

THE PROFESSIONAL EDUCATIONAL NEEDS OF NON-PRACTISING NURSES REGISTERED WITH THE SOUTH AFRICAN NURSING COUNCIL

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OBJECTIVES OF AND MOTIVATION FOR THE STUDY

Introduction

Unless the nursing profession can manage to recruit and retain sufficient numbers of professional nurses, it might become impossible to render adequate health care to the citizens of South Africa. Many studies and much effort, have been directed towards the recruitment of nurses. Much less has been done to retain these nurses once they have entered the nursing world or to recruit non-practising nurses to re-enter the profession.

This study aimed to contribute to knowledge about non-practising nurses and their educational needs, as well as to provide a data base for future studies.

Objectives

The specific objectives of this research were to:

- ascertain whether non-practising nurses registered with the SANC (South African Nursing Council) would consider re-entering the nursing profession;
- compile a profile of the personal characteristics of the non-practising nurses registered with the SANC;
- discover the major factors which caused these nurses to abandon their profession;
- estimate the importance of various issues which might influence the potential professional re-entry of such nurses;

- identify the professional educational needs of non-practising nurses, as perceived by themselves as well as by nurse administrators and nurse educators; this involved
 - evaluations of previously attended nurse re-entry courses;
 - determining respondents' expectations of the nature of an effective nurse re-entry course;
 - identifying specific topics to be included in an effective nurse re-entry course;
 - utilising the data obtained to compile a workbook for potential re-entry candidates; and
 - suggesting clinical procedures which should be mastered during the clinical updating period(s).

Motivation

Nurses constitute the largest single group among all health professionals and health services cannot function adequately without a well-developed nursing profession. Research done by Miller and Stokes indicated that increases in nurses per capita had a greater impact on reducing community death rates than either increases in physicians or increases in hospitals (Aiken 1981: 326).

Recruitment of student nurses declined from 1985 until 1988 as the total number of student nurses registered with the SANC during this period declined from 14 601 in 1985 to 12 565 in 1988, representing a decline of 13,9% over this period (Ehlers 1990: 16 - obtained from SANC statistics C3/M86(D); C3/M88(D); C3/M89 \ (D); C3/M90(D).

The total number of nurses registered with the SANC increased from 63 772 in 1985 to 69 347 in 1988; indicating a growth of 8,74% (Ehlers 1990: 12 - obtained from SANC statistics C2/M61;

C2/M86; C2/M87; C2/M89 and C2/M90).

The potential shortage of professional nurses becomes more serious when this slow growth rate is coupled with the high median age of registered nurses in the RSA - estimated as being 38 years in 1984 (Cilliers 1984: 74). Serious problems could arise for the nursing profession between the years 2005 and 2010 if it is assumed that the majority of these nurses will retire between the ages of 60 and 65.

Large numbers of nurses do not practise their profession despite maintaining their registration with the SANC. Statistics obtained from the SANC records reflected the following numbers of non-practising nurses:

1988 - 3 300

1989 - 4 806 (Ehlers 1990: 13)

However, the numbers of non-practising professional nurses in the RSA could be much larger than indicated by the above figures because not all nurses responded to the relevant question on their annual SANC membership renewal cards. Annually large numbers of nurses request removal of their names from the SANC's registers as illustrated by the following figures:

Number of professional nurses who requested removal of their names from the SANC's registers	
1985	743
1986	775
1986	624
1988	525
1989	548

(Ehlers 1990: 14 - obtained from SANC statistics C2/M85(H); C2M87(H); C2/M98(H) and C2.M90(H).

STATEMENT OF THE PROBLEM

Such statistics indicate that :

- a serious shortage of professional nurses may be anticipated in the RSA within the next two decades;
- the number of school leavers recruited for the nursing profession has declined;
- there are large numbers of non-practising nurses in the RSA;
- enabling these non-practising nurses to re-enter the nursing profession might alleviate the anticipated shortage of nurses in the RSA;
- the success of such professional re-entry may be enhanced by an effective nurse re-entry programme;
- such a re-entry programme can only be effective if it is based on the professional educational needs of the non-practising nurses.

The research problem concerned the determination of professional educational needs of non-practising nurses as perceived by these nurses themselves, by nurse educators who might have to offer and co-ordinate nurse re-entry courses, and by nurse administrators who might be future employers of these non-practising nurses.

METHODOLOGY

Research approach

A literature review was conducted to place the research problem, namely "*the professional educational needs of non-practising nurses registered with the SANC*" within a broader perspective. Nurse re-entry courses offered in the United States of America, Canada, Australia and the United Kingdom were studied. Great diversities were identified with regard to admission criteria, course content, course organisation and duration as well as evaluation procedures and criteria. No nationally co-ordinated nurse re-entry course appeared to exist in the RSA. Descriptive surveys (using postal questionnaires) were employed to determine the professional educational needs of non-practising nurses as perceived by themselves, by nurse administrators and nurse educators. The population of non-practising nurses, for

this research, consisted of the 3 300 non-practising nurses registered with the SANC on 31 January 1989. A 20% computerised random sample was drawn from this population and a total of 760 questionnaires were mailed. Only 380 (50%) usable questionnaires were returned.

In the three participating provinces (Transvaal, Natal and the Orange Free State) 34 hospitals and 16 colleges of nursing could be identified which offered the four year diploma and/or degree courses for student nurses. Questionnaires were mailed to all 34 nurse administrators and 16 nurse educators. Despite personal phone calls, only 20 nurse administrators and 11 nurse educators returned their completed questionnaires.

The Statistical Package for the Social Sciences (SPSS) was utilised to obtain computerised analyses of the data.

The research instrument

The self-administered postal questionnaire was the selected research instrument for this study, necessitated by the large size of the sample and wide geographic distribution.

Description of the questionnaires

The questionnaire consisted of five major sections:

Section 1, consisting of 14 questions, requested biographical information such as age, sex, marital status, educational qualifications, professional experience, and the number and ages of children.

Section 2 tried to determine the expectations to be met by an effective nurse re-entry programme as perceived by the non-practising nurses themselves. This section comprised the largest part of the questionnaire and consisted of 54 questions.

Section 3 (24 questions) tried to establish whether the non-practising nurses intended to re-enter the nursing profession and if so, at what stage and under what circumstances.

The seven questions of **section 4** sought information concerning the reasons for abandoning the nursing profession.

Section 5 (four questions) requested information about previously attended nurse re-entry courses (to be completed only by respondents who had attended such a course).

The questionnaires directed at the nurse administrators and nurse educators included questions identical to those contained in section 2 of the non-practising nurses' questionnaires. Further questions attempted to determine whether any nurse re-entry courses had been offered during the preceding two years and the nature, scope, duration and financial costs of such courses. The nurse administrators were asked under what conditions they would employ non-practising nurses.

RESEARCH RESULTS

Biographic data

The most important research findings concerning the personal characteristics of the non-practising nurses registered with the SANC included:

- The highest percentage of the respondents (45,24%) resided in the Transvaal, 25,93% in the Cape Province, 5,29% in the Orange Free State, 18,78% in Natal, 3,44% in S.W.A./Namibia, and 1,32% in other areas.
- Males represented merely 9,74% of the respondents and 90,26% were female.
- English was the preferred language of communication for 74,74% of the respondents.
- White respondents returned 92,61% of the usable questionnaires, but comprised 71% of the randomised sample. No explanation could be provided for this large percentage of white respondents.
- The largest number of respondents (113 or 29,97%) fell within the age group of 31-39 years.
- The majority (87,36%) of non-practising nurse respondents were married.
- Although 82,01% of the respondents had children, the age of the youngest child was reported to be less than six years by 46,35% of the sample.
- The majority of non-practising nurse respondents (94,67%) reported their family income as falling within or above the average family income group.
- As many as 77,36% of the respondents held two or more professional qualifications.

- Diverse academic qualifications were held by 66 (17,37%) respondents.
- A high percentage (78,86%) of the respondents did maintain fully paid-up membership of SANA.
- Approximately half (50,94%) of the respondents indicated that they read the official nursing journal "Nursing RSA Verpleging" regularly.

Family commitments (40,3%) presented the single most important reason for abandoning the nursing profession; followed by dissatisfaction with the hours of work and/or remuneration (31,6%).

As many as 41,1% of the respondents worked in fields outside nursing. Of these 49% worked full time and 51% worked part time.

Factors which might influence non-practising nurses to re-enter the nursing profession

Eighteen such factors were identified (See Table 2). (Please note: although 380 usable questionnaires were analysed, the data presented in Table 2 reveal that all 380 respondents did not necessarily complete all the items on the questionnaire. Consequently, no total (N) can be provided for the table as a whole, The total number of respondents for each item is provided in the final column of each row which implies that N differs for each row).

The ability to work the hours of choice was regarded as an important aspect influencing their decision to re-enter the profession by 90,15% of the respondents. The assurance that they could work in the department of their choice was perceived as important by 88,46% of the non-practising nurses registered with the SANC. Of the participating nurse administrators, 68,18% would not allow the re-entering nurses to work the hours of choice; and 13,64% would allow this provided those hours suited the hospital's needs. Similarly, of the participating nurse administrators 31,02% would not promise the re-entering nurse that she could work in the department of her choice; 36,36% were prepared to make such a promise; and another 13,64% would do so provided a need existed in the nurse's chosen department.

More than half of the respondents anticipated working until reaching pensionable age subsequent to their professional re-entry. Thus the services of large numbers of non-practising nurses might be obtained for many years.

Factor	Very Important		Fairly Important		Not important		Total	
	f	%	f	%	f	%	f	%
Working hours of choice	259	77,31	43	12,84	33	9,85	335	100,00
Working in department of choice	245	72,48	54	15,98	39	11,54	338	100,00
Interest in nursing	240	71,43	78	23,21	18	5,36	71	100,00
Husband's approval	228	68,68	53	15,96	51	15,36	332	100,00
Nursing colleagues' support and guidance	217	64,39	90	26,71	30	8,90	337	100,00
A good salary	209	61,83	92	27,22	37	10,95	338	100,00
Satisfactory childcare arrangements	199	61,61	36	11,15	88	27,24	323	100,00
Access to a resource person at all times	173	51,64	120	35,82	42	12,54	335	100,00
Ability to fulfil duties attached to husband's work	141	43,12	102	31,19	84	25,69	327	100,00
Arranging adequate household help	140	42,42	99	30,00	91	27,58	330	100,00
A re-entry course	140	42,04	114	34,24	79	23,72	333	100,00
Not be in charge of a unit for 6 months	140	41,79	111	33,13	84	25,08	335	100,00
Pension scheme	124	37,13	84	25,15	126	37,72	334	100,00
Financial aspects	116	34,52	125	37,20	95	28,28	336	100,00
Medical aid scheme	92	27,54	76	22,75	166	49,70	334	100,00
Housing subsidy	77	22,99	66	19,70	192	57,31	335	100,00
Reduced childcare responsibilities	68	20,80	67	20,49	192	58,71	327	100,00
Escapism from the housewife role	28	8,41	70	21,02	235	70,57	333	100,00

Evaluation of previously attended nurse re-entry courses

Of those respondents who had previously attended nurse re-entry courses, 51,11% indicated that those courses included theory, demonstrations and clinical experience. These respondents suggested that nurse re-entry courses would be improved if they included more clinical experience and were readily available in rural areas.

Expectations of an effective nurse re-entry course

The majority of non-practising nurses, as well as nurse administrators and nurse educators, would expect an effective nurse re-entry course to:

- last five weeks;
- not to cost more than R100;

- provide an update of knowledge and skills as well as building the re-entering candidate's confidence;

- be offered by hospitals; and
- be listed by the SANC (although only 50% of nurse administrators held this view).

A total of 47 topics, to be included in an effective nurse re-entry course were identified from the literature study. These topics were ranged as very important, fairly important or not important at all, by the non-practising nurse respondents, as well as by the participating nurse administrators and nurse educators. These findings are summarised in Table 3.

Aspects considered most important included:

- cardio-pulmonary resuscitation;

Table 3

Topics to be included in an effective nurse re-entry programme (Percentages under 1 indicate very important aspects; under 2 fairly important aspects; and under 3 aspects deemed to be of no importance).

Topic	Non-practising Nurses			Nurse Administrators			Nurse Educators		
	1	2	3	1	2	3	1	2	3
Basic nursing care e.g. bathing and feeding	16	23	61	20	40	40	27	18	55
Basic observations	23	32	45	25	55	20	28	36	36
Urinalysis, catheterisation, catheter care	43	40	17	50	40	10	45	55	-
Sterile wound dressings	60	31	9	70	10	20	55	36	9
Shortening and removal of wound drains	53	38	9	70	15	15	55	27	18
Removal of wound sutures and clips	39	45	16	60	15	15	55	36	9
Obtaining samples for pathological tests	52	36	12	70	20	10	68	23	9
Administration of medicines	57	27	16	75	15	10	36	64	-
Maintaining intake/output charts	29	38	33	45	50	5	46	36	18
Fluid and electrolyte balance	44	40	16	70	15	15	46	45	9
Diets related to common conditions	29	49	22	30	45	25	36	36	28
Basic first aid procedures	46	36	18	25	45	30	36	36	28
Cardio-pulmonary resuscitations (CPR)	81	12	7	90	5	5	100	-	-
Disaster care	78	16	6	90	-	10	91	9	-
Fire fighting	50	40	10	65	30	5	82	9	9
The nursing process	48	41	11	80	5	15	91	-	9
Communication and interpersonal skills	43	42	15	70	20	10	91	9	-
Basic pre- and postoperative nursing care	53	37	10	55	40	5	36	64	-
Allergies	52	39	9	35	60	5	55	45	-
Shock	70	21	9	65	30	5	91	8	-
Physical examination of a patient	58	34	8	60	35	5	73	27	-
Legal aspects concerning nurses	57	34	9	80	10	10	100	-	-
Scope of practice of the registered nurse	54	34	12	90	-	10	91	9	-
Professionalism	45	37	18	70	20	10	73	27	-
Infection control	60	30	10	70	25	5	73	27	-
The dying patient	58	29	13	50	35	15	91	9	-
Recording and interpreting electrocardiograms	69	21	10	35	55	10	73	9	18
Research in nursing	38	44	18	40	40	20	64	27	9
Nursing care plans	51	36	13	75	15	10	91	9	-
Respiratory system	70	23	7	50	50	-	55	45	-
Cardiovascular system	69	24	7	45	55	-	55	45	-
Gastro-intestinal system	61	32	7	35	60	5	55	45	-
Nervous system	62	29	9	40	55	5	36	64	-
Endocrine system	62	30	8	35	55	10	27	73	-
Musculo-skeletal system	62	29	9	35	60	5	27	73	-
Urinary system	59	32	9	40	55	5	55	45	-
Reproductive system	53	35	12	35	60	5	36	64	-
Ward administration	46	39	15	55	40	5	64	36	-
Skills for coping with both family and job	47	39	14	85	10	5	64	36	-
Assertiveness training	44	39	17	80	10	10	82	9	9
Decision making	50	34	16	75	20	5	73	9	18
Basic teaching skills	42	42	16	50	40	10	64	27	9
Effect of income tax on one's potential income	33	41	26	35	45	20	18	46	36
Availability of posts	34	42	24	35	35	30	9	55	36
Possibility of future promotions	37	41	22	50	30	20	36	46	18
Fringe benefits, e.g. pensions	44	37	19	60	10	30	46	36	18
Explanation of the 4-year diploma for student nurses in association with Universities	40	39	21	50	45	5	100	-	-

- the nursing process;
- communication and interpersonal skills;
- legal aspects of nursing practice;
- the scope of practice of the registered nurse;

- nursing care plans;

The nurse educators seemed to regard each of the above topics as being more important than either the nurse administrators or the non-practising nurse respondents. However, the only significant difference among the three groups concerned the importance of an

explanation of the four-year diploma course for student nurses in association with universities. This topic was portrayed as being most important by 100% nurse educators, 50% nurse administrators and 40% non-practising nurse respondents. The reason for this apparent discrepancy could not be ascertained from this survey's findings.

Only one topic was regarded as not at all important by the majority of the respondents (non-practising nurses, nurse educators and nurse administrators). This concerned basic nursing care such as feeding and bathing patients.

Prior to attending a nurse re-entry course, the majority of the non-practising nurse respondents (331 or 91,69%) would prefer to revise the theoretical aspects of nursing with the help of predetermined assignments and /or by completing a workbook.

CONCLUSIONS

Based on the foregoing summary and discussion of the research findings, the following conclusions could be drawn (relevant to the assumptions underlying and the objectives guiding this study).

Non-practising nurses registered with the SANC could contribute towards alleviating the perceived nursing manpower shortage in the RSA, if recruited successfully. Only 19,9% of the non-practising nurse respondents indicated that they definitely did not contemplate re-entering the profession therefore as many as 80,1% of these non-practising nurses might be recruited back to nursing.

The successful recruitment of non-practising nurses should consider that the majority of the non-practising nurses registered with the SANC were married women younger than 39 years of age, with preschool children. The respondents indicated "family commitments" as being the major reason for abandoning the nursing profession.

Two major conditions, (excluding effective nurse re-entry courses) which might favourably influence non-practising nurses to re-enter the profession were identified empirically. These included the ability to work the hours of one's choice in the department of one's choice.

It seemed possible that the ability to work the hours of choice might be important in enabling the nurse to fulfil both her domestic and professional obligations.

Unless nurses could be enabled to work when and where preferred, the perceived shortage of nursing manpower might persist.

An effective nurse re-entry programme, based on the professional educational needs of non-practising nurses, has potential to facilitate the professional re-entry of these nurses. Such an effective programme should also incorporate the professional educational needs as perceived by the nurse administrators and nurse educators. The needs perceived by the non-practising respondents differed in some respects from those revealed by the other two groups of respondents as indicated in Table 2.

The theoretical professional educational needs of non-practising nurses registered with the SANC might best be met by completing a workbook and/or study guide with predetermined assignments prior to the actual professional re-entry. A guided clinical update would seem to be essential in the real hospital situation after the workbook had been completed. However, subsequent to employment, inservice education would be essential for the candidate to acquire confidence.

Non-practising nurses' professional educational needs, which should be accommodated in an effective nurse re-entry course, might involve more than a mere update of nursing knowledge and skills. Aspects such as role strain management and assertiveness training would seem to be essential for a successful professional re-entry.

IMPLICATIONS

The conclusions of this research holds various implications for the nursing profession in the RSA.

Non-practising nurses registered with the SANC could contribute towards reducing the perceived shortage of nursing manpower in the RSA. More intensified recruitment efforts should be directed towards this potential pool of registered nurses. Successful recruitment of these nurses might encompass several advantages over recruiting student nurses only. Although student recruitment will always remain essential for the growth, development and very existence of the nursing profession, these efforts could be augmented by recruiting non-practising nurses to re-enter the profession. The latter group might be able to render professional services within a few months (subsequent to completing a re-entry

programme, clinical update and inservice education), compared to the minimum of four years required to educate a student nurse. Non-practising nurses who re-enter the profession would be likely to render uninterrupted service for up to 25 years compared with an expected three years of newly registered nurses (Nursing News, August 1989: 1). Nurses who re-enter the profession during their early forties would be unlikely to require maternity leave, hospital creche facilities, special leave to tend to sick babies, and their husbands might be less likely to be relocated than those of younger, newly registered nurses. The more mature re-entered registered nurse, with accumulated life experiences should be able to offer emotional support, not only to her patients, but also to her nursing colleagues.

The single most important reason for abandoning the profession concerns family commitments. This might imply that most non-practising nurses would not have abandoned the profession if they had perceived themselves as capable of combining family and professional commitments. Nurses should seriously seek ways of enabling nurses to work part time during the hours which each individual nurse would prefer to work - enabling her to fulfil both family and professional commitments. This might indeed be the case because as many as 41,1% of the non-practising nurse respondents to this survey worked in fields outside nursing, and 49% of these worked full time. Thus they perceived themselves as being capable of combining family commitments with their present jobs, but not with nursing. Unless nurses could enable nurses to work hours accommodating their family commitments, nurses might continue to abandon their profession in pursuit of other jobs offering such possibilities.

As many as 90,15% of the respondents regarded the ability to work the hours of choice, and 88,46% the ability to work in the department preferred, as important aspects influencing their decision to re-enter the profession. The majority of participating nurse administrators would not allow the re-entering candidates to work the hours of their choice; and merely 36,36% of the nurse administrators would grant these candidates the assurance of working in the preferred department. These serendipitous research findings could have far reaching implications for the nursing profession and its manpower situation. Unless nurses would enable nurses to work when and where each

individual nurse would prefer to do so, the perceived shortage of registered nurses in the RSA might continue to exist, if not increase. Conversely, if nurses could work when and where preferred, up to 90% of the non-practising nurses registered with the SANC might consider re-entering the profession. Even if the majority should re-enter the profession on a part time basis, an immediate and sustained improvement in the nursing manpower situation might be effected. If nurse administrators and planners are unable to implement duty schedules allowing individual nurses to work when and where preferred, whilst meeting the institution's needs for nursing services, serious consideration should be given towards the institution of nurses' bank schemes in the RSA. Such nurses bank schemes might offer a solution to providing the required nursing services to the institutions concerned, whilst enabling the "bank nurses" to work when and where desired.

However, all non-practising nurses re-entering the profession - via a nurses bank scheme or not - should, prior to such re-entry, complete a nurse re-entry programme based on their professional educational needs. The needs identified by this research, and incorporated into a workbook (available from the author) might provide a point of departure towards meeting the professional needs of these candidates. The workbook includes the following aspects:- General introduction; Preparation for professional re-entry: personal aspects; Revision of basic nursing knowledge; A list of procedures to be revised during the 2-week clinical update. This approach would, however, imply regular updating of the workbook, based on feedback from the candidates themselves, as well as from the nurse administrators and nurse educators concerned. The completion of a standardised workbook and the inspection of the re-entry candidates' documents by the SANC, would imply an improvement in the nurse re-entry courses offered throughout the RSA.

RECOMMENDATIONS

Future research efforts should improve upon the limitations encountered in this survey, or explore relevant issues in greater depth. These should include:

- Attempts to study non-practising nurses not registered with the SANC in order to compare and contrast such knowledge with the data obtained by this survey. It would prove difficult to identify such a population because of

a total lack of information (including addresses) of these nurses.

- Registered nurses who request the removal of their names from the SANC's registers could be studied in an attempt to obtain information from non-practising nurses not registered with the SANC.
- This survey's data could be augmented by data obtained from interviews conducted with non-practising nurses registered with the SANC. Two issues could be pursued in greater depth by means of this approach: the conditions under which a professional re-entry would be considered and determination of specific reasons for pursuing jobs other than nursing.
- Interviews should be conducted with nurses who had successfully re-entered the profession after an absence of more than two years. Re-entry problems could thus be identified retrospectively.
- Non-practising nurses belonging to all racial groups should be studied.
- Candidates who might utilise the workbook, based on the results of this survey, should be requested to furnish feedback concerning improvements to the workbook.
- More intensified research should be done to establish the perceptions of nurse administrators and nurse educators concerning the importance of including various topics in a nurse

re-entry programme. Similar research efforts could be extended to include registered nurses practising as ward sisters.

- The implications of obtaining and maintaining SANC listing of a nurse re-entry course, should be investigated.
- Urgent research should be conducted into the feasibility of enabling nurses to work when and where preferred, whilst meeting the institutions' needs for nursing services. This could involve investigating the feasibility of instituting nurses' bank schemes in the RSA.

"The shortage of professional nurses is the problem that needs the most urgent attention from nurse leaders world-wide...it can determine the future of nursing in the next two decades" (Searle 1987: 288). This research has demonstrated that the RSA could reduce its shortage of registered nurses by enabling non-practising nurses to re-enter the profession.

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POSTSCRIPT

Based on the above research findings, a workbook has been compiled for non-practising nurses registered with the SANC, as well as a suggested programme for a 2-week clinical updating period. Interested persons can obtain these from the following address:

Dr. V. J. Ehlers
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Please include R10.00 for the workbook, including the re-entry programme, to cover photocopying and postage costs.

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