Challenges Of First Year Student Nurses In An Undergraduate Nursing Higher Education Institution Programme, South Africa.

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Abstract
Background: Students nurses face many challenges especially in their 1st year journey in Higher Education (HE). The challenges include academic, personal, socio-economic, language barriers, academic and clinical challenges. These challenges cause much duress unto a student nurse who eventually fail in their course and/or dropout out completely of the High Education Institution (HEI). It is the imperative of the Nursing Higher Education Institution (NHEI) to identify the challenges of first year student nurses so that adequate support can be provided by the HEI, if possible, to prevent student nurse failure and dropout.
Materials and Methods: An ethnographic design and Strauss and Corbin's Grounded theory data-analysis approach were used in this study. Data were collected through individual and focus group interviews from 40 key informants and through observations, natural conversations and document analysis. Ethical clearance was secured from the research ethics board, and ethics principles were observed through the study.
Results: Data revealed that 1st year student nurses face a plethora of challenges. This includes academic, personal, socio-economic, language barriers, academic and clinical challenges. Previously disadvantaged especially student nurses face numerous challenges that disadvantages their integration into HE and this soon leads to their academic failure and dropout completely from HE.
Conclusion: First year student nurses face numerous challenges. Student nurses from previously disadvantaged backgrounds endure the most challenges for which they have little control over. The NHEI's need to identify and understand the challenges 1st year student nurses endure so as to help where possible. This may help prevent student nurse failure and dropout from a course and Higher Education.
Key Words: Access, challenges, support, financial, socio-economic, pregnant, English Second Language.

I.   Introduction

In South Africa, a large population of the student nurse body admitted into Higher Education Institutions (HEIs) are previously disadvantaged students and are from rural areas. The idea is that upon completion of their studies they will serve in the rural areas as a form of supporting the already direly staff shortages of nurses [1,2,3]. As part of South African post-apartheid transformation strategies is widened access into Higher Education (HE) for all South Africans [4]. In Nursing Higher Education (NHE) the increased access of student nurses from previously disadvantaged backgrounds, is with the hope that student nurses upon, will go back to serve in the hospitals including rural placements, easing the burden of the dire nursing shortage [5]. Increased student access into HEI is critical to meet the transformation agenda of the country and to help the direly short-staffed health system to be sustained.

Nurses make up the largest number in the healthcare workforce. [6] states that not only the South African healthcare system but globally, the nursing profession has a dire shortage of nurses including midwives. There is an estimated shortfall of 10.1 million skilled health professionals that will present which includes nurses, midwives and physicians by 2030 [7]. [8] states that the nursing profession are the largest component in the healthcare sector. A shortage of nursing personnel negatively impacts the healthcare facilities globally. in particular the registered nurse category, are a global phenomenon. [9] states that the nursing shortage in the United States (US) is high. The need for graduate nurses from colleges are low compared to dire need for graduate nurses. This is impacting healthcare facilities by leaving the healthcare facilities direly short staffed and negatively impacting positive patient care. South Africa faces the same nursing shortage as nurses are immigrating to other countries for better prospects [10; 11]. [12] indicates the nursing has been added to South Africa's list of critical needed skills. The SANC recent data findings indicate that the country has a nursing staff population of 280,000 which is equal to one nurse per 213 people. The hospital group Life Healthcare has indicated that in 2022, the

country needs as many 26,000 additional nurses to meet growing demand. In order to meet the supply for the demand of nurses, the intake and training capacity of nurses by institutions are needed.

The National Strategic Direction for Nursing and Midwifery Education and Practice (2020/21–2025/26) (Department of Health, 2020) [13] supported by the 2030 Human Resources for Health Strategy, grounds the need to provide an adequate number and relevant categories of nurses to ensure an effective nursing workforce, relevant to the current and future health care needs in the country. The Higher Education reform meant that nursing education must be incorporated into Higher Education. This has resulted in realignment of all nursing programs including the course offerings at public and private nursing colleges. The course offerings and has to be aligned to the Higher Education Institutions (HEIs) to comply with the Higher Education Act (as amended in 2008), align nursing qualifications with the HEQSF, and develop a framework for the accreditation of NEIs, their training programmes and clinical facilities that are aligned with the Council of Higher Education (CHE) and the SANC. This has seen the educational reforms resulting in new Nursing Qualification [14]. These reforms aimed to improve the standards of nursing education in South Africa and healthcare delivery in South Africa. However, The Lancet Commission and the Global Health Workforce Alliance stressed that professional education not been able to cope with the demand and supply of qualified nurses to the pace of health care needs and challenges [15,16,17]. The with health professional education includes mismatch of competencies to patient and population needs, lack of teamwork, narrow technical focus that is not considerate and includes broader contextual understanding and weak leadership to enable health system performance [17]. This is supported by evidence which shows that indeed student nurses are struggling in Higher Education with challenges causing failure and premature dropout. The Council on Higher Education (CHE) [18] observed that only 35% of all first-year entrants graduate within 5 years. In KwaZulu-Natal (KZN) Province, SA, a College of Nursing reveals a high failure rate among these students, mostly in the first year of study. This results in atleast 22% of student nurses leaving the program, after the 1st year [19].

The inability to meet the healthcare demand of qualified nurses, brings simmers down to the question on the challenges first year student nurses face. Increased access of students is not without challenges and dampens student nurse adequate integration and participation. First year student nurses' challenges include psycho-social, language, culture, emotional and financial challenges coupled against a difficult academic integration for which many have been poorly prepared for from school [20] and [21]. The multiplicity of factors indicated by various literature sources, that these factors impact and affect a student nurse academic integration, course success, timely completion and often dropout from HE [22].

The multiplicity of factors impinging on student nurse's integration and success in their first year is marred [23] One or more of these factors could lead to stress, which could hinder academic potential by distracting students' focus from their studies. Stress affects a student's integration HE, which also affects academic performance and completion.[24]. [25] conducted a study on factors causing stress among first-year students attending a nursing college in KwaZulu-Natal. The authors used a quantitative descriptive survey design in their study and includes student nurses in the last term of their first year. The study revealed financial problems, living away from home, personal illness, problems at home, long working hours, academic difficulty and poor study methods. These problems resulted in student nurse not integrating in HE and fail or prematurely dropout.

The impact of adequately supporting student nurses from their first year comes from the identification of their problems. The need to understand first year student nurse challenges in Nursing Higher Education will help HEIs understand what relevant and targeted specific student nurse support is needed by student nurses. This will lead to student nurse integration and adjustment in their first year and being successful with course requirements towards academic progression and eventually timely course completion and graduation. This will meet the healthcare sectors demand for nurses leading to improved patient care and outcomes.

This paper therefore aims to underpin the challenges of first year student nurses in an undergraduate nursing higher education programme in South Africa.

II. Methodology

This ethnographic study approach was carried out on Higher Education SNPH with staff and student and a selected government hospital. Utilising this approach allowed the researcher the opportunity to be immersed in the culture of the informants so as to understand how the phenomenon of academic monitoring and support is conceptualised and practiced by the nursing students and nurse educators. A total of 40 informants were included in the study.

Study Design: Ethnographic study approach

Study Location: The study locations included Hospital X is situated in Umlazi on the east coast of eThekwini municipality, KwaZulu-Natal. This hospital was chosen as the study setting as student nurses are allocated to this hospital as part of their clinical training and an easy to access facility in terms of travel distance to the researcher. The hospital serves at least two million people of which constitutes largely the Black population. The hospital has a bed space of 1,200 beds ("Hospital X (name undisclosed for anonymity). The SNPH selected as this study setting is situated centrally in the eThekwini district of KwaZulu-Natal [26]. The SNPH consists of a four-year undergraduate nursing programme which offers the basic four-year nursing degree. The limited, but adequate, research settings entail intensive field-work, producing robust data evident in thick descriptions in ethnographic research [26].

Study Duration: January 2014-December 2016.

Sample size: 40 study informants.

Sample size calculation: Informants were purposively selected and later theoretically sampled as determined by their involvement in and experience of AMS. A total of 40 informants participated in this study. They included 24 Bachelor of Nursing students, four peer mentors, four academic mentors (student tutors), four nurse educators, an AMS coordinator, a student counsellor and two Academic Development Officers. Sampling of primary and secondary documents also formed part of the purposive sampling, which led to the understanding of the cultural phenomenon under study during the study process. The sample description of primary documents included student nurse consultation notes undergraduate degree cohort and student academic and clinical competencies student support surveys. Secondary documents emerged for analysis from the primary document analysis and included policies, reports, minutes from official AMS meetings, established pillars of AMS in the cultural context, government-gazetted documents and other government policies on social transformation especially in the context of AMS in the selected HEI.

Subjects and selection method: Informants were purposively selected and later theoretically sampled as determined by their involvement in and experience of AMS. Informants' insight, experience and involvement in nursing and AMS, as student nurses and as staff were therefore purposefully and theoretically sampled until data saturation was reached.

Inclusion criteria:
1. Student nurses
2. Executive leadership from the College of Health Sciences
3. Teaching Staff from the SNPH
4. Support students and staff at the SNPH
5. AMS staff from the College of Health Sciences.

Exclusion criteria:
1. Non- student nurses
2. Executive Leadership other than the College of Health Sciences
3. Hospital Staff
4. Administrative staff from the SNPH and hospital.

Procedure Methodology: Once ethical clearance was obtained from the University Research Ethics Board, gatekeeper permission was obtained from the Registrar to have access to the students and permission was obtained from the Nursing Department and Hospital X to collect data from the students. Ethical principles were observed throughout the study.

After having obtained permission and ethics to conduct the study, the researcher began with 1) ethnographic host observation in the hospital and the SNPH clinical skills laboratory cultural placement setting; and oscillated between 2) interviews and FGDs and (3) primary and secondary document analysis.

Interview and FGD schedules were designed around the research cultural phenomena. For document analysis a document analysis template was adapted and modified to the purpose of this study from the [27]. The document was edited and modified for the purposes of this study. The items consisted of the date of observation; observer; student consultation date with any of the AMS and academic personnel; purpose of the learning document; school groups of students; mark review and learning gaps; statement of learner problems; clinical problems in the clinical and HEI setting; clinical support provided; theoretical problems; theoretical support provided; concise, complete and purpose of information of the document. The researcher (myself) was responsible for identifying documents for analysis and utilized the tool for document analysis.

The participant observation access into the hospital and university SNPH cultural settings allowed the researcher (myself) to adopt an "insider" approach. Student nurse ethnographic hosts were given a study information sheet and a student card which reassured them of the researcher's study purposes and the confidentiality clause. All observable behaviour was noted down on ethnographic field notes.

Ethnographic host's observatory notes were documented away from the ethnographic hosts. This ensured that they behaved naturally [28]. However, as ethnographic hosts began to interact freely without hesitation, passive observation would occur [29]. Interacting by behaving the same as cultural hosts allows the researcher to blend in and observe the cultural phenomenon as thy experience it [30].

In the hospital cultural placement setting, the researcher (myself) conducted observations at least four times a week from 6 a.m. to 4 p.m. As a result, the work-shift change of the student nurses, ethnographic hosts and the cultural setting dynamics at large. One year was spent by the researcher in the cultural settings.

III.   Statistical Analysis:

Data was analysed using [31] grounded theory framework which is regarded as useful in concept analysis. Grounded theory data analysis [31] was utilised to analyse data which occurred in phases of open-coding, axial coding and selective coding. Once data was analysed, it was placed, according to [31] paradigm framework, which consists of six elements which includes conceptualisation, contextual conditions, antecedent conditions, action and interaction strategies, intervening conditions and consequences.

Data analysis in the open-coding phase firstly entailed the accumulation of open-codes which then led to condense data leading to emergent categories, properties and dimensions of a property [31]. Axial coding involves analysis of the larger textual body in order to uncover the development of relationships amongst axial categories for its sequential and spatial relationships, cause and effect and end-result relationships. Axial coding assists to put back relevant data into incomplete data. Selective coding was done by placing the refined categories and subcategories under the antecedent conditions, contextual conditions, action and interaction strategies. Intervening and consequences conditions were drafted on a large map. These findings were placed together. This simultaneously allowed the common link of the core phenomenon to develop and emerge. The core phenomenon of interest was Clinical Peer Mentor Support as part of the existing AMS structure in an undergraduate nursing education programme. The refined and selected codes under the conditions revealed the core phenomenon and the attributed characteristics emanating from it. This was achieved by reiterative data analysis until data saturation was reached, leading to the emergent conceptual framework.

Aiding data analysis was selected elements of Walker and Avant's [32] model of concept analysis which was utilized for in-depth interrogation of the concept in terms of attributes, antecedents and consequences of this concept. By selecting a concept interrogation of the concept for meaning, eschewing the attributes or characteristics associated with the concept allows for broad insight into the concept.

IV.   Results

Data findings reveal that first-year student nurses have a multiplicity of challenges. The reasons includes personal, psycho-social, financial and academic reasons. This is revealed about the student nurses who have been consulting Student Support Services, from the excerpt below from document analysis and a cultural informant interview:

> *"Social adjustment, crises, family and personal relations, domestic violence, food insecurity, trauma and grief and bereavement featured prominently by students seeking individual counselling". [Document analysis, KI 25]*

> *"…you find a lot of young learners are faced with psycho-social issues like death in the family, trauma, crying, we need to acknowledge that they will present with those issues." [KII 3]*

The first-year academic integration into HE was a challenge for most student nurses. Student nurses revealed that they had challenges including accessing computers and how to operate the computer for their academic requirements. The challenges stemmed from poor school preparedness in academic skills impacting material and resource usage upon their first year at university. A fourth-year student nurse cultural informant revealed that he was not exposed to a computer at school, as highlighted in the excerpt below:

> *"…I could not type because I remember my first assignment and for me to finish it took me days just typing and I did not know how to open it (computer)…" [KII 2]*

> *"...they (rural school students) will have problems such as computer literacy…." [KII 8]*

Learning how to use computers and access teaching material such as the computer was taxing for student nurses. They spent a large amount of time to learn how to access the academic tools rather than understanding academic content which was secondary.

> *"I have basically self-taught computer skills I never had training until I got to university, you know you have been thrown in the deep end and you gave to learn everything". [KII 8]*

Other student nurse cultural informants expressed they were unsure on how to proceed with assignments. The challenges on approaching academic instructions such as assignments stemmed from the poor school preparation, as the excerpt is highlighted by a student nurse cultural informant below:

> *"…in the first year because it (peer mentor) helped me a lot…helped us with assignments if we had problems so it as useful…" [FGD 1]*

Similarly, academic preparation from school was poor for student nurses who were from previously disadvantaged backgrounds and having attended the Quintile 1, 2 and 3 schools. Their exposure not only to the resources such as the computer and to English based usage which was lacking but was the exposure to certain subjects. Subjects such as sciences for which student nurses in their first year had to take the module-Special Sciences was a struggle for student nurses. They were not exposed to this subject at school, and this made it very difficult for them to cope with the module at university. This is highlighted in the excerpt below:

> *"…in the nursing programme, the focus on chemistry, anatomy and physiology and social sciences...we found students struggling…barrier subjects…students can't progress if they haven't passed [KII 17]*

> *"…I remember in my first year I had academic crisis in physics... I never did physics at school but I came here and did physics…" [KII 3]*

Data findings further indicated that 1st year student nurses experience challenges on a personal level. There were several personal challenges which included lack of food, lack of residence, lack of money and personal to social support. Student nurse cultural informants cited that access to food and meals was a major concern which affected many and this side tracked them from their studies having to cope with basic sustenance.

> *"Like myself I remember it was my first year I had no food in my house …". [KII 3]*

> *"Some people will go day and night without something to eat because they do not have money to buy something to eat…and stressed them out….." [KII 8]*

Student nurses also struggled with coping to fend for themselves and juggle their time management amongst the various deadlines. They suffered immense stress from the inability to juggle multiple academic and personal requirements. A third-year student nurse cultural informant indicated he struggled cope with academic deadlines and coping with living alone and being responsible for himself, as highlighted in the excerpt below:

> *"….you (student nurse) had to buy food and have to cook yourself and academic world on the other side it was – challenging…because they give us a lot of work…" [KII 3]*

Student nurses also faced major challenges with language access. Student nurses whose mother tongue was not English, struggled with academic requirements and also were hesitant to ask the lecturer for help to clarify or to explore what was being communicated in English.

> *"Myself, I was from rural areas and I was not exposed to English and here sometimes you come up and the teacher is Indian, speaks English fluently so sometimes you have a questions and you afraid to ask because your English is not well conquered". [KII 3]*

Data findings revealed that some student nurses did get pregnant. Some student nurses got pregnant in their first year. This made it difficult for them to adjust into a course and the program and also cope with the multiple requirements of being a student nurse. This is highlighted in the excerpt below:

> *"…I would come to ADO and she would talk to me and find a way to work on that…I was pregnant when I was in first year so I had to juggle many things …" [FGD 1]*

V. Discussion

This study findings revealed a multiplicity of challenges faced by first year student nurses. The problems stemmed from poor school preparation, socio-economic problems, academic challenges, numerous tasks and deadlines to cope with academia and personal integration into HE, language barriers and personal challenges.

Student nurses who faced academic challenges included modules such as Anatomy and Special Sciences. Data findings revealed that these modules were challenges as students did not receive the background building blocks to from school to understand these core concepts better in HE. In their study, [33] of "Factors contributing to poor performance of student nurses in anatomy and physiology" of selected student nurses at a college of nursing. The study findings revealed that Anatomy and Physiology were mandatory modules for a student nurse to take in their course offerings in the first year. The lack of academic preparedness for the module from school, a lack of English understanding for which these modules were taught in English, made it even harder for student nurses to understand. This caused many student nurses extreme trepidation, anxiety and stress as they could not understand the module, hence failing.

Adding to the weight of the traditionally difficult modules such as Anatomy and Special Sciences is the effect of the language barrier. English as a second language (ESL) was a major challenge experienced by many student nurses. This had the impact of student failure and dropout from a course or the institution [34;35]. The ESL has a systemic effect on a student's understanding of concepts and the content taught in class. Understanding, listening and reading content in English to ESL students must not be undermined. ESL students cannot understand the content as the English concepts has no meaning or relevance if not explained in a language understandable to them. This has a same impact on Anatomy and Physiology, which [36] state is difficult to understand and comprehend as it is taught in English and the material is in English. The language barrier to first year student nurses is a major challenge for which causes undue tension to students and they cannot cope, causing failure and even dropout.

Personal challenges included lack of finance, meals and inability to cope with the demands and pace of living away from home, which led to unplanned pregnancies in some student nurses. [37] stress that especially in the first year, student nurses endure difficult physical and emotional scenarios which they were not prepared for before entering HE. The academic and clinical realities have been a harsh reality check for which they did anticipate [37]. The inability to cope with course, academic and clinical demands were not what students nurses envisaged before entry into the program. Entering the first year, student nurses are shocked with the workload, multiple deadlines and clinical competencies [38]. Clinical realities include seeing death and dying and ill patients which is different from the simulation laboratories [39]. This has the ability to cause student distress leading to student demotivation and dropout [39].

The challenges of integrating and adjusting into HE is difficult for student nurses. Besides having to cope with academic and clinical requirements, they have to endure balancing their personal lives. Finance was a major challenge for student nurses. They did not receive bursaries on time and many students come from previously disadvantaged backgrounds and do not have money for meals and to sustain themselves on campus residence or their personal needs. Literature reveals that some students commence their training in their late twenties. At this stage, they have families to support. Money is inadequate. Some students take out time to work part time to earn money to support their families and support their studies [40]. [41] contends that balancing academic life, maintaining finances for their household, supporting their families and themselves are challenges students face.

In their study, [42] who explored factors influencing student nurses' attrition rates, found financial concerns for most student nurses. Student nurses financial concerns (33%), compared to academic dissatisfaction (26%) and clinical placement problems (14%) which were challenges. The impact of finances affected student nurses academic and clinical spheres and caused much distress leading to course interruption, failure and most times, dropout of studies, as they could not afford to study.

Other personal challenges includes that some student nurse were the unplanned pregnancy in their first year. Though not seen as a challenge but unplanned pregnancies caused duress on a student nurse who was unable to cope with academic and clinical requirements and they themselves needed emotional support to cope with the pregnancy [43]. Stressors added to the unplanned pregnancy included the failure to write examinations, no maternity benefits, lack of support from colleagues and staff during pregnancy.

This study revealed challenges of student nurses in their first year in HE. The challenges student nurses endure have an impact of failure and dropout from a course and institution. The challenges include personal, socio-economic challenges, language barriers, academic and clinical requirements to the multiple deadline's student nurses endure.

VI. Conclusion

Student nurses face many challenges in their first year of Higher Education integration. The challenges include personal, socio-economic challenges, language barriers and academic and clinical requirements to the multiple deadline's student nurses endure. Most of the challenges are not within student nurse's control. For these reasons, HEIs must intervene and provide relevant, responsive and optimal support to student nurses to prevent course failure and dropout. This is the imperative of the HEIs who are trying to transform HE and especially the nursing education reform. Failure to do so and provide support to student nurses to overcome their challenges especially in their first year, will not help in the transformation of the country and contribute to adequate professional nurse graduates to support and staff the direly staffed healthcare facilities, which is needed for positive patient outcomes and bettering the healthcare system.

VII. Acknowledgement:

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