both enhanced work attitudes and self-rated performance. These correlations were mediated by self-efficacy and flexible role orientation, which are now recognized as key mechanisms in the connection between learning and growth and work attitudes and performance.

4.4.2. Criterion 1: program design

4.4.2.1. The Bachelor of Nursing Science program serves great importance to the health care system

The standard mean (4.4) shows that respondents had a positive perception on the above statement (see table 4.1). Most (65.9%) learner nurses strongly agreed that the Bachelor of Nursing Science serves great importance to the health care system.

According to Myers (2018), nurses outnumber doctors by approximately three to one and have contributed significantly to health and health care for millennia. Myers (2018) held further over the years, nurses have worked to increase patient safety, decrease medical errors, and improve access to care. They have also pioneered new fields like tele-health, informatics, technology development, genomics, promoted wellness, expanded preventive care, and engaged in research with real-world implications. To address the issues of a graying and more diversified population, nurses have largely assisted in changing the way that healthcare is delivered (Myers, 2018).

4.4.2.2. The qualifications (general, community, and psychiatric nursing science and midwifery) offered at the university of Limpopo are equally important

The standard mean (4.4) shows that the respondents have a positive perception on the statement above (table 4.1). Most respondents (56.6%) strongly agreed with the statement. According to Government Gazette Notice No. R425 of February 22, 1985, it is a requirement in South Africa for nurses who have earned certification as nurses (general, psychiatric, and community) and midwives to complete 12 months of

mandatory community service after completing their nursing education (Matlhaba, Pienaar & Sehularo, 2018). Getting involved in the community gives newly graduated nurses the chance to hone their clinical abilities and knowledge while cultivating professional behavioral patterns and career-appropriate critical thinking (Matlhaba et al, 2018).

4.4.3. Criterion 2; learner recruitment, admission and selection

4.4.3.1. The minimum requirements required by UL for learners to qualify to study for the Bachelor of Nursing Science program are fair

The standard mean (4.0) shows a positive perception by the respondents (table 4.1). Most (43.4%) respondents agreed with the statement. Universities are predominantly concerned with recruiting to the institution and not to the professions (Rodgers, Stenhouse, McCreaddie, & Small, 2013). Further, they indicated that there is no evidence base within the literature that they have predictive validity despite creating scales and scoring systems which are largely invalidated. This means that each NEI develops their own admission requirements as guided by the SANC and the institution minimum requirements and may differ from one institution to the other.

4.4.3.2. All subjects required before one registers within the nursing department are recognized and approved by the department of education and the department of higher education and training (DHET.

Standard mean (4.2) shows a positive perception by learner nurses (table 4.1). Most (43.4%) respondents strongly agreed with the statement. The admission criteria below is from the UL page and the subjects written here are approved by the DET and DHET. The study conducted by Simelane (2017) revealed that inconsistencies in the selection criteria used by the Gauteng Department of Health, the Department of Labour, the SANC, and the nursing college management; nurse educators' feelings of disempowerment related to their lack of participation as stakeholders in learner nurses' selection; and learners' inability to cope with course content revealed that there is a gap between the Gauteng Department of Health, Gauteng nursing college management, and nurse educators. However, no study was found related to the approval of subjects

by the DET and DHET, but all schools are governed by similar regulations when it comes to subjects and NEIs makeup their requirements based on those subjects.

4.4.3.3. All learner nurses enrolled to study the Bachelor of Nursing Science program are registered with SANC as learner nurses before being registered.

Standard mean (4.2) indicates a positive perception by learner nurses on the statement (table 4.1). Most (55.8%) respondents strongly agreed, 27.9% agreed, 5.4% were neutral, 5.4% disagreed and 5.4% strongly disagreed. The UL page, however, explains that the chosen applicant would need to register with the South African Nursing Council in order to practice as a learner nurse in hospitals and clinics. An application for registration as a learner nurse/midwife by SANC (2021) shows that the learner must pay R261-00 as the registration fee. The Nursing Education Institution must pay / deposit this sum into the Council's bank account on the learner's behalf using the NEI number as a reference for the payment, followed immediately by the payment type code REGFLEN. The cost listed above includes. Documents must be provided within two months (60 days) of the training's start date. The NEI will be charged a penalty cost of R846-00 per applicant for submitting learner documentation after the deadline. Therefore, all NEIs ensures that their learners register with the Nursing Council.

4.4.4. Criterion 3: staffing

4.4.4.1. There is enough staff to facilitate in both theory and practice within the nursing department at UL.

The standard mean (32) gives a positive perception according to how learner nurses responded (table 4.1). Learner nurses were neutral to the question made 22.5%, another 22.5% learner nurses agreed with the statement, 21.7% learner nurses strongly agreed, 20.2% disagreed and 13.2% strongly disagreed. According to a study by Rikhotso (2018), nurse educators should be given scholarships so they can keep up with new knowledge in order to invite more nurses to become nurse educators. Many nurse educators stated that they were drawn to the college by their love of teaching as well as the knowledge that the college held workshops or sent employees to attend

them, appropriate workshops should also be held. Both academically and professionally, they desired to advance. They believed that the college provided the ideal setting for this (Rikhotso, 2018). This means that the institution should ensure that the staff is enough to balance the learning of the learner nurses all the time; if one resigns for example, that post should be advertised to prevent the gaps in learning for the learner nurses.

4.4.4.2. Learning is easier for us for modules that have different facilitators for theory and practical.

Standard mean (3.3) shows that learner nurses have a positive perception on the above statement (table 4.1). Most (25.6%) learner nurses strongly agreed. This means that if each module has a facilitator for theory and another one for practical, the workload for the facilitators does not overwhelm them and they may have enough time to assess their learners' performance as well as giving them the support they need.

4.4.4.3. Clinical facilitators always demonstrate skills for our level of study before we are exposed to the clinical environment.

The standard mean (3.4) shows a positive perception by learner nurses on the above questionnaire (table 4.1). Most (35.7%) learner nurses agreed with the statement. De Swardt (2019) emphasized that the capabilities of healthcare professionals, especially nurses, frequently fall short of public health needs. Neophyte learner nurses must be socialized in a clinical learning environment (CLE) in order to demonstrate the needed competences. However, during this process, problems, particularly in the CLE, are presented to learner nurses (De Swardt, 2019). It is good that the learner nurses are trained to practice skills prior to applying them on the patients in the clinical areas.

4.4.4.4. We manage to achieve the learning outcomes of each module with the available staff members.

The standard mean (3.5) shows a positive perception by learner nurses on the questionnaire (table 4.1). Most (45%) respondents agree with the statement. González-Chordá, & Maciá-Soler (2015) noted that the university undergraduate course made it

possible to identify areas where the teaching-learning process needed to be improved. The difficulty of nursing education is to get the finest educational and clinical research outcomes in order to raise the standard of both education and healthcare (González-Chordá, & Maciá-Soler, 2015). It is the responsibility of the NEIs thereof, to maintain a balance between learner nurses and facilitators to produce well-equipped nurses at the end.

4.4.5. Criterion 4: program coordination

4.4.5.1. Hours required by the nursing council (SANC) are prioritized over anything else

The standard mean (4.4) shows that learner nurses had a positive perception according to their answers (table 4.1). Most (63.6%) respondents strongly agree (63.6%) with the above-mentioned statement.

The following statements were defined by the nursing act 33 of 2005, nursing education and training standards:

The length and design of the course enable achieving the competences. The total number of hours of clinical practice is sufficient for graduates to become competent. Learning through clinical practice starts in the first year of training. Theory leads to practice. At least 60% of the overall course time is dedicated to practical work. Eight weeks minimum of continuous practical experience after course completion to ease the transition to the job. The midwifery component must support the development of midwifery skills and ensure continuation of care. With a minimum of 50% theory and 50% practical, the midwifery component provides for the integration of theory and practice. In order to allow for the consolidation of competencies, the course's structure permits a longer period of placement in the clinical setting at the end of the component. Not less than 2800 hours of clinical learning experience make up the total. The graduate's extended period of placement near the end of training enables competency consolidation and eases the graduate's transfer to the workplace.

However, the performance of learner nurses' learning should be given as much attention as the required hours because nursing is practice, going to clinical area the whole and not being able to apply the skills into practice is not right.

4.4.5.2. Time allocation for clinical learning is adequate for us to learn the outcomes of the level of study.

Standard mean (2.9) shows a positive perception on the above statement (table 4.1). Most (27.9%) respondents disagree with the statement, 24.8% strongly disagree. According to a study by Kaphagawani (2015), learners must take responsibility for their own education by attending clinical settings as necessary to ensure they do not miss out on any learning opportunities. The clinical learning outcome is of more importance because mostly, after completion of the studies the same learners will be expected to excel in their work of providing quality health care.

4.4.5.3. Our clinical facilitators always visit us at our clinical facilities to assess and correct us on procedures we were taught in class/skills lab.

Standard mean (2.9) shows that the respondents had a positive perception on the questionnaire above (table 4.1). Most (28.7%) respondents are neutral with the statement, 24.8% strongly disagree, 24% agree, 13.2% strongly disagree and 9.3% strongly agree. Even though clinical practice is a rich learning environment, building teaching capacity can be difficult (Reynolds, et al, 2020). It might be challenging to create a positive learning environment due to the introduction of new positions and the requirement to make room for more learners.

4.4.5.4. We get enough support to meet our learning outcomes at the clinical area from our facilitators and staff

Standard mean (2.9) shows a positive perception on the questionnaire by the respondents (table 4.1). Most (35.7%) respondents are neutral to the above statement, 24.8% disagreed, 21.7% agree, 8.5% strongly disagree and 7.8% strongly agree.

Jafarian-Amiri, Zabihi and Qalehsari (2020) showed that in the study they conducted, violence, fear, and anxiety are among the most significant supportive challenges that nursing learners encounter in the clinical setting. Furthermore, they indicated that challenges include sociocultural issues, organizational and environmental stresses, and inefficient instruction. More consideration of these issues can enhance clinical education and ultimately raise the standard of nursing care. Therefore, learner assistance programs should be given top attention by educational and healthcare center managers. In teaching and learning, explanation and demonstration are helpful.

4.4.6. Criterion 5: teaching and learning

4.4.6.1. Presenting different topics of the same module is beneficial and challenges us to study more on the topic presented by other groups.

Standard mean (3.5) shows a positive perception on the above statement by the respondents (table 4.1). Most (41.9%) respondents agreed with the statement. According to study by Horntvedt, Nordsteien, and Fermann (2018), evidence-based practice (EBP) in healthcare is now crucial for patient safety. EBP entails the deliberate use of many different knowledge sources, including the utilization of published research together with clinical experience and patient values and preferences. EBP must be taught using interactive techniques, such as interactive lectures, small group work, journal clubs, reading quizzes, clinical nurse presentations, workshops, and problem-based learning (Horntvedt, et al 2018). A problem-based, transformative learning environment is created when learning is done using a constructivist method, in which the learner is an active participant who acquires experience and engages in reflection.

Evidence-based medicine (EBM) teaching and learning techniques have been categorized into a three-level hierarchy. Clinical interactive exercises make up the first level. The second level of instruction uses clinical and interactive exercises in the classroom. Finally, the third level is classroom didactic or stand-alone teaching, while being less favoured for teaching EBP. When teaching EBP, research favors the first level of this hierarchy, i.e., an interactive style is frequently used because this approach promotes learner learning (Horntvedt et al, 2018)

4.4.6.2. It is helpful to have separate facilitators (for theory and practical) for each module, and it yields better results.

The standard mean (3.5) shows a positive perception by learner nurses on the statement above (table 4.1). Most (29.5%) respondents strongly agree with the statement. Learning how to look after and communicate with guests causes an oscillation between the feeling of being unprepared for unforeseen obstacles and the courage to believe in one's own understanding.

In their personal narratives, the learners discuss a study technique that backs up the notion of a favorable learning environment. Only after they have gone through the health support experiences in the health clinic do the learners comprehend the relationship between theoretical knowledge and practical abilities (Albinsson, Elmqvist & Hörberg, 2019). It is important for the facilitators to know their strengths and weaknesses and assist each other where necessary because some are good with clinical teaching while others are good with classroom teaching.

4.4.6.3. Modules offered at UL from level 1 to 4 of Bachelor of Nursing Science program all contribute to the production of competent registered nurses (RNs)

Standard mean (4.2) shows a positive perception on learner nurses regarding the above questionnaire (table 4.1). Most (45%) respondents agree, 41.9% strongly agree, 8.5% are neutral, 2.3% disagree and the other 2.3% strongly disagree. The modules listed below were described in South African Nursing Council's government notice number R425 for the study of nursing program.

Regulations governing the accreditation and minimum requirements for training that leads to registration for midwives and general, psychiatric, and community nurses.
(a) A minimum of one (1) academic year of instruction in fundamental nursing science, ethos, and professional practice
(b) General Nursing Science - a formal education of at least three (3) years.
(c) Having studied mental nursing science for at least two (2) academic years.

(d) Midwifery - a formal education of at least two (2) years

(e) For at least two academic years, community nursing science.

(f) A minimum of two and a half (2 1/2) academic years spent studying biology and the natural sciences.

(g) Pharmacology: at least half (1/2) of a school year.

(h) Two (2) minimum academic years in the social sciences.

All of the nursing council-approved modules are available at UL through the R425 program.

This shows that all NEIs are governed by the same regulations regarding the modules that learner nurses need to study during their course, and looking at all the above mentioned modules, they are all important and health related, each learner nurse will need to acquire their knowledge.

4.4.7. Criterion 6: learner assessment

4.4.7.1. I get enough time to study and practice before our tests and skills evaluations

Standard mean (2.0) showed a negative perception by respondents on the above questionnaire (table 4.1) by learner nurses. Most (45%) respondents strongly disagree with the statement above, 31% more disagree. Human-to-human interactions, organizational prowess, and technical proficiency were among the practical skills that learners needed to succeed. Additionally, research suggests that in order to increase the caliber of learners' practical learning experiences, educational institutions and the clinical sector need to work together more closely (Gregersen, Hansen, Brynhildsen, Grndahl, Leonardsen, 2021). This means that prior to writing tests/examinations, and being evaluated on the learned skills, learner nurses should be given enough time to prepare themselves for better performance.

4.4.7.2. I get better marks in tests written within a week (test week) than those we write randomly.

Standard mean (2.3) showed a negative perception by learner nurses on the statement above (table 4.1). Most (33.3%) respondents strongly disagree, 27.9% disagree.

According to a study by Wardani and Mahayanti (2018), more learners were achieving better scores on the national competency exam in comparison to their try-out exam results.

56.9% of the participants were not prepared to administer the national exam in a computer-based test, despite the fact that the strategic preparation three months prior to the exam was good (57.7%). Exam outcomes were significantly correlated with the learner body, accreditation level, and three months of preparation (Wardani, & Mahayanti, 2018). In support of the learner nurses perceptions, learners may not be performing better in tests written during test week than those written randomly because they do not get enough time to prepare as they will be writing every consecutive day.

4.4.7.3. My venues for assessment for both theory and practice are conducive.

The standard mean (3.4) showed a positive perception on the above statement by respondents (table 4.1). Most (38.8%) respondents are neutral, 33.3% agree, 14% strongly agree, 9.3% disagree and 4.7% strongly disagree. In school settings, teachers have a well-established practice of identifying unplanned chances to investigate issues and circumstances as they arise with the goal of facilitating learning at the learner's own speed. Supervisors must take into account learners' maturity or preparation for learning while finding or co-creating teaching moments in order to safeguard learners' self-esteem and enable them to take risks for learning to occur (Reynolds et al., 2020. This means that good measures have been taken to ensure that the learning environments for the learner nurses are favorable.

4.4.7.4. I get feedback on our work and then do corrections with our facilitators.

Responds by learner nurses gave a standard mean of 3.1, showing a positive perception (table 4.1). Most (34.1%) respondents are neutral, 26.4% agree, 18.6% disagree, 10.9% strongly agree and 13.1% strongly disagree. According to Suganya (2018), one of the key elements of a nursing program is feedback. Therefore, nursing

professionals should prioritize feedback in their learning process and put in place a system for keeping track of its amount and quality (Suganya, 2018). The supervisors and nursing educators should make sure to give timely feedback that is pertinent to the learner's performance because this will give them a chance to reflect on their work and it would improve motivation and self-esteem.

4.4.7.5. I believe I will be competent and ready to work in the field by the time I complete my nursing degree.

Standard mean (3.8) shows a positive perception by respondents on the questionnaire above (table 4.1). Most (36.4%) respondents agree, 27.9% strongly agree.

If all parties, including professional nurses and CSNs (community service nurses) themselves, hospital administration, and the regulating body, the South African Nursing Council, collaborate, clinical competency of CSNs could be increased (Matlhaba et al 2019). The idea of all nursing learners to undergo community service after completion plays a major role in assisting learner nurses to redeem themselves in the work environments.

4.4.8. Criterion 7: infrastructure and resources
4.4.8.1. There are enough resources for me to practice procedure demonstrated.

Standard mean (2.9) shows a positive perception on the above statement by learner nurses (table 4.1). Most (32.6%) respondents disagree. Simulation is a method for increasing the teaching of clinical skills, according to Mary and Chukwuka (2020). The focus has been on developing plans that will guarantee the delivery of high-quality nursing care while enhancing patient safety. A step toward success in the aforementioned directions is the development of simulation technology and tactics. The goal of simulation is to ensure that nursing learners and even practicing nurses develop in order to achieve competence in their speciality areas (Mary & Chukwuka, 2020).

Simulator technology, according to Mary and Chukwuka (2020), can help nursing educators improve their learners' learning without sacrificing quality. The transition from formal education to professional practice can be facilitated through simulation, allowing

for the acquisition of experiences that are sometimes hard to come by but are necessary to advance to the level of competence and beyond. In order to help learners develop the knowledge and skills necessary to handle the current difficulties in nursing and healthcare in general, staff development educators can design properly thought-out simulations (Mary & Chukwuka, 2020). Via practice and experience gained through the use of simulation, nurses can become skilled nurses, build confidence, and learn what to do in an emergency.

Another trait of Parse's theory is rhythmicity, which elaborates that human becoming can either be enabling or limiting, this study encourages enabling because it co-creates various rhythmical situations that articulate human becoming. Procedures are demonstrated in skills lab and learner nurses are allowed to practice those skills using artificial human body enabling them to be well-equipped.

4.4.8.2. Our skills lab is structured in a way that is a convenience for me to practice the procedures demonstrated by our facilitators.

Standard mean (3.2) shows that the respondents had a positive perception on the above statement (table 4.1). Most (32.6%) respondents agree. According to Mothiba, Bopape, and Mbombi's (2020) study, the clinical skills laboratory has a favorable, varied impact on nursing learners' clinical learning. The lessons should be included in the curriculum because they help learners apply theory in real-world situations. A clinical skills laboratory is a-must for nursing schools since they set up their learner nurses for learning in a clinical setting. (Mothiba, et al.2020). The above literature supports the learner nurses perceptions, meaning it is important for NEIs to have skills labs to assist learners with procedure before dealing with actual patients.

4.4.8.3. The capacity of our skills lab is sufficient enough to accommodate all learners and makes learning easier

Learner nurses had a negative perception on the above statement, as shown by the standard mean of 2.3 (table 4.1). Most (35.7%) respondents disagree. The influence of skills laboratory sessions on undergraduate nursing learners, the advantages of skill

laboratory learning sessions now in place, and the value of laboratory skills lecturers in clinical teaching were all discussed by Mothiba et al. (2020). The response shows that the University of Limpopo skills lab, where learners practice skills before going to the clinical area, if its capacity cannot accommodate all learner nurses can badly impact learning.

4.4.8.4. I get access to utilize the skills lab, library and the classes whenever I need to

Standard mean (3.1) shows a positive perception on the above statement from learner nurses (table 4.1). Most (28.7%) respondents agree. According to Mothiba et al. (2020), skills laboratory training is a teaching technique that helps nursing learners strengthen their clinical abilities. This training strategy helps nursing learners become proficient in clinical abilities to guarantee the safe treatment of patients.

4.4.9. Criterion 8: coordination of experimental learning.
4.4.9.1. We are able to apply what we learn in theory into practical.

Standard mean (3.8) shows a positive learner nurses' perception on the above statement (table 4.1). Most (51.9%) respondents agree According to Kaphagawani's (2015) study, nursing standards in the clinical setting should be stressed because learners were unable to put theory into practice. In addition to the hours it specifies, the NMCM should examine and highlight the clinical component of the curriculum and provide clinical assessment tools for learners to guarantee that only competent nurses are registered (Kaphagawani, 2015). This will guarantee that learner nurses adopt and follow the norms of behavior they have learned about in the classroom.

Another trait of Parse's theory is rhythmicity, which explains the incidents concern joint artistic creation practice (Parse, 2018 and Younas & Quennell, 2019). Learner nurses are exposed to clinical areas to apply what they were taught in theory to practical.

4.4.9.2. My lecturers and registered nurses are always there for us at our practical area to help and support us to abide by our scope of practice.

Standard mean (3.0) shows a positive learner nurses' perceptions on the questionnaire above (table 4.1). Most 40.3% respondents are neutral, 23.3% agree, the other 23.3% disagree, 7% strongly agree and 6.2% strongly disagree. The interaction between learners and their supervisors/assessors as well as the workplace as a learning environment need to be given more attention throughout the care systems, according to Reynolds, Attenborough, Halse, and Nightingale (2020).

The Nursing and Midwifery Council's Code (NCM, 2018) makes education of others a core principle and learning opportunities must be clearly identified by care providers and fully utilized and cherished by all. Not just those in educational jobs, but all nurses, midwives, and nursing assistants, must view themselves as educators

4.4.9.3. The workbooks given to us are filled based on true and existing patients.

Learner nurses shows a positive perception on the above statement, with a standard mean of 3.8 (table 4.1). Most (48.1%) respondents agree, 24.8 more respondents strongly agree. Even though there was no recent study found regarding the use workbooks for clinical learning, the above study indicates that the use of those workbooks is of outmost importance and beneficial to the learner nurses.

4.4.9.4. I am given enough time to complete my workbooks before the date of submission.

Standard mean (3.1) shows a positive perception by learner nurses on the statement above (table 4.1). Most (27.9%) respondents agree, 20.2% are neutral and the other 20.2% disagree, 16.3% strongly disagree and 16.3% strongly agree. In their problem statement, Motsaanaka, Makhene, and Ally (2020) revealed that after being clinically placed for a predetermined amount of time, learner nurses brought incomplete clinical workbooks.

They believed that because so many learners were placed at a public academic hospital that accepts a wide range of learners for clinical training, they did not have enough exposure to clinical learning opportunities. A multidisciplinary team made up of medical

learners, physiotherapy learners, and other nursing learners from private institutions was put for clinical learning opportunities in addition to nursing learners registered for a diploma program under Regulation 425. This resulted in overpopulation, which made it difficult for nursing learners to complete their practical requirements and caused a lackluster integration of theory into practice (Motsaanaka, Makhene & Ally, 2020). Even though the results contradict with the supporting literature, it is expected for the learners to submit completed workbooks as they showed that they are given enough time to complete them.

4.4.10. Criterion 9: learner retention, learner throughput, and program impact.

4.4.10.1. I fail modules that are not offered under the nursing department than those under the nursing department.

3.6 standard mean shows a positive perception by learner nurses on the above statement (table 4.1). Most (31%) learner nurses agree. Failure and course repetition, according to Lewis (2020), have negative effects on the learner, the institution, and the nursing profession. Repeat nursing learners are more likely to have low academic results, but supportive measures can be helpful.

4.4.10.2. The second level of nursing science is a level where most learners fail a module and carry it to the next level.

Standard mean (3.7) shows a positive perception by respondents on the above questionnaire (table 4.1). Most (41.9%) respondents agree. Academic failure and course repetition have negative effects on the learner, institution, and nursing profession on an emotional, social, and financial level, according to Lewis' (2020) research. Learner nurses should create study groups to assist each other, attend tutorials and extra classes if possible to rule out the failure rate.

4.4.10.3. My lecturers have contributed positively to my studies.

Standard mean (3.8) shows a positive perception on the statement according to learner nurses' responses (table 4.1). Most (45.7%) respondents agree. They also considered humor and rapid feedback to be essential traits. These findings have some positive

implications for academic practice. The facilitators should not give up on learner nurses, they should inspire, motivate and continue supporting them instead.

4.4.11. Criterion 10: program review

4.4.11.1. It can be beneficial to the nursing department, UL, SANC and the health care system at large to review the Bachelor of Nursing Science program.

Standard mean (4.2) shows that the respondents had a positive perception on the above statement (table 4.1). Most (42.6%) respondents strongly, agree more 41.9% agree. According to a study by Stenberg, Haaland-verby, Fredriksen, Westermann, and Kvisvik (2016), participants felt that the sessions were useful because they experienced fewer symptoms of distress and a greater knowledge of their own health, as well as because of peer support, learning, and hope. Therefore, the learning experiences of the learner nurses can improve if assessed.

4.4.11.2. There is a need for the Bachelor of Nursing Science to be assessed yearly.

Standard mean (4.3) shows that learner nurses had a positive perception on the above statement (table 4.1). Most (45%) respondents strongly agree and 42.6% agree.

Wiemers, Nadeau, Tysinger, and Fernandez (2018) discovered that every year, their Annual APREE (Annual Program of Review of Educational Effectiveness) enabled residents and professors see the APREE as a part of a strategic process of systematic improvement. However, program reviews are regulated by the University, the department of Nursing cannot go against the University policies, however reviews will be done as the university suggests.

4.4.11.3. A program review will help determine what needs to be improved within the nursing Department.

Standard mean (4.4) shows that learner nurses had a positive perception on the questionnaire above (table 4.1). Most (53.5%) respondents strongly agree. In their study's conclusion, Braithwaite, Test, Lamprell, and et al. (2017) emphasize that all parties involved in the health system, including legislators, funders, payers, providers,

insurers, and patients, face the ongoing challenge of developing and maintaining a sustainable health system. The cost of healthcare systems is severely hampered by aging populations and rising service demands, which emphasizes the urgency of finding a quick fix.

Not much is known about how recent interventions, programs, and reform initiatives, especially ones that focus on sustainability, affect system durability. The suggested review will offer a current synthesis of the elements influencing the persistence of interventions, efforts at improvement, and change tactics in healthcare settings. This stud is expected to be helpful to academics, politicians, and others hoping to create long-lasting improvements to University and, ultimately, health system performance.

4.5. CONCLUSION

This chapter compared the respondents' findings to supporting data from earlier research done by other people. According to the results, both the demographic data and the 5-point Likert scale parts of the questionnaire have been answered. The study that looked into how learner nurses perceived academic and clinical learning is summarized in this chapter. The summary, conclusion, and recommendations are discussed in the chapter that follows.

CHAPTER 5

SUMMARY, LIMITATIONS, RECOMMENDATIONS AND CONCLUSION

5.1. INTRODUCTION

In order to investigate at the clinical and classroom learning's perspectives of learner nurses, the researcher presented the results of data acquired from University of Limpopo learner nurses and examined the data in the previous chapter. This chapter will include a summary, conclusions, limits, and suggestions resulting from the study's findings described in the preceding chapter.

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5.2 PROBLEM STATEMENT

Learner nurses face challenges such as attitude from the staff members, which results in poor clinical experience. This influenced the researcher to determine factors related to the provision of learner nurses' learning experience.

5.3.1. RE-STATEMENT OF OBJECTIVES OF THE STUDY

5.3.1. To identify learner nurses' perspectives regarding the classroom and clinical learning in bachelor of nursing science R425 program at the University of Limpopo.

5.3.2. To describe learner nurses' perspectives regarding the classroom and clinical learning in bachelor of nursing science R425 program at the University of Limpopo.

5.3.3. To assess the association between the effects of choice on studying nursing program on both classroom and clinical learning and related outcomes of the program's learner nurses' performance.

In order to achieve the above-mentioned objectives, a quantitative approach was used to identify the factors related to the provision of better clinical and theoretical learning experience for the learner nurses. A cross-sectional study design was used to identify

factors that could lead to the provision of good clinical and theoretical learning experiences of learner nurses at the University of Limpopo.

5.3.2 SUMMARY OF FINDINGS

Data was collected using a self-structured questionnaire, which consisted of two sections, section A was demographic data with 7 questions and section B was a Likert scale questionnaire where a respondent had to choose their answer according to whether they strongly agree, agree, neutral, disagree and strongly disagree, the Likert scale consisted of 35 questions. The questions were written in English. SPSS tool was used to analyze data.

Objective 1- To identify learner nurses' perspectives regarding the bachelor of nursing science R425 program at the University of Limpopo. The positive perspectives of learner nurses were identified through the Likert scale and average mean. Only a few negative perspectives were identified on certain questions.

Objective 2- To describe learner nurses' perspectives regarding the bachelor of nursing science R425 program at the University of Limpopo. There were more positive than negatives outcomes of the results by the respondents, and the learner nurses' perspectives are described as positive thereof.

5.4. RECOMMENDATIONS

5.4.1. Staffing
Most learner nurses (25.6%) strongly agreed that learning is easier for them for modules that have different facilitators for theory and practical. Therefore, it is recommended that each module must have a lecturer for theory and another one for practical. This would result in reduced workload for the lecturers and more time to assess the performance of learner nurses, and could result in an improvement of the theoretical and clinical learning for learner nurses at the University of Limpopo.

5.4.2. Program coordination

Based on the results of the study, most learners had negative perceptions on the program coordination, as mostly strongly disagreed or disagreed with the questions under this criterion. It is therefore, recommended that the attention that is given to the learner nurses' preadmissions as professionals, i.e. working for four thousand hours should also be given to their performance on both theory and practical, more especially their scope of practice. The researcher also recommends that the clinical lecturers should visit their learner nurses in their clinical areas to give them support and ensure that, what they were taught in class and skills lab is put to practice without struggles. Lastly, there should be a time allocation balance between theoretical and clinical learning.

5.4.3. Infrastructure and resources

The researcher recommends that the nursing department should ensure that there are enough resources in the skills lab for the learner nurses to practice the skills that were demonstrated to them. The skills lab should be restructured in a way that will make learning easier, or divide learners into groups when teaching them skills since the research results showed that the capacity of the skills lab is not big enough to accommodate all the learners.

5.4.4. Program review

Most respondents agreed and more strongly agreed that it can be beneficial to the nursing department, university of Limpopo, SANC and the health care system at large to review the Bachelor of Nursing Science program. Results of the respondents showed that it is a need and can help determine what needs to be improved within the nursing department. It is recommended by the researcher that, learner nurses should be given a platform to raise their concerns and challenges they face on yearly basis regarding their theoretical and clinical learning, and a record should be kept to see what has improved yearly.

5.5. LIMITATIONS OF THE STUDY

The study was conducted in one institution of higher learning and the results of this study cannot be generalized to other nursing institutions that did not participate in this study. Regardless the limitations, the overall study do provide recommendations regarding the provision of theory and clinical learning for the learner nurses. The study was limited to the learner nurses in the University of Limpopo only, further studies can be carried out in other nursing institutions to learn about the perceptions of other learner nurses thereof. This study adopted a quantitative research methodology.

5.6. CONCLUSION

The study's purpose was to investigate how learner nurses perceived the R425 program theoretical and clinical learning at UL. In conclusion, the study demonstrates that a variety of factors, including a lack of resources for practicing, inconvenient capacity in the skills lab, and an overemphasis on the number of hours spent by learner nurses in clinical areas, affected views of theoretical and clinical learning. It is determined that in order to enhance the theoretical and clinical learning of learner nurses, infrastructure, staff, support from lecturers and nurses, appropriate study and practical time, and program review should be included.

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APPENDIX A: CONSENT FORM FOR LEARNER NURSES

CONSENT FORM

RESEARCH PROJECT TITLE: Learner nurses' perspective regarding classroom and clinical learning for R425 program at the University of Limpopo.

RESEARCH PROJECT SUPERVISOR: MR MBOMBI M.O & PROF BOPAPE M.A

I, _____ hereby voluntarily consent to participate in the following project: Review of Bachelor of Nursing Science program by learner nurses at university of Limpopo.

I realise that:

1. The study deals with people's experiences and perceptions. (E.g. effect of certain medication on the human body)
2. The procedure or treatment envisaged may hold some risk for me that cannot be foreseen at this stage.
3. The Ethics Committee has approved that individuals may be approached to participate in the study.
4. The research project, i.e. the extent, aims and methods of the research, has been explained to me.
5. The project sets out the risks that can be reasonably expected as well as possible discomfort for persons participating in the research, an explanation of the anticipated advantages for myself or others that are reasonably expected from the research and alternative procedures that may be to my advantage.
6. I will be informed of any new information that may become available during the research that may influence my willingness to continue my participation.
7. Access to the records that pertain to my participation in the study will be

restricted to persons directly involved in the research.

8.   Any questions that I may have regarding the research, or related matters, will be answered by the researcher/s.

9.   If I have any questions about, or problems regarding the study, or experience any undesirable effects, I may contact a member of the research Moila Dimakatso Ophilia

10.   Participation in this research is voluntary and I can withdraw my participation at any stage.

11.   If any medical problem is identified at any stage during the research, or when I am vetted for participation, such condition will be discussed with me in confidence by a qualified person and/or I will be referred to my doctor.

12.   I indemnify the University of Limpopo and all persons involved with the above project from any liability that may arise from my participation in the above project or that may be related to it, for whatever reasons, including negligence on the part of the mentioned persons.

_____

SIGNATURE OF RESEARCHED PERSON   SIGNATURE OF WITNESS

_____

SIGNATURE OF PERSON THAT INFORMED SIGNATURE   OF
PARENT/GUARDIAN
THE RESEARCHED PERSON

Signed at_____ this _____ day of _____20____

APPENDIX B: A LETTER TO REQUEST FOR PERMISSION TO CONDUCT A STUDY AT THE INSTITUTION.

<div align="right">

P O Box 5028

_____

Mokgwathi

_____

 0861

_____

30 June 2020

</div>

University of Limpopo

Turfloop Research and Ethical Committe

_____

_____

_____

_____

Dear Sir/Madam

REQUEST FOR PERMISION TO CONDUCT A STUDY AT YOUR INSTITUTIONS.

I request permission to conduct research at your institution on a topic titled "Learner nurses' perspectives regarding classroom and clinical learning for R425 program at the University of Limpopo". This study was conducted as part of Master of Nursing degree under supervision of Mr M.O Mbombi and Prof Bopape M.A

After completion of study, the results will be made available for participating learners and general public.

Moila D.O

2020 June 30

Contact no:0736956348

APPENDIX C: A LETTER TO REQUEST FOR PERMISSION TO CONDUCT A STUDY AT THE NURSING DEPARTMENT.

P O Box 5028

Mokgwathi

0861

30 June 2020

University of Limpopo

School of Health Care Science

Nursing Department HOD

_____

_____

_____

Dear Sir/Madam

REQUEST FOR PERMISION TO CONDUCT A STUDY AT THE NURSING DEPARTMENT

I request permission to conduct research at your institution on a topic titled "Learner nurses' perspectives regarding classroom and clinical learning at the University of Limpopo". This study was conducted as part of Master of Nursing degree under supervision of Mr M.O Mbombi and Prof Bopape M.A

After completion of study, the results will be made available for participating learners and general public.

Moila D.O

2020 June 30

Contact no: 0736956348

Below is questionnaire, divided into two sections: section A and B. Section A being demographic data and section B being a 5 point likert scale, where respondents will have to respond to statements by choosing one amongst (1) strongly disagree, (2) disagree, (3) neutral, (4) agree and (5) strongly agree. The likert scale questionnaires are formulated using the UL criteria for academic quality reviews.

APPENDIX D: QUESTONNAIRE

Section A: Demographic data

1. Gender

Male	
Female	

2. Age in years

15 and below	
16-20	
21-25	
Above 26	

3. Level of study in the year 2020

Level 2	
Level 3	

Level 4	

4. Race

African	
White	
Indian	
Coloured	

5. Choice of studying Bachelor of Nursing at University of Limpopo

First choice	
Second Choice	

6. Reason for choosing to study Bachelor of Nursing.

Calling	
Career purpose	
Lack of better choice for studying	
Other (speficy)	

....

7. How can you rate your performance on the Nursing Programme?

Satisfactory	
Not satisfactory	

Section B: 5 point Likert scale

Key: 1.SD- Strongly disagree

2. D- Disagree

3. N- Neutral

4. A- Agree

5. SA- Strongly agree

Questions according to criteria	1.SD	2.D	3.N	4.A	5.SA
1.Criterion 1: program design					
1.1.The Bachelor of Nursing Science program serves a great importance to the health care system					
1.2. The qualifications (general, community and psychiatric nursing science and midwifery) offered at the university of Limpopo are equally important					
2. Criterion 2: Learner Recruitment, Admission, and Selection					
2.1. The minimum requirements required by UL for learners to qualify to study for the Bachelor of Nursing Science program are fair					
2.2. All subjects required before one registers within the nursing department are recognised and approved by department of education and department of higher education and training (DHET)					
2.3. All learner nurses enrolled to study the Bachelor of Nursing Science program are registered with the SANC as learner nurses before being registered					
3. Criterion 3: Staffing					
3.1. There is enough staff to facilitate learning in both theory and practical within the nursing department at UL					
3.2. Learning is easier for us for modules that have different facilitators for theory and practical					
3.3. Clinical facilitators always demonstrate skills for our					

level of study before we are exposed to the clinical environment					
3.4. We manage to achieve the learning outcomes of each module with the available staff members					
4. Criterion 4: Programme Coordination					
4.1. Hours required by the nursing council (SANC) are prioritised over anything else					
4.2. Time allocation for clinical learning is adequate enough for us to learn the outcomes of the level of study					
4.3. Our clinical facilitators always visit us at our clinical facilities to assess and correct us on procedures we were taught in class/skills lab					
4.4. We get enough support to meet our learning outcomes at the clinical area from our facilitators and staff(RNs)					
5. Criterion 5: Teaching and Learning					
5.1. Presenting of different topics of the same module is a beneficial and challenges us to study more on the topic presented by other groups					
5.2. It is helpful to have separate facilitators (for theory and practical) for each modules and it yields better results					
5.3. Modules offered at UL from level 1 to level 4 of Bachelor of Nursing Science program all contribute to the production of competent Registered nurses(RNs)					
6. Criterion 6: Learner Assessment					

6.1. I get enough time to study and practice before our tests and skills evaluations					
6.2. I get better marks in tests written within a week(test week) than those we write randomly					
6.3. My venues for assessments for both theory and practical are conducive					
6.4. I get feedback on our work and then do corrections with our facilitators					
6.5. I believe I will be competent and ready to work in the field by the time I complete my nursing degree					
7. Criterion 7: Infrastructure and Resources					
7.1. There is enough resources for me to practice procedures demonstrated					
7.2. Our skills lab is structured in a way that is convenience for me to practice the procedures demonstrated by our facilitators					
7.3. The capacity of our skills lab is sufficient enough to accommodate all learners and makes learning easier					
7.4. I get access to utilise the skills lab, library and the classes whenever we need to					
8. Criterion 8: Co-ordination of experiential learning					
8.1. We are able to apply what we learn in theory into practical					
8.2. My lecturers and Registered Nurses are always there for us at our practical area to help and support us to abide					

by our scope of practise				
8.3. The workbooks given to us are filled based on true and existing patients				
8.4. I am given enough time to complete my workbooks before the date of submission				
9. Criterion 9: Learner retention, learner throughput, and programme impact				
9.1. I fail those modules that are not offered under the nursing department than those under the nursing department				
9.2. Second level of nursing science is a level where most learner fail a subject and carry it to the next level				
9.3. My lecturers have contributed positively on my studies				
10. Criterion 10: Program Reviews				
10.1. It can be beneficial to the nursing department, university of Limpopo, SANC and the health care system at large to review the Bachelor of Nursing Science program				
10.2. There is a need for Bachelor of Nursing Science program to be assessed on yearly basis				
10.3. A program review will help determine what needs to be improved within the nursing department				