The Perceptions Of KwaZulu-Natal Nursing Students About The Discipline

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Abstract

This article reports on a descriptive study aimed at exploring the perceptions of student nurses about the past, present and future of the discipline. In-depth interviews with 12 students from KwaZulu-Natal were transcribed and analysed. Students showed a realistic appraisal of the discipline. They valued the essence of the profession, and were positive about their work and their training. They felt, however that nurses are not treated well by others, that the working conditions are poor and the quality of care often bad. They saw their current role as more autonomous than in the past, and saw the nurse as moving more into the community, becoming more specialised, and more entrepreneurial in future. They saw the challenges of the future in the areas of quality of care, improving training, recognition of the profession, and management, and dealing with the problem of HIV/AIDS.

Opsomming

Die artikel doen verslag oor 'n beskrywende studie wat daarop gerig is om die sienings van verpleegstudente oor die verlede, hede en toekoms van die dissipline te ondersoek. In diepte onderhoude met 12 studente van Kwa-Zulu-Natal is op skrif gestel en geanaliseer. Studente het 'n realistiese siening van die dissipline getoon. Hulle waardeer die essensie van die professie, en is positief oor hul werk en hul opleiding. Hulle voel egter dat verpleegkundiges nie deur andere goed behandel word nie, dat die werksomstandighede swak is, en die kwaliteit van diens dikwels veel te wense oorlaat. Hulle sien die huidige rol van die verpleegkundige as meer onafhanklik as tevore, en voorspel dat die verpleegkundige meer in the gemeenskap sal inbeweeg, meer gespesialiseerd sal word, en meer entrepreneuriaal sal optree. Hulle sien die uitdagings van die toekoms in die area van kwaliteit diens, die verbetering van opleiding, erkenning aan die professie, en bestuur, sowel as die hantering van die HIV/AIDS probleem.

"Nursing is about getting to know people; learning to live with people and learning about their beliefs, their customs and respecting their values in life."

Research Article

Introduction

The question of how the present generation of student nurses sees the profession, its past and its future, is an important one for a number of reasons. Firstly the future of the discipline of nursing lies in the hands of the current students in nursing colleges and schools. It is this group who will shape, maintain or change the discipline as they take charge of nursing as practitioners, educators and administrators. If they are the custodians of the future, they should also be participants in the current debate. Secondly, an understanding of the perceptions of the incoming generation is essential for nursing education to plan relevant educational programmes. It is easy for educators to believe that they know what students think without exploring their perceptions empirically. This is a dangerous fallacy, since nurse educators have gone through a long professional socialisation process, and often

have years of life experience behind them. In some cases, they might have little in common with the students they teach. A lack of understanding of the thinking of students can only lead to teaching/learning experiences which inadequately address the reality of the students. There is the additional motivation that students bring a fresh eye to the professional situation. They know it well enough to make judgements, but have not been socialised into the 'groupthink' of the profession. They therefore give an outsider's inside view of the discipline. This argument links to that of the Standpoint Theory, which promotes the idea that the perceptions of the most marginalized section of any community bring a perspective to the description of that community which is essential and important (Harding, 1991). Students may be seen as such a marginalized group, since they are seen as non-members of the community in many respects, and the lowest in the hierarchy of the profes-

sion.

At the moment this group is seldom heard in the discourse about nursing. Most of the writing about nursing is done by senior nurses, either in practice, education or administration. Students seldom publish in the professional journals. Although nurse educators may be more aware than others of the perceptions of their students about nursing, even this group may give more credence to what they want students to think, rather than what students actually think. Since educators are also evaluators, students edit their communications to educators to ensure that they comply with what is expected. In South Africa, and in many developing countries, student organisations are localised or in their infancy, and their voice is seldom or never heard in professional debates. Their perceptions on issues therefore remain hidden.

This research was therefore undertaken to explore the perceptions of South African nursing students on the profession, its immediate past and future and their role in it.

Research Objectives

The research objectives were to:
1. Describe the perceptions of student nurses on the past, present and future of the discipline.
2. Identify common themes and predictions about the future.

Research Methodology

This was a qualitative explorative survey, in which in-depth interviews were used to gather information from the respondents.

A sample of five students from three nursing schools was sought from two nursing colleges and one university school. Senior nursing classes (third and fourth year) were approached and were asked to volunteer for the interviews. This was done since the interview took over an hour, and it was thought that non-volunteers would not be willing to give this amount of time. Furthermore, it was felt that volunteers would probably be students who were interested in the topic, and therefore more willing to share their thoughts. The names of all volunteers were taken, and the interviewer then made appointments with each one. The first five interviews were done, and the rest of the students were informed that they would not be needed. Interviews took place over a period of six months.

Five students from each of the colleges

were interviewed, but the interviewer was successful in interviewing only two degree students. There were fewer volunteers from this group, and their busy schedules also made it more difficult to get to see them. The interviewer gave up after the student either missed two appointments, or could not be contacted within a period of two weeks. The final sample therefore consisted of 12 students, five of whom were Indian, six African and one White. The percentage of the different ethnic groups amongst the nursing in South Africa is not known, but the proportion of Africans in the Durban population is 73% and the Indians 16% and this is a fairly representative sample (Datakonsult, 1986). Two of the students were male (one degree and one diploma), and the rest were female. The breakdown of gender in the nurses currently registered in this country is 95% female and 5% male, and again the sample is therefore fairly representative with 93% female respondents (SANC, 1997).

The interviews were done by a skilled interviewer with a Masters degree in Psychology. She used a very brief interview schedule, which included only six very wide, open-ended questions and then probed the answers of respondents further. Questions such as 'What do you think of nursing today?' 'How has nursing changed in the last ten years?' 'How do you see the future of nursing?' and 'What is the greatest challenge facing nursing?' were included. Interviews were taped and then transcribed.

Coding was done using five main categories, namely nursing today, changes in the recent past, the future of nursing, the image of nursing and the individual student. The last two categories emerged from the data, while the first three were inherent in the interview schedule. The content under each category was coded by creating sub-categories as they emerged from the data. These sub-categories were later reviewed, and some were joined, so that final four main headings remained. The coding followed the semantic content analysis model described by Fox (1970:198). From interview ten no further sub-categories were added, which suggests that the sampling was adequate for the qualitative survey.

The data and its analysis were reviewed in terms of credibility, transferability and dependability (Marshall and Rossman, 1995). In terms of credibility, the interviewer was not also the coder, which prevented enmeshment of interviewer with data. It was also increased by having the interviewer add emerging elements of earlier interviews to later interviews, in order to check their persistence. Transferability was established by asking stu-

dents and tutors in other settings to read the results and comment on its validity to themselves. Tutors often said that they experience exactly the same perceptions amongst their own student, while students consistently found their own perceptions reflected in the data. Dependability is reflected in that interviews were taped and transcribed, and the transcriptions and coding was checked by a second person.

Results

The results are discussed under headings, which combine some of the themes. Each of the subheadings (in bold) was taken from the interviews, and seems to express the view of respondents on that sub-category of data. Direct quotes from the interviews are typed in italic script. The referencing of quotes refers to the respondent number and the transcript page on which the quote appears, e.g. 10:1 refers to respondent 10 on page 1. The language or grammar of respondents was changed only when the meaning would not otherwise be clear. It should be remembered that English was the second language for most of the respondents.

Nursing Now: The Positives

It's about caring for people. Respondents see nursing as caring for patients or people, based on science knowledge, so that patients recover and can look after themselves. Some respondents emphasised the preventative role of the nurse, while a number of them mentioned the holistic aspect of the nurses' caring, as well as the necessity of continuing the care from the hospital to the community. A more individualistic vision of nursing expressed by one of the respondents was:

Nursing is about getting to know people; learning to live with people and learning about their beliefs, their customs and respecting their values in life (10:1).

When discussing the unpleasant tasks inherent in nursing, one respondent expressed the view that 'Somebody has to do it', and that it is clearly part of nursing, and therefore must be accepted (1:1). Another respondent said that nursing demands A *devotion, and you had to be called to nursing:* (2:1), again emphasising the demanding character of nursing. Another respondent pointed out that technological advances have made the job of the nurse easier. She gave disposable enemas and improved dressing techniques as examples (3:6). One of the positive things students like

and value about nursing is seeing people get well. They also believe that this is one of the things which has improved over the last ten years, with the prognosis for many patients getting better (11:1 and 5:5).

I think the best feeling is when you see the patient coming in that is totally ill and after you giving them the nursing care and the day of their discharge, when they are walking away from the hospital, like able to do things for themselves (6:1).

Another positive aspect about nursing is the continuous availability of the nurse for the patient, and her resultant intimate knowledge of the patient (1, 10, and 11).

The nurse is always there for the patient in the ward. And also the patient, at times cannot recover physically when his or her emotional status is not well. At times she needs that emotional support and the nurse is always there for her whereas the doctor has not time for that (11:3).

Basically I am satisfied with what I am. Many of the students expressed a very positive image of themselves as nurses and about nursing as a profession. Firstly they felt confident and knowledgeable, and believed that they were equipped to act independently. Some of them also linked this idea with being more assertive.

From where I come I felt very restricted. But now, being three years here, I find that I can do that (approach seniors) because I've learnt how to be assertive. I've learnt much more about the profession. It feels very good. It feels good to have a doctor come and ask for an opinion or a doctor comes and asks you for help or your advice. It does feel very good when a sister has to admit that she's wrong and that you are right (3:6).

'I think being independent will give you more confidence in what you're doing, will give you more pleasure as a person. You're able to deliver better nursing care rather than being told what needs to be done. If someone tells you what is to be done continuously, I think you begin to doubt yourself and that's when you have cracks and breaks in the nursing care. So responsibility plays a big role and it is important because you begin to value yourself, you begin to think of yourself as making a difference because you've thought of doing that for the patient and you've made a difference. And I think as well, the nurse's being more independent give you more joy in what you do. You know what you're talking about'. (4:6).

A number of respondents refer to the inherent value of nursing, and the value

that participation in this profession bestows on the individual nurse.

From the patient's perspective, when they're ill and they need help, you feel worthwhile, you know. You feel like you've done something; you've made somebody's life better by being able to help this person (1:1).

Actually, I think it helps us be more self-confident and it teaches us to have better relationships with other people. You've got to understand other people's feelings and the way they are thinking and it sort of broadens our knowledge on certain aspects (6:4).

Because working in a hospital you get to see a lot of things and you come to things that you never knew existed in this way and never knew such things could happen to people. And I've learnt a lot from it and I really appreciate that I have chosen this profession (7:6).

There is that diversity that is required of a nurse and I find that it... well, it's happiness, getting this broader knowledge for yourself... (1:3).

Because now I am someone. I'm not only told that I should do this and that - now I have a stand (2:8).

I think the training is fine. Most respondents mentioned improvements in the education of nurses amongst the positive changes in the profession. They mentioned:
• nurses learn more than they used to (1:2, 6:2, 10:1),
• it is possible to gain higher degrees in nursing (2:1),
• the increased emphasis on certain subjects, like pharmacology (8:1),
• improved resources, such as libraries (8:2),
• the four year comprehensive programme which prepares them for holistic and comprehensive care (4:6, 9:1), and which shortens the total training period (12:1),
• tutors are better prepared academically, and more knowledgeable (9:2, 10:2),
• student involvement in nursing education changes has increased (9:2, 10:2),
• the external trappings of higher education, such as academic dress, have
• been incorporated into nursing education (9:1).

Summarising the general feeling of students about their training is the following statement from one of the respond-

ents:

I think it has prepared me sufficiently because I'm having confidence that I can take good care of my patients without being supervised (8:10).

The two degree students were in a problem-based, community-based programme, and they both pointed out the extensive theoretical base and the teaching approach as the positive aspects of the programme.

I though there was that clash, me moving from that teacher-based learning to this self-adapted learning, I think it did help me in the sense that I feel much more confident. It's like it untied my tongue; it has untied my inner self, that I am more open now. I can bring ideas, make, like formulate a problem, see where the problem lies and then I think basically that's what we need in nursing (2:3).

We looked like nuns you know. The changes in nurses' uniforms and the decreased rigidity in this regard is generally viewed as a positive change by respondents (8, 4, 3). One respondent sees it as a sign of a deeper change in the profession, which indicates more freedom for the nurse, even in terms of thinking (8:2).

We don't wear caps anymore! Previously it was very strict. Now there's a bit more leniency like with jewellery, cutex. It's not so strict (4:5).

A number of them, however, still felt that a white uniform and limits on make-up and jewellery are important, because otherwise the trappings 'get in the way' (3:5) and the 'professional' image is spoilt (3:5).

But when you are a nurse, she should look like a nurse (3:6).

Nursing Now: The Negatives & Concerns

Nurses feel like they are trodden on. When discussing nursing, the theme of poor relationships between nurses, and the negative effects of the hierarchical bureaucracy, are mentioned most often. One respondent blames the hierarchy, which creates a distance between the top and the bottom which is never bridged (1:1). Another respondent has the following to say on this theme:

'We always hear senior nurses complaining about how students behave, ... I would say that is bad. They should actu-

ally (take) the time and also start treating like people, not like logs that need to be put there and removed from that place' (2:2).

The matrons come in for a lot of criticism in this regard. More than one respondent mentions the fact that their health does not seem to be important, and they are made to feel guilty when they are sick (4:4), they are spoken to without any sign of respect (5:2), there is little if any understanding for their individual situation (4:4), and they display a critical attitude (7:2,3). The following are typical comments:

I went to (the matrons) for help but they weren't able to give any, at all. They're not ready to help the students. I have a really bad problem. I cannot concentrate.... No problem to anybody else. As long as I'm here to do my work. So I feel communication is very bad. They just want you do your work, but they don't treat you like an individual as well (3:15).

'There is no sympathy towards us and I'd like that changed. Because I think we are individuals and we are meant to be treated with that same care. Because if somebody speaks to us with a high pitch or a high tone, we as nurses give that back to the patient, and that's not fair. If you are appreciated then you appreciate your job' (4:4).

But it is not only matrons who are perceived as not contributing to good relationships between nurses. The tendency of nurses to form in-groups, which makes it difficult for students to become part of the work group in a unit, was also mentioned. The groupings are sometimes based on having worked together for a long time (5:3), and at other times are based on hierarchical level or educational level (9:7). Students also have many problems when practice and theory does not agree (5:2). Respondents are afraid of speaking out, since they expect victimisation.

'I think that we should be able to speak to the sister and sort of get them to open up, to be able to accept viewpoints from the students and from people who have just learnt things that they have learnt many years ago' (5:2).

'Although you may know that it's not right, you're afraid to say so because of the fear that if you are placed in that ward again, you'll be victimised by that person' (6:2).

They believe that nurses have less minds A number of respondents felt that there was generally a lack of understanding of the level of educational preparation and the complex role of nurses (12:1), leading to an under-estimation of nurses. Some commented that they themselves had a limited understanding of nursing when they came for training.

I have to say that my opinion of nurses wasn't too great to begin with and here I am doing nursing. And I find my opinion has changed (1:1).

Patients have told me that they've never known that nurses do this kind of job until they are admitted and they are there and they watch and they see what the nurses to do and stuff. In fact myself, before I had come into nursing I had never thought that it would be (so) difficult. I mean it is not easy. (6:4).

Others commented on the perceptions of the general public, that were either out-dated (4:3) or limited (7:2). Nursing is often perceived as a dirty job done by inferior people. (12:7).

'I think the public, there's still a lack of knowledge of the profession of nurses. Because they still regard us as just carrying the bedpans or just cleaning up the patient if he messes (4:3).

A doctor is always someone who is up there. Ja. So generally, they are taking us as not that up. We are down there. (8:7).

This negative perception about nursing is sometimes also found amongst other members of the health professions, notably doctors. Students refer specifically to rudeness (12:3, 10:5, 7:3, 8:8), a superior attitude (12:3, 3:3, 8:8). One respondent expressed her frustration with the attitude of doctors as follows:
I will not be taken as something... not intelligent as such. We need intelligent people and we are intelligent. And I think it was not going be right in life for all of us become doctors or become lawyers or become whatever you think about. But for the work progress, you need one to support the other. And you should not think that you are more intelligent just because you are a doctor, you had the chance of getting that status. You need the support of everybody. I mean, everybody should be of value to you' (12:3).

It is better now. Some respondents felt that the perceptions of doctors about nursing have improved recently (10, 7, 2). One such respondent explained possible causes for this change:

I don't know if at all it's because nowadays doctors are not only the sons or daughters of doctors. But now, also doctors are admitted from the lower classes. So respect is growing, the respect for another, for a nurse and respect for a doctor, because that is my brother (2:8).

Another respondent ascribed the improvement to a more multi-disciplinary approach in health professional education (9:6), and a more assertive style of nurses (9:7, 5:3, 3:4). Respondents expressed the feeling that nurses have more confidence and freedom to express their own opinions (2:1), and that the gap between them and other professions has narrowed. This narrowing was ascribed to the fact that nurses also have degrees (12:4), and that they work more independently, especially in community settings.

The way we are taught now, we are being told that we are all equal. We work parallel to each other and once somebody becomes rude to me, aich! I... cannot be rude to that person, but I decide to keep quiet and then if he does it again, then I give it back to that person!' (9:7).

Respondents point out that registered nurses may support the negative stereotypes and subservient roles for nurses in their dealings with doctors (5:3). One respondent states emphatically that the attitude of others towards nurses will not improve before nurses themselves respect themselves more:

But first of all, I think we need to start respecting it (the profession of nursing) ourselves (4:3).

Not good quality as such. Respondents expressed concern about the quality of care given to patients. One of the main factors which they said caused less than optimal care is the over-emphasis on 'paperwork'. Respondents link this over-emphasis on paper-work to a loss of focus on the patient and the essential nature of nursing. It is often a documentation, technology, and routine dominated activity. (3, 4, 7).

Although we might be there to nurse the patient, there are times that I think we worry more about the admin part than the patient himself. We do give about 50% care and 50% (admin). I think it should be more like 80% care and 20% admin (7:2).

Also you find that it's not like the Florence Nightingale aspect. I think she said you have to treat the patient instead of the illness. Now it's more like we have to treat the illness and then the patient comes second. It's not like on an individual basis or person—person. It's like person, patient and then paper comes in between, or technology, you don't have that touch with the patient anymore. (4:1)

It's more computer orientated, the care,

where there's not so much bedside nursing. It's more like sitting in the duty room and observing the patient from there, and having all the observations done on the computer. (6:3).

Another factor is a lack of resources. This includes physical resources, such as linen, human resources, and community resources (9:9). Owing to the shortage of staff only the most basic and usually physical care is given (3:9).

Our patients they come here from low socio-economic standards and even if we try to give the resources we have, they become exhausted. In hospital... we are short of many things: bed linen, some pillows for support... And because there are too many patients and we cannot now nurse patients up to our satisfaction because you nurse this patient, that one also needs your attention, and that one, at the same time. And you end up doing routine nursing care, just doing the routine. And you don't have time to sit down with the patient and go into detail about what is the problem, how you can solve it. You end up getting the same patient coming back to be admitted because now the source of infection, or the source of the problem that was causing illness, is at home there (12:2).

The working situation is awful. Students repeatedly mentioned the conditions under which they work, as well as the formal conditions of service, in a negative way. They site the unpopular hours they work without additional compensation (6:5), and the high risk of picking up a contagious disease (8:10).

Nurses are being exposed to lots of diseases, for instance AIDS, Ja, we are challenged in diseases and those diseases which are mostly incurable. (8:10).

Improve the salaries first, and then benefits. You know, like be covered in case of contracting the various hazards, life hazards that we encounter in the field of nursing. You're not even covered for touching the blood of someone who is HIV positive. You're just told that you are provided with gloves - and what if those gloves are broken? And it feels like most of these can be improved, and you can get covered, and things like that; maybe I can be interested in going on (2: 5-6).

While some of the respondents felt that the workload of students has improved over the last ten years (12:2), others do not agree. They feel the hours are too long (5: 4-5) and the work too demanding (13:3).
We have work and come back from work dog tired and this tends ... decrease my interest in nursing. If maybe we are short-

staffed and now we have to do the work of two people; you have double your job and do the job for this one and that one. Because of the job, people have to work long hours and some of them just get off sick. So the moment they get off sick, you that are in the ward, you have to work harder and anyway what makes people go off sick the workload. They just get too tired (12:3).

Even when working so hard, the perception is that rewards are scarce. Promotion takes long to come, and it takes a life-time to get to the top.

The hierarchy of nursing is too long. I mean, many people reach higher status in nursing only at a very late stage in their lives. You find that one will be promoted to a matron's position at 55 years of age maybe and within a few years that person is retiring. Most people say, 'What's the use then?' (12:4).

The salaries of nurses were raised by a number of respondents. Some said as students they had no complaints, but that in general nurses were leaving nursing because the salaries were too low (8:6). One commented on the fact that enrolled nurses did much of the work of the registered category, and did not get paid accordingly (3:12).

The Role Of The Nurse: Past, Present And Future

PAST: Handmaiden of the doctor. A number of respondents referred to this role as one very much in evidence in the past, but no longer acceptable. Nurses were also general cleaners and little more than servants in the past (3:3), but such servant duties have now fallen away. The change is seen to be the result of advances in technology, which extended the role of the nurse, as well as increased education, which lead to a change in attitude (1, 4, 6).

Before it was like nurses were the handmaidens of doctors: to do as the doctor says; open the packs before the doctor gets there. (4:3).

PRESENT: We have our own scope of practice. Currently respondents see the role of the nurse as a well-educated person with an extended role (8:1). When they describe what the nurse does currently, they mention a comprehensive approach which includes prevention (4:1) and a holistic approach to patients (4:1) as well as the context of their illness. They also mention their independent decision making as professionals (7).

You're the one who has to identify the problems and you're the one who has to make the initial step once you've identified the problem because there isn't always a doctor around. (1:2).

Now it's like more an independent role where you are able , if you doubt the instruction of a doctor, you are able to tell him, giving reasons why you don't want to do that. And also with technology, it is more advanced. Like... we have a High Care we're able to cater for more patients, and nurses are able to do ECG's. I mean even in community I think the sisters are allowed to order certain medications (4:3).

Nursing is on a much more independent basis now, where it's a profession on its own. You're allowed to think independently, plan accurately - independently at the same time. It's more technologically advanced (3:6).

FUTURE: A community professional. A number of students saw the future of nursing as being mainly in the community. They saw an increased focus on prevention, with a major responsibility for this aspect falling on community health workers. They expected fewer patients in hospitals, and more nurses in communities. This was often linked with practising independently (8, 7, 3, 2, 1, and 10).

Perhaps having your own clinic, and being a primary health care sister. That all comes with your experience and your further studies. Because the community is like the start of everything. I think that if we place the emphasis there, we'll be reducing the patients that are coming in to hospital (7: 4-5).

And more home visits. That would be like community-based because we said that prevention is the most important thing. Taking part in the community itself. Being part of the community. Not so hospital based or in a surgery all the time (3:8).

A specialist In future a greater diversity within the profession will make specialisation increasingly necessary. Nurses feel that they have more choice within the profession (2:8, 10:4). Respondents see the specialist nurse as a very welcome and eagerly awaited development in the profession (8:6, 6:1).

So by then (20 years hence) perhaps we will be able to do more. There's also things like anaesthetic nursing and also cardiac nursing. You will know a cardiologist and an anaesthetist, but not a cardiac nurse or an anaesthetics nurse. So I think there are things that are opening

up for nursing. And if things can go on like those developments, I think its going to open up the industry (2:1).

Opening up new things like specialisation, where I can know that I've an expertise, I've specialised. At the present time I still find there are no incentives (2:6).

In view of the increasing need for specialised training, the views of respondents about their current preparation and utilisation are important. Opportunities for specialisation are seen as too limited, and specialised nurses are not utilised correctly.

The hospital does offer specialisation to very senior staff. So we have to wait a while before we get into it or we can do it private. I think that everyone should be given the chance to do it. So you could get down to what you want to do instead of wasting that time in general when you know you're not enjoying it and you want to specialise (4:3).

Not enough are trained or if they are trained for that particular field they are not in that particular field. A paediatric nurse is working in a surgical ward (3:11).

An entrepreneur. The issue of the nurse as a private practitioner was mentioned by many respondents. Also the possibility of nurses opening and running hospitals, clinics and nursing homes (5). The most articulate on this subject was respondent 9. After declaring that nurses should become hospital superintendents, and even the Minister of Health, he goes on to say:

And another thing, if they can be trained, nurses, from the start that it's not that they must only work for the government. If they can be told from the start 'Listen people, we are training you and we are not training you to work for the government. We are training you to go and open your own companies and work'. If the government are saying we're not employing any more nurses, and the private sector says, we are not employing any nurses, that means nurses will sit down. So really, I feel very strongly nurses they should come together, put money together like doctors, build up their own private hospitals. Big private hospitals like Crompton, City Hospital, Entabeni. They belong to a man, like me, like anyone else. Nurses have to believe it! (9: 11-12).

The respondents see the future nurse as increasing even further in scope (2:1, 8:6). The right to prescribe is often mentioned in this regard, as is assisting in surgical procedures, and even doing some surgery themselves. Another mentioned the possibility of nurses

opening hospitals or nursing homes (8:8, 9:4).

We're doing pharmacology. So maybe in a few years time, nurses will be allowed to prescribe for their patients, as they are taking care of their patients (8:6).

Challenges For The Future

Quality of care. As indicated above, respondents were not completely satisfied with the quality of care currently given by nurses. Two of the respondents saw the improvement and then the maintenance of nursing standards as the biggest challenge facing nursing.

The biggest challenge, the performance of the nurses in their field, that is very challenging. If the nurse fails to take good care of the patients, the blame will be put on her (8:10).

It's for nurses to improve skills. They have to keep up with the highest standard and maintain the standard. They have to give really quality nursing care (12:6).

They had different ideas about what the reasons for the lack of caring was.

* Registered nurses do not nurse: I've come into contact with so many professional nurses that... just do the admin part of it and that is it. They do not have the contact with patients (6:5). Also 5:3.

* Free training with a salary, and a guaranteed income: Most nurses just do nursing for the sake of an easy way of income. It's not a thing that comes from within them (4:3). You find that people say: I'll go do nursing because I don't have enough money, so that at least I can gain some wages too, for a living. And then if I get money I'll go on and to do something else. (12:4). (Also 3:7).

* The disproportionate emphasis on administration: But I hope in the year 2000 it gets patient oriented rather than admin (7:3).

* Too few nurses (7, 8) Because now here we don't have that much time caring, staying with one patient. I think in 10 years time there will be more nurses to take care of all the patients (8:5).

Another respondent cautions: I cannot say the government must employ more staff, because I don't know where are they going to get the money to pay for the staff, but there must be not too much workload for the nurses (9:4).

They can really make some improvements in training. A number of respondents from the diploma programme expressed dissatisfaction with this qualification (9, 12). The reason was that learning facilities were seen to be inadequate, status was lower than in other institutions, and opportunities were limited after study (10).

I'll say there need to be more facilities for us like libraries... video recorders with some cassettes,... computers. We don't have much knowledge about computers and now computers are most widely used (10: 2-3). Also 9:8.

Maybe in the future it should be changed to a degree and you have an equal amount of theory and practical. Where you pay for your theory and you get paid for you practical (3:17).

The nursing should go into the general stream of education so that we are going to get all the facilities that are there used by the students (9:8).

Respondents repeatedly pointed out that their four year post-matric study did not mean as much as that of other health professionals such as radiographers (9:8), pharmacists and physiotherapists (1:1), not only in terms of status, but also in terms of rewards.

Recognition. Although respondents were generally satisfied with their education, they also emphasised that nurses need more knowledge, and that in certain ways the education should change. One of the points made was that there should be greater articulation between nursing training and that of other professions, so that more movement is possible (9: 9-10). Recognition of nursing diploma training towards a degree in nursing was also mentioned (10:3).

So if nursing can be, if someone want to go and do medicine, at least she may be credited for those four years that she was doing here (8:2).

Another area of recognition respondents mentioned was the issue of legal restrictions on their practice, which did not recognise their potential role and actual educational preparation (3:18).

Nurses, they have the knowledge their knowledge base is increasing, but there are still those great limitations as to what you're allowed to do. Protocols in the hospital and the law and that sort of thing. We need more recognition for the type of job we do, more recognition for that knowledge that you actually have (1: 3-4).

A third aspect around the subtheme of recognition is that nurses should get more incentives towards further study, and more recognition for achievement.

They should build up interest in young nurses to continue nursing so that nursing can progress forward. There's nothing that can discourage a person like just working hard and then anyway, after it all, I won't get a thing (12:6).

I don't know that I'm satisfied with management. Over and above the poor human relationships seen as inherent in nursing service management today, respondents also expressed concerns about other aspects of management.

The preparation of managers is a concern expressed by more than one respondent. One said that experience is essential in a manager, while another described the poor preparation of future managers which left senior positions empty or inadequately filled.

So, no matter how educated you are, if you... don't have experience, you still go down (2:2).

And then an inexperienced person gets into that status of being a matron. And then that lowers the standard because this person is not experienced. Sometimes the space will remain vacant for some time because there is actually nobody qualifying to enter that position (12:4).

HIV of course. A number of respondents mentioned HIV/AIDS as one of the greatest challenges facing nursing. They talk about the lack of solutions to this problem, and the immensity of it. (11:6).

Getting rid of the fear that you are going to get AIDS. Learning to treat them as being normal (4:9).
Most people are in danger and I just can't imagine what could happen if nurses become infected in greater numbers. Because then it'll be a disaster (10:6).

Discussion

To assess the awareness of the students of topical issues, their perceptions were compared to the topics making headlines in the South African publication, Nursing News in 1997 (when this study was done). There were some remarkable similarities and differences. The themes which students address under 'nurses feel like they are trodden on', 'the working situation is awful' and 'I don't know that I'm satisfied with management', are also addressed in the journal under the following broad headings:

* nursing organisations and member benefits (July, November)
* caring and ethics in nursing (April, June, July)
* medico-legal and labour relation issues (August, September, November)

The focus which the students see in their future vision of 'the community professional' is reflected in the Nursing News under Primary Health Care (February, June).
The workplace problems were also addressed by more than one research study published in the same year, showing the fear and anxiety engendered by the high level of infectious diseases nursed by students (Naude and Mokoena, 1997), the disempowerment felt by nurses through current management practices (Jooste, 1997), and the effects of community violence on nurses (Gcaba, 1997).
Major topics in the journal which were not mentioned by students, were
* substance abuse (January, February, June, November)
* Tuberculosis (May, July).
At the same time, there were a number of topics students addressed, particularly HIV/AIDS, which were almost ignored at that time in the journal.

The past and current roles described by respondents show great similarities with those discussed in the literature in the 1990's. The greater autonomy which respondents describe, echoes that described by Cronenwett (1995) and Elliott (1995). The health education and community based roles seen by respondents as future roles, are described by authors such as Wass and Backhouse (1996). Clinical specialists and advanced practitioners have recently been much discussed (Morgan and Trolinger, 1994; El-Sherif, 1995) and this topic is gaining international recognition as a major need for development in nursing. Less attention has been paid in the literature to the entrepreneurial role of the nurse as described by respondents. Although there is some mention of nurse-run institutions, it seemed to have more to do with the independent role than with an entrepreneurial approach.
The relatively positive and confident attitude of students as reflected in 'basically I am satisfied with what I am' and 'I think the training is fine', contrasts with the perception of Khoza, a tutor in University School, published in the same year. She made the statement that many newly qualified nurses do not feel competent or confident in their new role (1997). The anxiety of newly qualified nurses might go up as they enter the work setting as registered nurses, rather than while they are senior students in the relatively protected educational environment.

Conclusion

In conclusion it was interesting to find out what the future plans of these respondents were. Only one of them planned to leave nursing, and will take any well paid job outside of nursing. Three have no specific plans, but see themselves as making an impact (2), getting more knowledge (12) and working more with prevention than cure (4). One wants work in a counselling capacity (9), one in a hospital (11), one in a community health centre (5), and one in a research setting (1). Only one has already decided which speciality she is interested in, and that is operating room nursing (6).

On the whole the responses reflect an idealistic view of nursing tempered by a realistic knowledge of the difficulties encountered in the practical situation. There is no question that these students speak about nursing from experience, but still they have retained a positive and expanding vision of the future of the profession. They were able to articulate not only this vision, but also their concerns. Coupled with their feeling of competence and confidence, one can expect that this generation of students will make a positive contribution to the profession.

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