THE DEVELOPMENT OF MENTAL HEALTH PROGRAMME TO SUPPORT STUDENTS TOWARDS THEIR ACADEMIC SUCCESS AT THE UNIVERSITY OF VENDA

by

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I, Mary Maluleke, declare that THE DEVELOPMENT OF A MENTAL HEALTH PROGRAMME TO SUPPORT STUDENTS TOWARDS THEIR ACADEMIC SUCCESS AT THE UNIVERSITY OF VENDA is my own work, that all sources that I have used or quoted have been indicated and acknowledged by means of complete references, and that this work has not been submitted for any other degree at this or any other institution.

M Maluleke
.....

M. MALULEKE

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.....

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DEDICATION

This thesis is dedicated to:

My parents, Joe Mbhazima and Alinah Nyanisi Queen Maswanganyi for my success and for teaching me the value of education, patience and perseverance.

My sons, Ntsako Edward and Pamela; my daughter Khanyisa Queen for sharing my challenges, frustrations and joys.

Thank you. I love you so much!

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I wish to thank the almighty God for giving me the opportunity, strength, wisdom, understanding, perseverance and ability to undertake and complete and for sending the following people into my life, whose contributions I will always appreciate. I wish to affirm that with God all things are possible.
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ABSTRACT

Mental health problems have a negative impact on academic performance, retention, and graduation rates. Not unlike elsewhere, The University of Venda (UNIVEN), as an under resourced, rural based university, has many challenges based on the type of students it serves. UNIVEN's student enrolment mostly comprises students from low income households with poor university entrance preparation. The majority of students are the first generation of their families and communities to enter higher education. As yet, there is no scientific data available about the registered nursing students' experiences of their mental health at UNIVEN.

A situational analysis, involving a single case study at UNIVEN was conducted, to explore and describe the registered nursing students' experiences of their mental health and to develop, implement and evaluate a mental health programme to facilitate student nurses' mental health. Data was collected from participants through naïve sketches and focus group interviews. One hundred and sixty eight registered nursing students participated in naïve sketches and forty eight of these participated in focus group interviews. All ethical issues were adhered to throughout the study.

Data was analysed through the use of Tesch's open coding. The findings from naïve sketch narratives and focus group interviews are integrated to avoid repetition. From the analysed data, themes emerged as follows: The nursing student's experience of disturbance in their sleeping patterns; Nursing student's experience of stresses and stressors as challenges to their mental health; Nursing student's experiences of their coping mechanisms; Nursing students' perceptions of support needed.

After the analysis of data, the phenomenon of registered nursing student mental health experiences was identified and literature control supported the

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findings. These findings revealed the nature of the mental health experiences of registered nursing students in UNIVEN and provided information required for the theoretical foundation of the programme. Then this was followed by the theoretical framework for the development of the programme which was informed by the elements of practice theory Dickoff et al., (1968:430). Then the programme was developed in an interactive interventive manner using the theoretical framework and approaches outlined in Chinn and Kramer (1999:110); Walker and Avant (1995:28).

A single case study was used to pilot and evaluate the developed programme. The essays were used as source of data to assess the effectiveness of the mental health support programme. The evaluation of the programme is ongoing, as it is a process and its outcomes will be gradual.

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LIST OF ABREVIATIONS

APA	American Psychiatric Association.
BCUR	Baccalaureus Curationis.
CAS	Council for the Advancement of Standards in Higher Education
GAS	General Adaptive Syndrome
ECS	English communication skills
HERI	Higher Education research Institute, University of California Los Angeles
LCM	life Change Model
SASCS	Students Academic Support and Counselling services.
SOC	Source of Coherence
SRA	Student Representative Association
UNIVEN	University of Venda
WHO	World Health Organisation

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CHAPTER 1

STUDY OVERVIEW

1.1 INTRODUCTION, BACKGROUND AND RATIONALE

Not unlike elsewhere, The University of Venda (UNIVEN), as an under resourced, rural based university, has many challenges based on the type of students it serves. UNIVEN's student enrolment mostly comprises students from low income households with poor university entrance preparation. The majority of students are the first generation of their families and communities to enter higher education. According to Kitzrow (2008:167), being from poor socio-economic backgrounds, they are likely to suffer chronic stress related to their poverty, and many of them have lived through stressful experiences due to a variety of HIV/AIDS related difficulties. All these stressors can compromise their mental health, which can result in poor academic performance.

Similarly, Peltzer (2009:20) says that another obstacle to students learning in South Africa is their poor living conditions. In an effort to cope with their circumstances, they show signs of anxiety and depression which eventually result in poor academic performance in their final years of study. Van Dyk (2009:16) share the same sentiment when he writes that academic performance of black students in South Africa is the poorest when measured against that of students of other racial and cultural categories. This is because some of these students come from very poor socio-economic circumstances and poor schooling conditions due to poorly equipped black schools.

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Globally, students experience high levels of stress in coping with their environments, studies, careers and uncertainties of their futures – all of which compromise their mental health (Brackney & Karabenick, 2008:458). Mental health is described by Uys (2005:35) as the ways in which we think and feel about ourselves and about others and how we interpret the world around us. It affects our capacity to manage, to communicate and to form and sustain relationships. It also affects our capacity to cope with change and transitions. It is a resource we need to promote and protect ourselves. All students need a healthy mind for effective and appropriate processes of thinking, association, analysis, judgment, understanding and decision making, the day-to-day demands from the external environment.

According to Kessler, Foster, Saunders and Stang (2009:1029) mental health is clearly linked to retention and academic performance of college students. Authors further indicate that college students often prematurely end their education due to mental health problems. The impact of mental health problems on academic performance, retention and graduation rates is well documented. Students with mental health problems are characterized by higher test anxiety, lower academic self-efficacy, less effective time management and use of study resources. They are also less likely to persist when faced with distraction or difficulty, and less likely to use effective learning strategies, such as seeking academic assistance, thus compromising their academic success (Tinto, 2006:59; Brackney & Karabenick, 2008:460; Mpofu, 2009:13; Van Dyk & De Kock, 2009:90).

Peltzer (2006:116) studied the incidence of 'brain fag syndrome' among students in South Africa. Brain fag syndrome is described by the Diagnostic and Statistical Manual of Mental Disorders (DSM IV TR) as a condition experienced by university students in response to the challenges of university

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life. In an attempt to adapt to university life, their mental wellness is compromised, which eventually results in poor academic progress. The main features are: unpleasant head symptoms (pain, burning, crawling sensation), visual disturbance (dimness of the vision, pain in the eyes), and cognitive impairments (an inability to grasp the meaning of written or spoken words). South African studies such as Peltzer (2006:116); Poggenpoel and Myburgh (2009:64) and others also report that a lot of undiscovered, unaddressed, and unmet mental health problems of a student interfere with academic performance and therefore academic success of a student. Secondly, there is a danger that student may engage in harmful behavior that affect self and or others.

Amongst the challenges that South African universities face, is retention of first year students, where the greatest attrition rates are reported (Essack & Juwah, 2007:49; Scott, Yeld & Hendry, 2007:46; Swail, 2007:67). Many first year students find themselves psychologically unprepared for the demands of tertiary education and institutions struggle to manage students' difficulties.

In an attempt to support students, a number of South African universities for an example, University of South Africa, the University of Potchefstroom, the University of Johannesburg, the University of Zululand, established academic support programmes to address the needs of second language speakers to bridge the gap between high school and university. They were not purporting to address mental health needs. Their focus was essentially on academic literacy skills (du Plessis, 2006:1; Agar, 2007:68; Adams, 2009:135).

The National Department of Higher Education and the Council of Higher Education (CHE) in South Africa is taking the issues of analyzing the factors

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that influence students' success in higher education seriously. This is evidenced by the number of commissioned studies to look at various dimensions of factors that influence students' throughput and success rate. Amongst the many factors (resources, changes in the institution, under preparedness of the student, etc) one conclude that embraced in factors emanating from the students contribution to his/her own success and institutional factors is that ability of the student to navigate his or her stressful circumstances effectively (CHE, 2010:60; Scott, et al., 2007:42).

Furthermore, the researcher noted that the CHE had commissioned research into student engagement that informs both the matter of student achievement and other concerns about student experience (CHE, 2009:8). Student engagement looks at both what students do and what institutions do to induce students to do the right things. The notion of student engagement is supported by an extensive research literature which shows that "the time and energy students devote to educationally purposeful activities is the single best predictor of their learning and personal development" (Kuh, 2005:26). The value of this research lies in the wealth of data that becomes available to diagnose problems and design interventions to improve student success.

Not unlike in any other institution of higher learning in South Africa, low throughput rate is a course for concern at the University of Venda. For the purpose of this study, administrative statistics of a BCur. nursing programme throughput were drawn out. Figure 1.1 below indicates intake and throughput rate for four consecutive years:

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Figure **1.1 Nursing students intake, success and graduation rates**

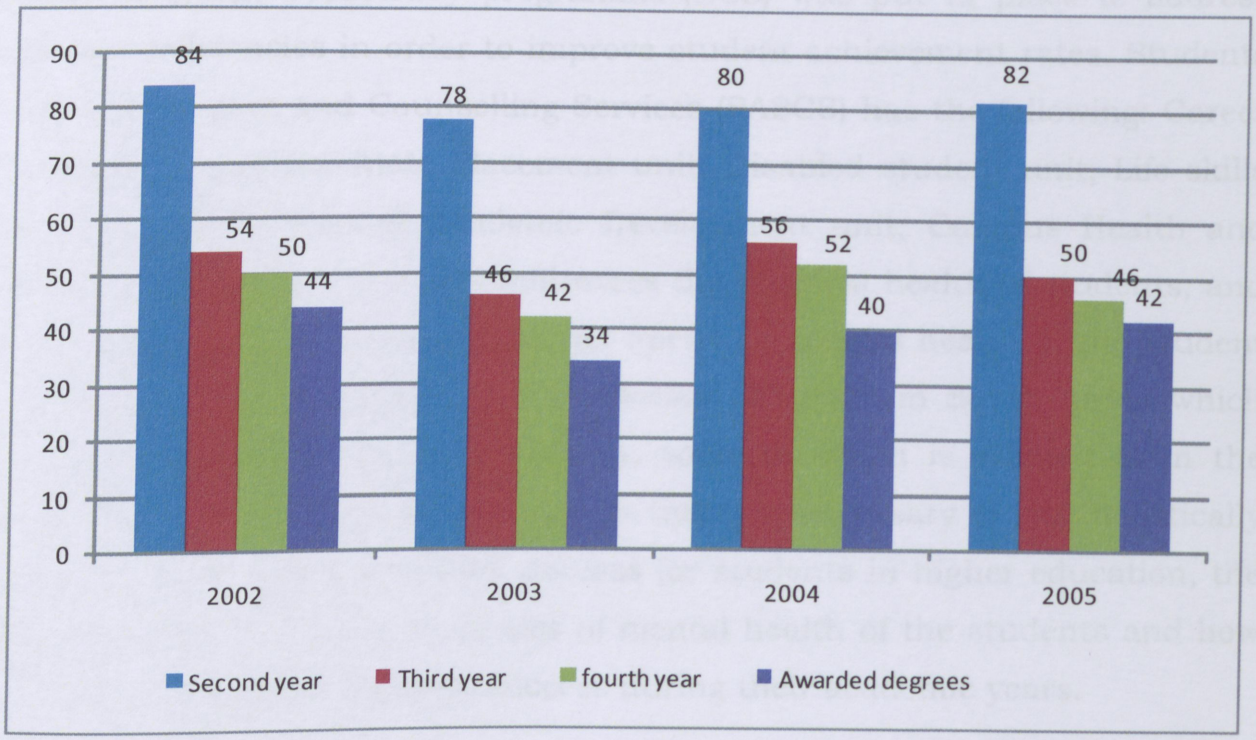

Figure 1.1 charts the retention of students from intakes of 2002 to 2005. The first column (blue) indicates the percentage of students who proceeded to the second year of training, excluding repeating students. The subsequent columns indicate the number of students from this intake who proceeded to the next level of study, and the last column (purple) indicates the number of students from the particular year intake who were awarded their degree. Thus, from the 2002 intake group, only 44% graduated; from the 2003 intake group, 34% graduated; from the 2004 intake group, 40% graduated; and from the 2005 intake group, 42% graduated. These statistics indicate that less than half of the students from a particular year intake is awarded their degree in the allotted time. This appears to be a general trend over a period of four years. Although there may be other factors contributing to this kind of throughput, this study seeks to investigate factors associated with the mental health of the student.

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UNIVEN's provision of academic support facilities for students includes an extended curricula programme. The academic support activities are integrated into the core curricula which extends the time taken to complete a degree. English language Proficiency programme (ECS) was put in place to address language deficiencies in order to improve student achievement rates. Students Academic Support and Counselling Services (SASCS) has the following: Career Development and Graduate Placement unit; Disabled student unit; Life skills training and the Student Academic Development unit; Campus Health and Student Wellness centre which addresses the physical health of students, and an HIV/AIDS unit (www.univen.ac.za). Focus on mental health of the student is generally lacking. Based on the selected literature in South Africa which deals with issues of students' success, some of which is alluded to in the previous paragraphs, and which suggest that it is necessary to look holistically to at the factors associated with success for students in higher education, the researcher chose to focus on issues of mental health of the students and how they can be supported towards success during their academic years.

1.2 PROBLEM STATEMENT

UNIVENs' teaching and learning objective is to increase the throughput, graduation and retention rates, which is a National priority. However, the success and graduation rates of registered nursing students are not in line with this objective. This is much evidenced by the nursing students' throughput rates in Table 1.1 of this thesis. Given the kind of existing student support facilities, it appears that the academic, social and emotional adjustment experienced by students entering the academic world does not adequately provide for a holistic support for students, which compromises their academic success. Secondly, as yet, there is no scientific data available about the registered nursing students' experiences of their mental health at UNIVEN.

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1.3 RESEARCH QUESTIONS

The research questions of this study were:

- What are student nurses experiences of their mental health?
- What can universities do to ensure that the mental wellbeing of student nurses population on campus is addressed proactively?

1.4 RESEARCH PURPOSE AND OBJECTIVES

The purpose of this study was to develop, implement and evaluate a mental health programme to facilitate students' mental health as integral part of academic success.

The objectives of this study were to explore and describe the registered nursing students' experiences of their mental health and to develop, implement and evaluate a mental health programme to facilitate student nurses' mental health.

1.5 META-THEORETICAL ASSUMPTIONS

Meta-theory is defined as assumptions about reality (Brink, 2000:28).This research builds on the assumption that mental imbalance is another contributing factor for non-performance of most students in higher education institutions, such as a UNIVEN. If students experience a better way to react to

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their circumstances, they will enhance their inner balance and perform better academically. Since it is almost impossible to remove all the stressors in the lives of students at UNIVEN, the focus should be to facilitate students' mental health.

Each individual has a freedom of choice. An individual is in charge of a situation — a situation is not in charge of the individual. This freedom of choice is value-based; authentic living is only possible if an individual is responsible for his/her own actions. Freedom of choice means that an individual has the opportunity to be selective and choose a certain way of coping that can be constructive or destructive; meaningful or meaningless; or responsible or irresponsible. Motivation to discover meaning is essential. An individual who is motivated to discover meaning in a challenging situation is also able to cope with the situation (Lazarus, 1984:445; 1999:237; Stoyva & Anderson, 2002:131; Cormier, 2005:67).

1.6 THEORETICAL ASSUMPTIONS

This study departs from the following theoretical underpinning, which influences the assumptions that are fundamental to the theoretical reasoning of the study. The assumptions of the Theory for Health Promotion (RAU, 2001:4) together with the assumptions of Bernstein (2010:2) in describing adaptedness will be utilized. In this study 'a person' refers to all students. Each one of these students is a multi-dimensional being (spirit, body and mind) and is seen as a person who is functioning holistically in interaction with their environment in an interactive manner. The mind is composed of the intellect, emotions and volition. The intellect refers to the capacity and the

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quality of the psychological processes of thinking, association, analysis, judgment and understanding of which a student is capable. A student needs a healthy mind for appropriate and effective coping with the challenges from their environment.

Berstein (2010:2) describes the positive feeling of individuals when they view the environment resources as responsive 'adaptedness'. Stress may result if there is a perceived imbalance between environmental demands and capability to manage them with internal and external resources. However, the individual's attributes and situational elements such as social and emotional support for coping may relieve the stress as a good fit between the internal and external demands and resources. In this case, lecturers, family members, student counselors, campus health professionals and senior students are all social and emotional human resources to assist students to effectively adapt to the environmental demands without compromising their academic success. It is on the basis of these assumptions that mental health of students is viewed as a university priority, which needs team effort to protect and promote.

1.7 METHODOLOGICAL ASSUMPTIONS

Methodological assumptions are concerned with the nature and structure of the science of research, and include the preferences and assumptions of the research (Mouton, 1996:124; Mouton & Marais, 1990:20). The methodological assumptions, which will guide this study, are in line with Botes, Nolte, and Poggenpoel (2001:66) functional approach, which implies that research, should be functional and should contribute to the body of knowledge and the improvement of the quality of life.

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It is assumed that naïve sketches and focus group interviews can produce data that will provide an understanding of registered nursing students' mental health experiences and would inform the development and validation of a mental health programme to facilitate students' mental health as integral part of academic success.

1.8 SIGNIFICANCE OF THE STUDY

Tinto (2006:59) argues that the more students are able to be academically and socially integrated with faculty, staff and peers in the institution; the more likely they are to persist with their studies. The study will generate valuable information relating to a mental health dimension of what students require to improve their academic performance at the university. The proposed outcome is a mental health programme of support whose purpose is to provide the student population with the tools and mechanisms to maintain a mental health balance that contributes towards academic success.

The programme should enable students of UNIVEN to manage themselves and their academic work in an effective way. It is envisaged that the programme will provide for three critical areas of mental health needs of students, namely health promotion, self development, and crisis intervention, which will enable them not only to look at themselves, but to reach out to others, thus becoming socially responsible citizens.

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1.9 CLARIFICATION OF CONCEPTS

- **Mental health**

According to WHO (2009:1), mental health is achieved through a balance between all aspects of life - social, physical, spiritual and emotional. It impacts on how we manage our surroundings and make choices in our lives and is an integral part of our overall health. It involves constructive intrapersonal, interpersonal and environmental relationships (Uys, 2005:24). It refers to a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to their community (Uys, 2005:25).

Poggenpoel (2007:147) on the other hand views mental health to be emotional and spiritual resilience which enables individuals to enjoy life and survive pain, disappointment and sadness. It is a positive sense of well-being and an underlying belief in our own and other's dignity and worth. In this study, mental health is an evolving process in which the student's internal demands and needs are brought into harmonious relationship with the academic and campus life. The student is expected to adapt successfully to function independently without distorting reality while gaining mastery over himself and his environment.

- **A mentally healthy individual**

Poggenpoel and Myburgh (2009:63) argue that a mentally healthy individual demonstrates in interpersonal relationships: the ability to establish and maintain positive relationships; responsibility for terminating those relationships which may be viewed as harmful; validation of feeling; collaboration; acceptance of compromises; direct communication; and the use

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of body language to facilitate communication and respect for others. In relation to the environment, a mentally healthy individual has the ability to: organize the environment; exert control over or modify the immediate environment; adapt to change; engage in planned thoughtful responsible activity; and resolve power struggles by means of cooperation and compromise.

- **Mental health problems**

Mental health problems denote symptoms characteristically regarded as psychological, such as anxiety, depression, elation, hallucinations, delusions, obsessions and/or compulsions. The symptoms are severe and disabling; that is to say, the individual is distressed by them, cannot function, and feels 'unwell'. The layman's term 'breakdown' suggests that the individual's normal capacity to cope with stress or a setback has broken down, that they have lost the ability to effectively ease tension, lift their mood, regain control, or cope (Kaplan & Saddock, 2007:89).

- **Mental health promotion**

Mental health promotion denotes any action taken to enhance the mental well-being of individuals, families, organizations and communities (Poggenpoel & Myburgh, 2009:63). Mental health promotional activities imply the creation of individual, social and environmental conditions that enable optimal psychological and psycho-physiological development. According to WHO (2009:21), such initiatives involve individuals in the process of achieving positive mental health, enhancing quality of life and narrowing the gap in health expectancy between countries and groups. WHO (2009:33) further

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denotes that mental health promotion is an enabling process done by, with and for the people. Prevention of mental disorders can be considered one of the aims and outcomes of a broader mental health promotion strategy. In this study, it refers to the strategies that are used to promote social and emotional development of students by enhancing various personal skills.

- **Academic Success**

Pfeiffer's (2007:18) definition of academic success and academic performance is adopted in this study. This author regard success as a product that can be measured by means of the student's performance tests and that is usually associated with the mental success though possible on the physical and social level. In this study, academic success refers to how students deal with their studies; how they cope with or accomplish different tasks given to them by their teachers and progress to the next level of study.

- **Student**

In this study, a student refers to all students who are registered and following a four year Baccalaureus Curationis (BCur) nursing degree in the department of Advanced Nursing Science.

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1.10 RESEARCH DESIGN

The research design, which involved programme development using qualitative, explorative, descriptive and contextual research was employed to generate an in-depth account that presented a lively picture of registered nursing students' mental health experiences (Burns & Grove, 2001:26).

Qualitative

Qualitative research is a systematic, subjective approach used to describe life experience and give them meaning. It is exploratory and descriptive (Burns & Grove, 2001:61; Polit & Hungler, 1995:50).

- **Exploratory**

According to Brink (2000:11), exploratory research strives to explore the dimension of the phenomena so that it provides more insight about its nature and the manner in which it manifest itself.

- **Descriptive**

Description involves identifying and understanding the nature and attributes of the phenomena and sometimes the relationship (Burns & Grove, 2001:95; Mouton & Marais 1990:43).

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- **Contextual**

Context is the body, the world and the concerns that are unique to each person within which the person could be understood (Burns & Grove, 2001:79).

1.11 RESEARCH METHODS

The mental health programme was developed in three phases; during Phase 1, a situational analysis was undertaken in order to explore and describe the registered nursing students' experiences of their mental health. In Phase 2, the programme was developed based on the findings from Phase 1 and the theoretical framework of the programme. Lastly, in Phase 3, the programme was implemented and evaluated. These phases are briefly described now.

1.11.1 Phase 1: A Situational analysis

A situational analysis is a process of understanding the status, condition, trends and key issues affecting people and people's livelihoods, and institutions in a given geographic context at any level (Chinman, Imm & Wandersman, 2006:2). The situational analysis involved registered nursing students at UNIVEN to determine and analyse their mental health experiences. The objectives of this study were to explore and describe student nurses experiences of their mental health and to develop, implement and evaluate a mental health programme to facilitate registered nursing students' mental health.

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- **Population and Sampling**

Population is the entire group of persons or objects that is of interest to the researcher or that meets the criteria the researcher is interested in studying (Brink, 2000:132). The population for this study was all registered nursing students at UNIVEN. A purposive sampling method was used to select participants. The purposive sampling method is based on the judgment of the researcher regarding subjects or objects that are typical or representative of the topic being studied or who are especially knowledgeable about the question at issue (Brink, 2000: 141). A sample is part or a fraction of the whole, or subset of a larger set, selected by the researcher to participate in the study. A sample consists of a selected group of elements or units from a defined population (Brink, 2000: 134).

- **Data collection methods**

Data collection is a process of collecting information which is needed in the study (Brink, 2000:141). Data was collected in two forms: naïve sketches and focus group interviews. A naïve sketch is a method of data collection where open ended questions are posed for individuals to complete in writing (Burns & Grove, 2001:366). Observations on non-verbal cues were made during interviews and were noted as field notes. A detailed description of data collection is given in chapter 2.

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- **Data analysis**

Qualitative data analysis involves working with a wealth of rich descriptive data (Mouton, 1996:169). Analysis means reconstructing the inherent significance structure and the self understanding of individuals by staying close to the subject (Mouton, 1996:169). The coherence and meaning of data is more important than the meaning of specific parts. Data analysis is more holistic, synthetic and interpretative (Mouton, 1996:169). Data analysis was done simultaneously with data collection (Cresswell, 1994:142). In this study data was analyzed according to Tesch's method (in Cresswell, 1994:142) eight steps of analysis. Detailed discussion of the steps will be given in Chapter 2.

- **Literature control**

Literature was done after data analysis. This ensured that there would be a perfect fit between data and relevant literature, providing a link between previous and present research (Mdluli, 2005:50). Furthermore, previous research was used to establish similarities as well as to determine the uniqueness of the present study during data analysis.

1.11.2 Phase 2: Programme development

The theoretical framework for the development of the programme was informed by the elements of practice theory outlined by Dickoff, James and Wiedenbach (1968:430). These are agents, recipients, context, process, dynamics and outcomes and are fully discussed in chapter 4. The programme was developed in an interactive, interventive manner using the theoretical framework outlined

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by Dickoff et al., and the approaches outlined in Chinn and Kramer (1999:110); Walker and Avant (1995:28), namely, analyzing, derivation and synthesizing. These are fully described in Chapter 2.

1.11.3 Phase 3: Programme implementation and evaluation

- **Implementation**

Programme implementation was based on the theoretical framework which is fully discussed in chapter four. Implementation of the mental health programme took cognizance of the procedures as well as the dynamics to ensure its sustainability.

- **Evaluation**

According to Swanepoel (1992:96), the process of evaluation forms an integral part of programme development. It formed part and parcel of planning, its feasibility and its operation. An evaluation of the programme was conducted on two levels: firstly, one case study was used as an interactive, interventive process during the development of the programme (Polit & Hungler, 1995:200). The second level of evaluation was conducted using Chinn and Kramer's (1999:110) questions relating to the programme's clarity, simplicity, generalizability, accessibility and value.

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1.12 MEASURES TO ENSURE TRUSTWORTHINESS

Trustworthiness is a method of establishing rigor in qualitative research without sacrificing relevance. This was to ascertain that the outcomes of this study can be trusted and that it can be replicated in another setting. Lincoln and Guba's model (1985:216) for ensuring and assessing trustworthiness was followed. This consisted of four criteria: Truth value (credibility), Applicability (transferability), Consistency (dependability), and Neutrality (confirmability). See Chapter 2 for the application of these measures to ensure trustworthiness.

1.13 ETHICAL CONSIDERATIONS

Appropriate steps to ensure protection of the rights of the participants were strictly adhered to. This is discussed in detail in Chapter 2.

1.14 OUTLAY OF CHAPTERS

CHAPTER 1 presented the introduction and the overview of this study.

CHAPTER 2 presents the research design and methods.

CHAPTER 3 presents a detailed discussion of the findings of the naïve sketches and focus group discussions.

CHAPTER 4 outlines the theoretical framework of the programme

CHAPTER 5 outlines the implementation and evaluation of a mental health programme to support students towards academic success.

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CHAPTER 6 outlines the evaluation, justification, limitations, conclusion and recommendations of the study.

1.15 CHAPTER SUMMARY

In this chapter, an overview of the study was given, the background, rationale of the study as well as the problem statement, the research question and objectives were discussed. This was followed by the paradigmatic perspective the guides the study. Finally a brief payout of each chapter was given for orientation purposes.

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CHAPTER 2

RESEARCH DESIGN AND METHODS

2.1 INTRODUCTION

In this chapter, a detailed discussion and justification of the research design will be given. Furthermore, the phases for the development of a mental health programme to support students towards their academic success will be described. The first phase entailed a situational analysis of single case (registered nursing students UNIVEN), to explore and describe the mental health experiences of the registered nursing students. During this phase, data was collected and analysed.

The second phase dealt with the development of the mental health programme to support students towards academic success. The findings from situational analysis in Phase 1 and the survey list of elements of a practice theory adapted from Dickoff et al., (1968:423) provided an outline and the mental map for the theoretical framework for the programme. Then the programme was developed in an interactive interventive manner using the theoretical framework of the programme and the approaches outlined in Chinn and Kramer (1999:110); Walker and Avant (1995:28).

The third phase focused on the implementation and evaluation of a mental health programme to support students towards their academic success.

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2.2 RESEARCH DESIGN

According to (De Vos, 2001:123), the research design is seen as a design or detailed plan according to which the research is to be conducted, while Mouton (1996:107) describes it as a set of guidelines and instruction followed in addressing the problem. In this study, the research design, which involved programme development using qualitative, explorative, descriptive and contextual research was employed to generate an in-depth account that presented a lively picture of registered nursing students' mental health experiences.

2.2.1 Programme development process

Programme development is described by Rhodes (2005:15) as the first and key element in building a programme because it is a blueprint or a roadmap of how to manage, implement and evaluate the programme. Programme development stems from the belief that a need exists for such a programme. The findings of a situational analysis provided guidelines on the theoretical framework of a mental health programme to support students towards their academic success. The survey list as described by Dickoff et al., (1998:423) and the approaches outlined in Chinn and Kramer (1999:110); Walker and Avant (1995:28) was adopted for the logical development of the mental health programme to support students towards their academic success. Fig 2.1 shows a flow diagram of the phases for the development of the mental health programme. The programme development is fully described in chapter 4.

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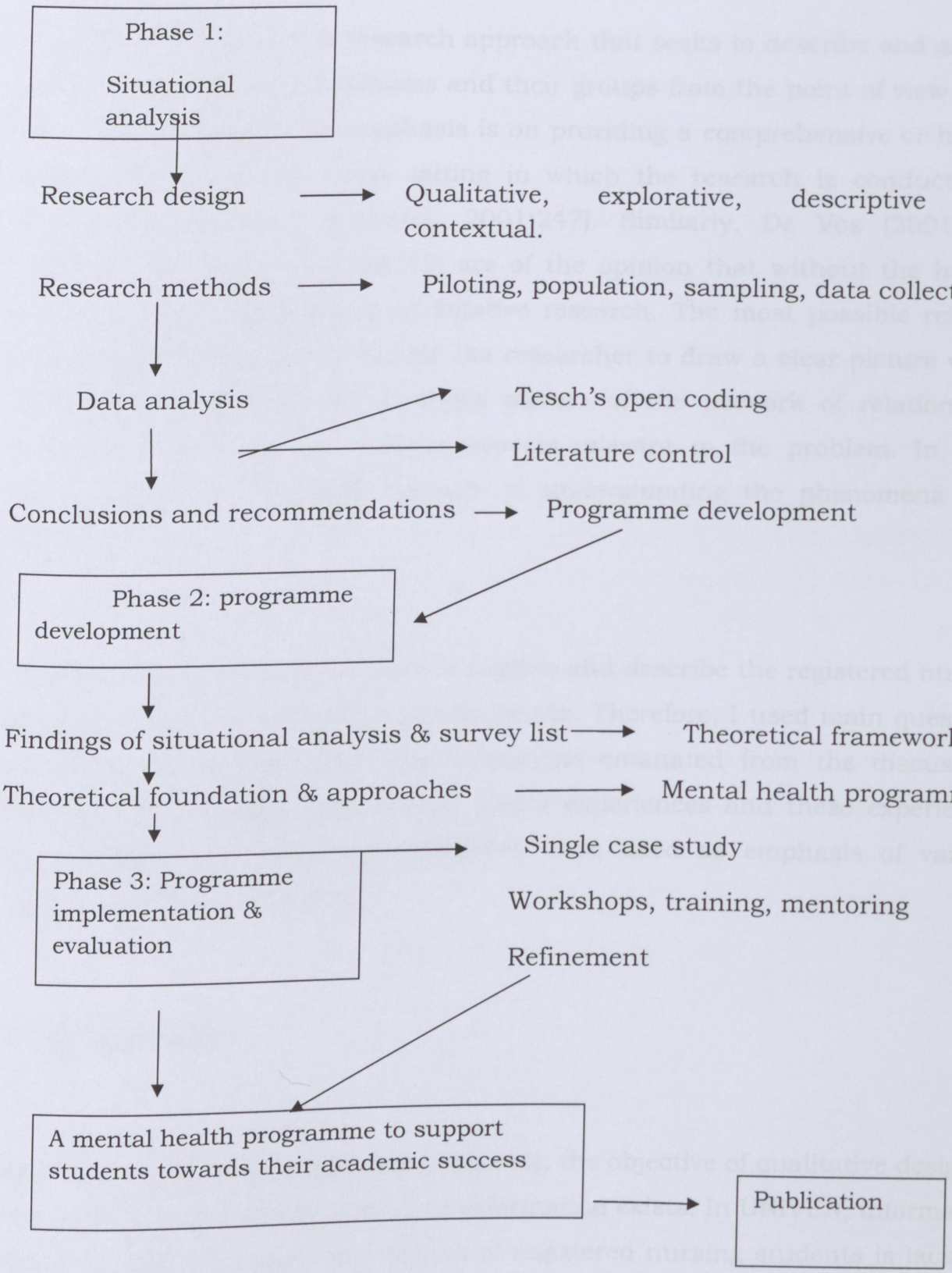
FIGURE 2.1 FLOW DIAGRAM OF THE PHASES OF MENTAL HEALTH PROGRAMME DEVELOPMENT



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2.2.2 Qualitative

Qualitative research is a research approach that seeks to describe and analyze culture and behavior of humans and their groups from the point of view of the people being studied. Its emphasis is on providing a comprehensive or holistic understanding of the social setting in which the research is conducted as described by (Burns & Grove, 2001:247). Similarly, De Vos (2001:282); Halloway and Wheeler (1996:17) are of the opinion that without the holistic view, there is little value to qualitative research. The most possible relevant information is obtained to enable the researcher to draw a clear picture which is aimed at analyzing the in-depth picture of the network of relationships within and amongst the various aspects relevant to the problem. In other words, qualitative research focuses on understanding the phenomena as a whole.

The objectives of this study were to explore and describe the registered nursing students' experiences of their mental health. Therefore, I used main questions as point of departure and more questions emanated from the discussion. Participants narrated their mental health experiences and these experiences were reflected in word and quotations were used as emphasis of various aspects that were described.

2.2.3 Explorative

According to Mouton and Marais (1990:43), the objective of qualitative design is to explore areas where limited or no information exists. In UNIVEN, information about the mental health experiences of registered nursing students is lacking. Therefore, the registered nursing students were viewed as experts of their own

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stories of their lived mental health experiences, which they were invited to share. The dimensions of the registered nursing students' mental health experiences were then explored. Explorative design was employed to obtain complete and accurate information from the registered nursing students. The data collected explained the mental health experiences from the point of view of the registered nursing students (Mouton & Marais, 1990:43). Furthermore, extensive literature was also explored during literature control and programme development.

2.2.4 Descriptive

Descriptive research document and describe the behavior, events, beliefs, characteristics, attitudes, structures and processes that occur in a phenomenon. It gives complete and accurate information about a phenomenon that is being studied (Streubert & Carpenter, 1995:30; Brink, 2000:11). In this study, participants described and explained their mental health experiences through naïve sketches and focus group interviews. The focus was on registered nursing students experiences of their mental health at the UNIVEN. The documented information was analyzed and classified to provide new insights. Techs' open coding drove themes and categories inductively. The theoretical framework, programme and guidelines for operationalizing were also described (Mouton & Marais 1990:43).

2.2.5 Contextual

Mouton and Marais (1990:45) describe contextual as an ideograph research, in that it is uniquely descriptive within the context of the individual setting. This study was contextual because the researcher tried as far as possible to study

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students on campus which is their own academic natural setting in order to understand the dynamics of human meaning as fully as possible. De Vos (2001:280); Burns and Grove (2001:26) claim that human behavior is influenced in many ways by the environment or setting in which it occurs. For this reason, a contextual design for this study was considered to be important.

The discussion that follows deals with the research method which is based on the above mentioned research design.

2.3 RESEARCH METHODS

The research methods involved the phases of mental health programme development, implementation and evaluation. During Phase 1, a situational analysis was undertaken in order to explore and describe the registered nursing students' experiences of their mental health. In Phase 2, the programme was developed based on the findings from Phase 1 and the theoretical framework of the programme. Lastly, in Phase 3, the programme was implemented and evaluated. These three phases are now described.

2.3.1 Phase 1: Situational analysis

During Phase 1, a situational analysis was conducted in order to explore and describe the mental health experiences of registered nursing students. A situational analysis is a process of understanding the status, condition, trends and key issues affecting people and people's livelihoods, and institutions in a given geographic context at any level as described by Chinman, Imm and Wandersman (2006:2). To develop a programme well, a good situational

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analysis is the starting point, because it serves to identify the needs and concerns of beneficiaries and their livelihoods. It ensures that a programme design is appropriate to the situation and assesses situational factors that will influence program implementation and effectiveness. Furthermore, all new programmes should be derived from a thorough situational and needs assessment within the environment in which those programmes will be implemented. This helps to scientifically establish individual, as well as societal needs in terms of knowledge gaps, skills to be developed, values to be promoted, and the required resources (Chinman, Imm & Wandersman, 2006:2).

In this study, a situational analysis was done by means of a case study strategy. The case study was registered nursing students at UNIVEN. Data was collected by means of phenomenological naive sketches and focus group interviews. The objective was to explore and describe the registered nursing students' experiences of their mental health. Burns and Grove (2001:247); Chilisa and Preece (2005:67); Gilham (2005:111) describe a case study research method to be an empirical inquiry that investigates a contemporary phenomenon within its real-life context; when the boundaries between phenomenon and context are not clearly evident; and in which multiple sources of evidence are used.

On the other hand, Creswell (1994:87); Leedy and Ormrod (2001:93); Yin (2003:65) claim that in a case study a particular individual or a group of people, programme or event is studied in-depth for a defined period of time. Therefore the registered nursing students were used as a case study to find answers to the research question by following the research methods which are outlined below.

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2.3.1.1 Pilot study

After I successfully defended my research proposal and had my ethical application clearance approval, I then conducted a pilot study. Pilot study is a small study of the proposed study, which provides a trial run before embarking on the actual study, as defined by Brink (2000:174). Brink (2000:174; Polit and Hungler (1995:46) maintain that the purpose of the pilot study is to investigate the feasibility of the proposed study and an assessment of the adequacy of the data collecting instrument. Therefore, in this study, the purpose of the pilot study was to check the clarity of the naive sketch instructions and the question for focus group interviews. The naive sketch instruction and the focus group interview guide that I used in the pilot study were peer review by my supervisor and researchers at University of Johannesburg Annual Nursing Research Conference.

Pilot study was conducted using 12 registered nursing students. These nursing students were considered to be well informed for the purpose of the pilot study and purposively selected them as I desired to use only those who had the necessary experience to share. There were 100% return rates for the naive sketch narratives. It appeared to be fine except that it needed amendment in which participants struggled to focus on the mental health issues rather general. The focus group interview guide also appeared to be fine except for grouping that needed minor amendments. It required that I conduct focus group interviews to participants of same level of study because the 3rd and 4th years were dominating the 1st and 2nd years. The findings of the pilot study were shared with the supervisor and on her advice it was amended and refined accordingly. Participants who were involved in a pilot study were not included in the study.

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2.3.1.2 Population and Sampling

- **Population**

Population is the entire group of persons or objects that is of interest to the researcher or that meets the criteria the researcher is interested in studying (Brink, 2000:132). The population for this study was all registered nursing students at UNIVEN. The registered nursing students were chosen because situations in the university especially during the academic lives of nursing students, is considered as one of several areas for stress exposure. According to Lazarus and Folkman (1984:445); Tully (2007:45); Magnussen and Amundson (2008:263), preparing to become a nurse is found to be significantly emotionally stressful and a possible risk to the well-being of the students. It exists for students in both the clinical and the academic fields of the studying program. It involves meeting conflicting demands, feeling over worked, feeling unprepared and seeking respect and support from one's staff (Tully, 2007:45).

The participants were recruited and requested through use of the poster with full explanation of the study. The criteria for participation were: nursing students, who were registered for a four year degree, were above the age of 18 and who volunteer to participate (See Annexure B).

- **Sampling**

A purposive sampling method was used to select participants. The purposive sampling method is based on the judgment of the researcher regarding subjects or objects that are typical or representative of the topic being studied or who are especially knowledgeable about the question at issue (Brink, 2000:

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141). A sample is part or a fraction of the whole, or subset of a larger set, selected by the researcher to participate in the study. A sample consists of a selected group of elements or units from a defined population (Brink, 2000: 134).

In order to answer the research question, I needed the participants who were representative of registered nursing students. Therefore, all BCur nursing students at UNIVEN who met the criteria to participate in the study from first to fourth year constituted the sample. This was a purposive sample as they were likely to be "information rich" in terms of mental health experiences (Burns & Grove, 2001:247; Cresswell, 2005:187; Leedy & Ormrod, 2001:93; Blanche, 2006:201).

Two hundred and twenty one nursing students registered for a four year Baccalaureus Curationis (BCur) degree. 168 were sampled. All 168 participated in naïve sketches and 48 were purposively selected from the 168 to participate in the focus group interviews.

- **Exclusion Criteria**

Students who did not register for a four year Bcur. nursing degree were excluded on the basis that they might not have the experiences as the nursing students.

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2.3.1.3 The research setting

UNIVEN is a rural–based comprehensive university at Vhembe district of Limpopo Province in South Africa. Limpopo Province is situated in the northern part of RSA and shares boarders with Mpumalanga, Gauteng, Mozambique and Zimbabwe. It has a population of 5.4 million, a poverty rate of 65% with an economic growth rate of 4%. Approximately 76% of Limpopo's economically active population is qualified to do unskilled and semi-skilled labour, with approximately only 3.5 % being highly skilled (www.univen.ac.za).

UNIVEN was established in 1982 with a student population of 181. The campus was built for a student head count of some 5,000. By 2007 the headcount enrolment was 10,497, so it was already 50% under resourced in terms of carrying capacity. Currently, the university has just in excess of 11,000 students. UNIVEN's student enrolment mostly comprises students from low income households, with poor university preparation. They are generally the first generation in their families to enter higher education (www.univen.ac.za).

2.3.1.4 Ethical considerations

Before I engaged in data collection, I revisited the issue of ethics in research (given the fact that this research took place in a university setting, and registered nursing students were recruited to participate in the research study) several ethical issues and strategies for minimizing 'student risk' associated with participation (as research subjects). I followed and observed all the

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required ethical issues. The next section elaborates how the ethical issues were adhered to.

In this study, ethical issues include permission to conduct the study, coercion, recruitment, informed consent, privacy, confidentiality and protection from harm (Burns & Grove, 2001:195; Essack & Juwah, 2007:12; Ferguson, 2008:1). These are discussed below.

- **Permission to conduct the study**

The proposal was presented to the Higher Degree's Committee of the School of Health Sciences. An ethical clearance certificate and permission to conduct the study was obtained from the University through the Higher Degrees Committee, (see annexure A).

- **Coercion**

According to Essack and Juwah (2007:12) "an investigator shall seek consent only under circumstances that provide the prospective subject or the representative sufficient opportunity to consider whether or not to participate, and that minimize the possibility of coercion or undue influence". Furthermore, research involving students as participants is an ethical issue; therefore special attention needs to be given to the potential for coercion, undue influence, power disparities, as well as fairness in the process of selecting student participants. The likelihood that student participation will be the result of unintended undue influence was carefully thought out (Essack & Juwah, 2007:12).

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In this study, I was conscious of my position as a lecturer at UNIVEN within the department in which I was going to carry out my research. Before I began the data collection process and to eliminate any sense of coercion that could result from my position, I did the following:

A poster with full explanation of the study inviting registered nursing students to participate in the study was used to recruit participants, and in this way coercion was avoided (See Annexure B). Secondly, before data collection, I availed all participants with consent letter which each red and signed before participating in the study.

- **Informed consent**

Informed consent relates to the participants right to adequate and relevant information before the commencement of the study (Creswell, 2005:211; Ferguson, 2008:1). In this study, meetings took place after recruitment, where the informational letters and consent forms were given to potential participants.

The information letters and consent forms emphasized the voluntary nature of participation and the absence of punishment of withdrawing from the project prior to completion. In addition to being provided with the standard information and consent forms, students were provided with the name and contact information of a neutral third party to contact should they feel coerced at anytime during the process. Permission to audio tape was obtained from participants (See Annexure C (1) and C (2).

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- **Right to privacy**

Participants were assured of protection from loss of dignity, friendship, embarrassment or shame (Burns & Grove, 2001:195). Questions were phrased in a polite manner and were not humiliating. Participant's names are not disclosed in the report. The area where interviews were held had no disturbances and aspects of privacy were attended to. Interviews were also conducted during the participant's free time and this ensured that there was no interference with their work schedules. Participants were made aware of the use of an audiotape during interviews and discussions. The participants were also shown the stop button on the audiotape so that they could press the button if they felt the information that they want to disclose should not be recorded.

- **Confidentiality**

In this study, confidentiality was ensured by limiting access to the data to persons directly responsible for the research as claimed by (Burns & Grove, 2001:195). The participant's names were not used during data gathering. I also provided confidentiality from myself in focus group interviews and requested the focus group participants to adhere to confidentiality. Finally, I protected anonymity by assigning codes to the research participants when analyzing and reporting, a technique recommended by Creswell (2005:211).

- **Protection from discomfort and harm**

The comfort of participants was ensured through selection of a suitable venue,

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and times. Questioning and probing during interviews was done cautiously so as to avoid embarrassment (Creswell, 2005:211).

2.3.1.5 Data collection methods

In this study, I used different methods to collect data. Data collection is a process of collecting information which is needed in the study (Brink, 2000:141). The methods that I used were naïve sketches and focus group interviews. Observations on non-verbal cues were made during interviews and were noted as field notes. These methods are discussed now.

- **Naïve sketches**

A naïve sketch is a method of data collection where open ended questions are posed for individuals to complete in writing (Burns & Grove, 2001:366). In this study, I used naïve sketches to encourage registered nursing students to do narrative reflection exercises about themselves. Vollmer (2005:190) claims that narrative reflection contextualizes knowledge and values and builds upon the experiences of the student. Discerning and describing the knowledge, competence and skills that go into day-to-day experiences through narrative reflection allows students to comprehend their experience in a more empowering way. I requested the registered nursing students to write down their stories about their mental health issues, issues that stress them and the coping strategies that they use (See Annexure D 1 & 2). They were encouraged to provide as much information as possible regarding their mental health experiences. Participants were allowed at least two weeks to return the

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narratives. Two hundred and twenty one naïve sketches blank papers were distributed and one hundred and sixty eight were returned.

- **Data analysis**

The data was analyzed using Techs' method of open coding (in Creswell, 1994:142). Firstly, the narratives were read through and ideas of themes were noted. Then, a list was made of all the themes that emerged, and similar ones were put together. Emerging themes were arranged into major themes and unique themes. Data was again consulted and themes were abbreviated as codes and written next to the appropriate segments of the text. The most descriptive wording for the themes were found and turned into categories. Themes that appeared to relate to each other were then grouped together. Lines were also drawn between categories to show interrelationships. A final decision on the abbreviated categories was then made and codes were put in alphabetical order.

The promoter of this study, and the appointed independent coder experienced qualitative researchers were asked to analyze the transcriptions independently. Results were compared and a consensus discussion was held with the promoters and the independent coder so that the categories were finalized. The independent coder, who was purposefully selected on the basis of her expertise in qualitative research and reflective exercises, was asked to co-code the data. A protocol for data analysis was handed to the independent coder for reference. The results from naïve sketches provided the direction of the aspects for inclusion in the focus group interviews.

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- **Focus group interviews**

Focus group interviews enhance interaction with people and it is through this interaction that a range of opinions is sought (Burns & Grove, 2001:28). In this study it was used to explore and describe the mental health experiences of different groups of registered nursing students.

The participants were divided into four groups wherein students of same level of training were grouped together, as informed by pilot study, to ensure full participation by all participants. The process of recording and the roles were explained. The purpose of the study was re-iterated and the informed consent process was finalized. Focus group interviews were conducted on Saturdays, which were convenient for students.

Four focus group interviews were conducted with 48 registered nursing students. I facilitated the discussion to ensure that the group kept to the topic and that nobody dominated the discussion. These focus groups interviews enabled the participants to share their mental health experiences. (See annexure E). An audiotape recorder was placed in the middle of the circle to allow visibility and audibility of the participants during recording. The group conversations were tape recorded. Concentration by the interviewer during an interview is of critical importance (Gillham, 2005:38). I thus recorded all interviews in order to get a comprehensive account, and I did not want to be distracted by taking down notes and possibly missing what the interviewees were saying. I was able to listen to the tape- recorded views several times as I did the transcriptions.

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Questions that were asked during focus group interviews were carefully formulated on the basis of the main themes that emerged from the naïve sketches narratives. Secondly, the questions were peer reviewed by my supervisor and the researchers at the university of Johannesburg annual nursing research forum as recommended by Krueger (1994:56).The following questions served as interview prompts:

What influences your mental health at UNIVEN?
What do you do when you feel mentally challenged?
What can UNIVEN do to make you feel supported?

A flipchart board with charts and a pen was provided to note consensus of the discussion. A scriber was selected who was also a participant. The ground rules were formulated to facilitate smooth running of the discussion; these entailed cell phones being switched off, members respecting each others' views, allowing one person to talk at a time and for the provision of refreshments during discussions. The focus group interviews were conducted in a conducive setting. This was a quiet environment with no interruptions. The venue was comfortable and non-threatening to participants as it provided privacy for focus group discussions. The seating arrangement was a circle and this facilitated involvement, interaction and eye contact among the participants and researcher (Burns & Grove, 2001:28).

During interviews, the principles of active listening in order to encourage the interview process were applied. The verbal and non-verbal communication skills such as clarification, paraphrasing and probing were employed to facilitate the most important themes and feelings. There was no time limit for

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the discussions. An average of two hours was noted for all the focus group discussions.

- **Field notes**

Field notes were taken throughout to capture the mental health experiences of registered nursing students. According to De Vos (2001:285), field notes give an account of what happened and little or no interpretation is provided. The types of field notes taken were observational, methodological and theoretical.

- **Observational notes**

According to De Vos (2001:286) observational notes includes the who, what, when, where and how of human activity). Observations were noted regarding facial expression in relation to certain experiences and these was evidence used to emphasize what the mental health experiences of registered nursing students are.

- **Methodological notes**

These notes are mainly reminders, instructions and critical comments to the researcher (De Vos, 2001:286). I also made notes where certain incidences were discussed.

- **Theoretical notes**

These are self-conscious, systemic attempts by the researcher to derive

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meaning from all observational notes (De Vos, 2001:286). I thought about what I have experienced and made whatever private declaration of meaning I felt would bear conceptual fruit. Patterns repeatedly found were identified and I tried to explain the phenomenon understudy within relevant literature.

- **Data analysis**

Data was transcribed and analysed at the same time. Techs' open coding method (in Creswell, 1994:142) was adhered to as described in naïve sketches data analysis above.

2.3.1.6 Literature control

After the analysis of data, the phenomenon of registered nursing student mental health experiences was identified and literature control supported the findings. Literature control ensured that there would be a perfect fit between data and relevant literature, providing a link between previous and present research (Mdluli, 2005:50).

Furthermore, previous research was used to establish similarities as well as to determine the uniqueness of the present study during data analysis. Based on the findings from registered nursing students, Phase 2, which involved the development of a mental health programme to facilitate students' mental health as integral part of academic success, then followed.

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2.3.1.7 Role as the researcher

I conducted this study as a well – informed insider and experienced registered nursing student and a lecturer. My role as a researcher in this study was that of being more of a human videotape recorder (LeCompte & Pressle, 1993:34) that is, I was the main research instrument for data collection...I observed, interviewed, recorded, analysed and interpreted as faithfully as possible what participants said and did as I interacted with them during data collection. Despite advantages of being an insider, I was aware of the possibility of research bias, hence I used my supervisors who independently peer reviewed my interpretations. I also held debriefing sessions with participants and wrote accounts of these debriefing sessions in my notes for reflection purposes.

2.3.1.8 Validity and reliability of Phase 1

The naive sketch instruction and the focus group interview guide that I used to collect data were peer review by my supervisor and researchers at University of Johannesburg Annual Nursing Research Conference. Furthermore, pilot study was conducted to ensure reliability of the naive sketch instruction and the focus group interview guide. In this phase, data triangulation occurred. Data was collected through the naïve sketches and focus group interviews. The findings were also analysed and a literature control was done. The themes were identified using triangulation process as follows; all the concepts that were identified in naïve sketches data happen to be repeated in focus group interviews and I have the informal observation experience of them, then they were identified as themes.

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2.3.2 Phase 2: Programme development

In developing the programme, certain aspects needed to be considered such as situational analysis (Phase 1), which provided information regarding the registered nursing students' experiences of their mental health. Then this was followed by the theoretical framework for the development of the programme which was informed by the elements of practice theory Dickoff et al., (1968:430). Then the programme was developed in an interactive interventive manner using the theoretical framework and approaches outlined in Chinn and Kramer (1999:110); Walker and Avant (1995:28). All these are discussed now.

2.3.2.1 The theoretical framework for the development of the programme

The theoretical framework for the development of the programme was informed by the elements of practice theory outlined by Dickoff et al., (1968:430). These are agents, recipients, context, process, dynamics and outcomes and are fully discussed in chapter 4.

- **Agent:** Who or what performs the activity?

An agent is any person whose activity leads to the realization of the goal (Dickoff et al., 1968:426).

- **Recipient:** Who or what is the recipient of the activity?

Recipients are all those persons who receive action from agents and benefit

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from the activity (Dickoff et al., 1968:427).

- **Context:** In what context is the activity performed?

The context is viewed from the aspect of the matrix of activity; it is seen in relation to other things, including persons and other activities, and to see the interrelation of these other factors as constituting an organism, unity, or total context of activity (Dickoff et al., 1968:426).

- **Process:** What is the guiding procedure?

The process involves the steps to be taken towards some accomplishment. The process aims at providing sufficient information to enable the activity to be carried out. It safeguards the agent, recipient and the institution in that it provides knowledge and therefore lessens liability to criticism (Dikoff et al., 1968:430).

- **Dynamics:** What is the energy source of the activity?

Dynamics involve the power sources for that activity. These are the energy sources that motivate agents to pursue their activity without getting discouraged (Dickoff et al., 1968:430).

- **Outcomes:** What is the end point of the activity?

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This involves defining an activity from the perspective of an end point or its accomplishment (Dickoff et al., 1968:428). The outcomes of this study representing the elements of context, agents and recipients.

2.3.2.2 Approaches outlined in Chinn and Kramer (1999:110); Walker and Avant (1995:28).

The programme was developed in an interactive interventive manner using approaches outlined in Chinn and Kramer (1999:110); Walker and Avant (1995:28), namely, analyzing, derivation and synthesizing. Through deductive analysis, synthesis and derivation, relational statements with regard to each element of practice theory in Dickoff et al., (1998:428) were made to make the meaningful claims about the mental health programme. These approaches are now discussed.

- **Analysis**

According to Walker and Avant (1995:28); Chin and Kramer (1999:110), analysis is useful in areas in which there is an existing body of theoretical literature. It involves the examination, clarifying, refining or sharpening of concepts, statements, or theories. Furthermore the whole is dissected into its component parts for better understanding. Analysis was done in the refinement of the programme.

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- **Synthesis**

Synthesis combines isolated pieces of information that are not connected theoretically. It aids in sifting out important factors and relationships from data without an explicit theoretical framework (Walker & Avant, 1995:28; Chin & Kramer, 1999:110). In this study, the effect of synthesis was located during the construction of a theoretical framework out of inputs of registered nursing students, structuring and development of a programme.

- **Derivation**

Derivation is described as the third approach to theory building which provides a means of the theory building through shifting the structure or terminology from one context to another (Walker & Avant, 1995:29; Chin & Kramer, 1999:110). In interpreting the inputs of participants in Phase 1 of the study, derivation was used to draw from other contexts how mental health support can be employed. Furthermore, derivation may be used in areas in which no theory base exists or the existing theories have become outdated and new innovative perspectives are needed. Registered nursing students brought out new perspectives about their mental health experiences as UNIVEN students, which need to be applied. The purpose of theory derivation was to acquire a means of explanation and prediction about some phenomenon that is currently poorly understood, or for which there is no present means to study it.

2.3.3 Phase 3: Implementation and evaluation of the programme

During Phase 3, the programme was piloted and evaluated.

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2.3.3.1 Programme implementation

Programme implementation was based on the survey list according to Dickoff et al., (1968:423). Implementation of the mental health programme to support students towards their academic success took cognizance of the procedures as well as the dynamics to ensure its sustainability. A single case study was used to pilot the programme. A single case study is defined as an intensive systematic investigation of any individual, group of subjects, community or any other unit during a specific period of time and under naturalistic conditions (Burns & Grove, 2001:307). Case studies provide the researcher with the opportunity of having an intimate knowledge of the subject's condition, thoughts, feelings, actions (past and present), intentions and environment (Polit & Hungler, 1995: 200). This is fully described in chapter 5.

2.3.3.2 Programme evaluation

According to Swanepoel (1992:96); De Vos (2001:142), the process of evaluation forms an integral part of programme development and involves community participation. A decision could therefore be taken as to whether the programme was addressing the mental health issues of nursing students. Evaluation formed part and parcel of planning, its feasibility and its operation.

In this study, one case study was used, namely, a single case study (De Vos (2001:142) was used to evaluate the effectiveness of the mental health programme to support students towards their academic success. All registered nursing students who attended workshops and training, who were mentors

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and mentees participated in the evaluation of the programme as recommended by Swanepoel (1992:96) and De Vos (1998:412).

An evaluation of the programme was conducted on two levels: firstly, as an interactive, interventive process during the development of the programme. Several workshops and training that were identified during data analysis and literature review were conducted and reflected upon. Their individual experiences of the programme were evaluated through essays. Essays were used as sources of data to evaluate and assess the effectiveness of the mental health support programme. Essays (Giorgi, 1985:16) were used to ensure that all participants were involved in evaluating the effectiveness of the programme. The strategy will be fully discussed in chapter 5.

The second level of evaluation was conducted using Chinn and Kramer's (1999:110) questions relating to the programme's clarity, simplicity, generalisability, accessibility and value which are as follows:

- How clear is the programme?
- How simple is the programme?
- How general is the programme?
- How accessible is the programme?
- How important is the programme? The two levels of evaluation are fully detailed in chapter 5.

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2.4 MEASURES TO ENSURE TRUSTWORTHINESS

Trustworthiness was maintained by using Lincoln and Guba's model (Krefting, 1991:217) four criteria of credibility, transferability, dependability and confirmability.

- **Credibility**

Credibility (Krefting, 1991:217) is obtained from the discovery of human experiences as they are lived and perceived by participants. In this study, the activities that enhance more credible findings and interpretations were adhered to, these include: Prolonged engagement and persistent observation with the participants allowed for identification of recurring patterns, themes and values for the validation of perspectives. Interactive, dialogic focus group interviews with participants about their mental health experiences were held.

The credibility of the study was further enhanced by peer review of the methodology being done at the University of Johannesburg's annual research conference (SA) and at the University of Virginia's International conference (USA). Consensus discussions were held with experts in qualitative research design and methodology at these conferences. The promoters of this study are experts in programme development, which also ensured credibility of the study. My promoter was actively instrumental in playing the role of "devil's advocate," Rudestam and Newton (2008:100) as she challenged my research questions, data sets, analysis and interpretation as a way of making me engage honestly with my study.

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I also had prolonged engagement at the research setting (as a former registered nursing student for undergraduate degree, current registered nursing student for PHD, researcher and a lecturer) that enabled me to achieve data saturation and to carry out member checks. These member checks required that I return to the participants who were available and present to them the interview transcripts and the interpretation derived from the interviews in order to confirm the accuracy and credibility of the findings as described by Creswell (2005:116).

Triangulation was meant to enhance the probability that interpretations were credible. In other words, I investigated whether data collected with one tool or procedure confirmed data collected using a different tool. I wanted evidence to collaborate my observations and conclusions in more than one way as recommended by Chilisa and Preece (2005:74). Triangulation is important when it comes to the verification of accuracy and credibility of data. By so doing, I sought to achieve trustworthiness (Lincoln & Guba, 1985:135).

- **Transferability**

Due to the uniqueness of human beings and their contexts, generalization is usually not possible. Lincoln and Guba (Krefting, 1991:217) suggest that the term "transferability" would be a more appropriate perspective as the criterion against which the applicability of qualitative data is assessed. In this study, the findings were not transferred to other settings but a dense description of the results was done so that it would be possible for another person to make a comparison if there was a need. A mental health programme to support students towards their academic success was developed according to the

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survey list by Dickoff et al., (1968:423). A nominated sample was fully described to allow adequate comparison with other samples.

- **Dependability**

Dependability relates to consistency and the replication of the study and the degree to which data can change overtime and alterations made in the researcher's decisions during the data analysis process Lincoln and Guba (Krefting, 1991:217). My use of multiple data collection strategies facilitated triangulation as a process of corroborating evidence from either different sources or methods as suggested by various authors (Lincoln & Guba, 1985: 132; le Compte & Preissle, 1993:69; Chilisa & Preece, 2005:74; Creswell, 2005:116).

An attempt to account for changing conditions in the phenomenon chosen for the study as well as changes in the decision created by increasingly refined understanding of the setting. It is likely that the study might yield similar results even if it can be conducted with other participants in a similar context. Experts were used to validate the methodology. Field notes were taken written during data collection and discussions with the promoters throughout the study ensured dependability. Step-wise replication of research methodology and code recode procedure of the data analysis was done.

- **Confirmability**

Krefting (1991:217) states that confirm ability refers to the degree to which the

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findings are a function solely of the participants and conditions of the research and not of other biases, motivations and perspectives. Tape recordings and notes were kept safely to enable conduction of an adequate trail and to determine if the conclusions, interpretations and recommendations can be traced to their sources. Furthermore, confirmability was achieved through the triangulation of methods of data collection and involvement of the independent coder. Table 2.1 summarizes the strategies I used to establish trustworthiness.

Table 2.1 Summary of strategies for trustworthiness

Strategy	What was done in this study
Credibility	• Prolonged and varied experience over 10 years; • Field notes / journals for my thoughts and decisions; • Member checking. • Peer examination.
Transferability	• Description of the context, research site and participants. • Rich description of the results with supporting direct quotations from participants.
Dependability	• Dense description of research method. Triangulation. • Peer examination • Code and recode procedure
Confirmability	• Triangulation

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2.5 CHAPTER SUMMARY

This chapter described in detail the process of how the study was conducted in order to achieve the study objectives. The three phases of the research approach were described. The following chapter discusses the findings from data collected.

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CHAPTER 3

PRESENTATION OF THE FINDINGS

3.1 INTRODUCTION

The previous chapter discussed the methodology that was used to conduct this study. This chapter describes the empirical findings that were gathered during the situational analysis (phase one) through naïve sketches narratives and focus group interviews. Literature control was done to validate these findings.

3.2 DESCRIPTION OF THE SAMPLE

The total number of registered nursing students who followed the generic four year course was 221. Two hundred and twenty one naïve sketches were distributed. Participants were allowed at least two weeks to return the narratives. One hundred and sixty eight narratives were returned. One hundred and sixty eight students participated in naïve sketches and forty eight of these participated in focus group interviews. There were 4 groups of 10 to 14 registered nursing students per group per level and an average of two hours was noted for all the focus group interviews. Table 3.1 below, reflects the profile of the sample in terms of instrument and course level (year) of study.

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Table 3.1: Profile of sample

Course level	Naïve sketches	Focus group interviews
Year One	49	11
Year Two	51	14
Year Three	35	13
Year Four	33	10
Total	**168**	**48**

3.3 PRESENTATION AND DISCUSSION OF THE FINDINGS

Data was analyzed using Techs' method of open coding (in Creswell, 1994:142). The findings from naïve sketches and focus group interviews are integrated to avoid repetition. Presentation of data is according to themes and categories that emerged from the analysed data. Table 3.2 shows the summary of the themes, categories and sub-categories that emerged from the analysis of raw data.

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TABLE 3.2 THEMES, CATEGORIES AND SUBCATEGORIES

THEME	CATERGORY	SUB-CATEGORY
Experiences of disturbance in sleep patterns	Irregular sleeping pattern	• Tired from hospital • Tired by using everyday transport to school • Tired from doing house chores • Feeling too lazy to study • Watching TV with girl • Baby sitting • Arriving home at 10h00-11h00 PM • Noise
Experiences of stresses and stressors challenging students' mental health	Examinations	• Writing everyday/or writing 2 courses per day • When examination is near • Writing university examination for the first time
	Poverty	• Travelling to school daily • Working part time • Lost a person who was paying for studies
	Room-mate	• Death of a room mate • Room-mate with a child • Sharing of rooms
	Sexual violence	• Male lecturers proposing love to students • Rapes on campus • Rapes by senior students
	Campus life	• Strike by students • Noise at hostels
	Poor progress	• Failing a subject with one mark • Failed supplementary and not going to 3rd year • Results stating that I did not write exam
	Personal and family problems	• Owing former university • Having personal and family problems • Death of a father • Applying for admission
	Relationships	• Boyfriend having another girl • Girlfriend left for a well to do Guy
	First entering students	• Not knowing anyone • Going home every weekend • HIV infections and pregnancy victims
	Practicals	• One week left for practicals • Feel stressed as came back from practicals tired • Going to practicals while exam is on the corner • Writing tests and doing presentation immediately from practicals
	Direction and guidance during study years	• Told things during the first week of first semester of first year • Like soccer team without a coach • No one to listen to problems during practicals
	Demotivating instructional style	• Keeping students the whole day in class • Lecturer not commenting
	Demotivation by lecturers	• In this module five only will pass • Unfair lecturer • Rude lecturers

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THEME	CATERGORY	SUB-CATEGORY
	Time management	• Hot events every weekend • Friends
	Not stressed	• Never experienced stress
Experiences of coping mechanisms	Emotion focused	• Frustrated • Distanced herself • Started drinking and girls • Did not care about anything • Joined group of rude students • It is better to be dead • Used to cry everyday • Lock self in bedroom • Having a boyfriend as a security • No reason for being alive • Kicked her room-mate out of the room
Experiences of expected support	Learning support	• How to prepare for exam • Lecturers to stick to class attendance schedule • Lecturers to give sources • Proper scheduling of time table • Free from tests when on clinical practicals • Accommodation
	Emotional support	• Informed about opportunities ahead • Being there for us • Someone to guide us • Show us the way • Help to concentrate in class • Encourage about school work • Guidance • Lecturers must be role models • University should help us solve our problems • Regular assessment by the psychologist • Senior students
	Financial support	• Loan or bursary • To be paid for practical • Settlement of account • Financial support
	Social support	• Students to select whom to share the room with • A person to listen to me talk to • Allowing us to express our feelings • University staff to be there for us

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3.3.1. THE NURSING STUDENTS EXPERIENCE OF DISTURBANCE IN THEIR SLEEPING PATTERNS

The analyzed data reflects that some students are experiencing irregular sleep-wake schedules. In addition, it indicates that some students with irregular sleep-wake patterns have poor concentration in class, which affects their academic success negatively. Some participants expressed that they sleep early and others indicate to be going to bed late. Those who sleep early, amongst the reasons, some reported experiential learning sessions at the hospitals and clinics to be influencing their sleeping pattern. During their practical weeks, some become very tired this causes them to go to bed early. Some assist in the house chore, which makes them tired as well, and some sleep early due to not knowing what to do.

3.3.1.1 Experience of irregular sleeping pattern

Nursing students' experiences of irregular sleeping pattern consists of eight sub categories which are shown in Table 3.2 above. Feedback from nursing students who participated in the study reveal that they experience irregular sleeping patterns in that they sometime sleep too early or too late depending on the situation at a particular time. Some participants indicated that they sleep early due to tiredness whilst some students who go to bed late due to TV, studying, arriving home late, noise at the hostels and babysitting. Some of the students who participated also indicated that during examinations they spend most night hours studying, especially when the examination date is close, which makes them sleep very late or not at all. This they said resulted in a lack of concentration in the class on subsequent days or not going to class at

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all. The following quotations allude to the irregular sleeping patterns experienced by students:

"I sleep as early as 7 pm when I am from the hospital since I would have been working the whole day and tired. But if I am going to write tests or examinations is then that I sleep late especially if there are few days left for exam" In class some of the days I fail to concentrate and I feel sleepy., when I study, I take time to understand what I am doing I cannot concentrate for two hrs. My academic progress is not well because ECS I got twenty-eight which made me not to qualify for exam".

Another one said:

"I sleep early because I arrived home being tired because I use everyday transport when coming to school. Sometimes I become more tired when I am doing practical because I spent more the whole day standing and when I arrive at home I have to rest and is impossible to wake up and study. During exams I sleep late preparing. In my academic progress I see that my performance is dropping gradually. In most of test in my 1st year of study I usually got more than sixty-five percent, but this year has dropped to fifty-two percent or less.

One claimed that the house chores tired her which resulted in her sleeping early and said:

"As I stay at home with my parents it causes me to prepare supper in the evening and cleaning resulting to tiredness which cause me to sleep early. In

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class I can concentrate. I don't think I am doing that well because I am not passing or qualifying with high marks. There is only 1 course that I have passed with distinction since last year and other courses I have passed but not that well".

One participant indicated that she was sleeping early and late depending on the tasks that needed to be done:

"I sleep early sometimes if I feel lazy to study but if I am going to write exam or a test is then that I sleep late in the midnight especially if there are no other days left for examination. During class I try by all means to concentrate but sometimes I slumber and find that I didn't grasp some of what was taught. My marks range from forty-five to fifty-nine. I am not happy about them".

Congruent with the above quotations, Lack (2006:10) found that students with irregular sleep–wake schedules obtained lower grades than their colleagues. Furthermore, sleep was found to be one of the four leading factors that negatively affect students' individual academic performance, including dropping the course, or receiving a lower grade in class and in exams as well as in important projects.

Various researchers have argued that the academic world is inherently stressful and demanding (Van Dyk & De Kock, 2004:11; Chitereka, 2005:234; Sefotho, 2005:164; Malefo, 2006:43). These researchers argue that an overwhelming burden of information leaves minimal opportunity to relax and recreate and sometimes leads to serious sleep deprivation. It constitutes various stressors which may cause impaired judgment, reduced concentration,

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and loss of self-esteem, increased anxiety and depression. The analysed data also revealed that some students who go to bed late have concentration difficulties and their academic progress is slow. The following quotation attests to this:

"I usually sleep late because I enjoy being with my girlfriend half of the night and we love to watch late TV channel called Emanuel where they show how to go about doing sex step by step. I wake up at about seven-thirty to eight which makes it impossible for me to attend classes that starts at seven-forty-five. My academic progress is low because my group mates are doing third year and I am still doing second year. In NGI 2541 I got thirty-five percent meaning that I won't write exam".

One participant cited babysitting to be interfering with her sleeping pattern as well as studying:

"It is hard for me. I sleep very late because after school I have to go straight to the room look after my child and wait for him to sleep. He usually sleeps at pass nine. I then have to first read and do all the school work before I sleep. I usually sleep after eleven. Sometimes it is difficult to read I end up sleeping before reading. Sometimes I become more tired when I'm doing practical because I spend the whole day standing and when I arrive in the room I have to look after my child. I am having a slow academic progress at the moment".

He cited arriving home late to be responsible for his late sleeping and said:

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"Every day I arrive at home at about ten to eleven. Then I first do all my assignments, prepare for tests and class presentations. In class I concentrate for one to two hours .My academic progress is poor because I failed to enter the examination due to not qualify sociology (thirty-seven point five percent)".

Noise at the hostels causes some students to sleep late. One participant said:

"I sleep late because there is lot of noise on campus, some are bashes and some are parties and sound systems from the rooms". I am not happy with my marks because it is dropping".

From the quotations above derived from the interviews with registered nursing students, it can be concluded that irregular sleeping patterns contribute to how well or badly the students are able to deal with their work effectively. Furthermore, it was revealed that some students are unaware of the importance of rest / sleep as well as time in their academic lives. It does appear that the students need to be guided and supported on issues relating to sleep and their ability to manage the demands of study and school work.

The relationship between sleep patterns and academic success has been reported in the literature. Uys (2005:212) emphasizes that sleep influences information processing, learning and memory consolidation. Therefore a certain amount of sleep is needed for adequate wakefulness. Besides the amount of hours of sleep, the timing is also vital for adequate daytime functioning. Both Hanson (2006:23) and Keim (2007:706) indicate that irregularities of 2-4 hours

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in the sleep-wake pattern are usually accompanied by higher fatigue, poor concentration span, decreased level of motivation and performance.

Similarly, sleep is reported by the American Psychiatric Association (APA) (2009:34) to be important for cognitive restitution. It influences information processing, learning and memory consolidation. The sleep–wake pattern is in harmony with other inner circadian rhythms, therefore, abrupt shifts of sleep–wake patterns lead to internal dissociation among circadian rhythms, which may imply undesirable effects such as somnolence, attention deficits, concentration difficulties and performance decrements.

According to Keim (2007:708), the entrance at the university is accompanied by many factors that lead to changes in sleep habits. As a result, across the university years, many students may develop inadequate sleep patterns which negatively affect their academic performance. This author is supported by Dass (2007:31) and by Eliot (2008:696) who found of that lower academic results were associated with less sleep duration, later bedtimes and later rising times.

Congruent with these results, students with later sleep–wake schedules obtained lower grades than their colleagues (Davis, Eshelman & Mckay, 2008:10; APA, 2009:34). According to these authors, there are several possibilities why students with later sleep–wake patterns obtain lower results; firstly, they miss morning classes in order to obtain enough sleep, secondly, they must attend classes and examinations in the morning when they are not yet at their best, they become sleep deprived, and their sleep–wake schedule becomes irregular. Based on Eliot's (2008:692) statement, whenever morning schedules are imposed for examinations and instructions, it is reasonable to

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expect that students with later sleep–wake patterns may have worse academic performance.

3.3.2 NURSING STUDENT'S EXPERIENCE OF STRESSES AND STRESSORS AS CHALLENGES TO THEIR MENTAL HEALTH.

Some participating students claimed to be going through lots of stressors that affect them mentally and which negatively interfere with their academic progress. The categories of stressful factors discussed by some participants are experiences of: examinations, poverty, room-mates, sexual violence, campus life, poor progress, personal and family problems, relationships, first entering of university, practicals, direction and guidance during study years, demotivating instructional style, demotivating lecturers, time management and finally, of not being stressed. These stressors are discussed below.

3.3.2.1 Nursing stressful experiences during examination

Nursing students' experiences of examinations could be grouped into the subcategories of writing every day or writing two courses per day, examination proximity and writing exams for the first time. The overwhelming majority of nursing students cited sitting for examinations to be their source of stress. Their main concern is the number of courses to be written in a day or week, to some, the closer the examination dates appear, the more depressed they become and those who sit for examination for the first time find it stressful.

Regarding the examination courses that are close to each other, one participant said:

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" I have experienced stress last year when the exam courses are just after one another and sometimes writing two courses in one day and even this year our exam courses are too close to each other, for example, for example, NGN 3541 today in the afternoon and NPN3541 the next morning we only count few hours in between courses".

Another participant mentioned that she felt depressed when the examination dates approach:

"When the exam is near I become depressed about how I can manage to read when there is no enough time for me to prepare myself and after the exam the stress is relieved because I have finished."

Some of those who were to sit for university examinations for the first time were very anxious:

"It was a time when I first seated to write my first examination at the university I was very anxious. The other thing that causes stress is that you may find that you are about to write examination and the time table is complicated in a manner that you'll be writing three courses in three days without skipping".

"During my first time to write university examination, I was very anxious as to whether I will make it. I had lots of questions like, how is it done? When I looked the exam timetable, I found that it was scheduled in a way that we were writing for the whole week every day. I was then so confused not knowing which

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module to read more. I registered seven modules and qualified to write five and I passed four".

Both Ryan (2004:11) and Evans and Fitzgibbon (2006:313) found that in the academic area, a heavy work load, examinations and meeting deadlines for assignments were the most common causes of student stress. This is supported by Kitzrow (2008:168), who found that the most prevalent source of academic stress was test and examination and most university students seemed to be more emotionally vulnerable due to examinations. In addition, increased anxiety from tests had a debilitating effect on students' performance.

3.3.2.2 Experience of poverty

Nursing students' experiences of poverty consisted of issues of travelling to school daily, working part-time and losing the person financially responsible for paying for their studies. Few students indicated that their poor family background affected their academic progress negatively. The analysed data yielded that a few students travel from their homes far from campus, which makes it difficult for them to participate fully in group projects and to attend some of the morning and late classes.

One student claimed that, due to poverty, she had to commute daily to campus which affected her studies negatively:

"I do not have money for accommodation closer to the university. So I leave home at four am to catch the bus which arrives at Thohoyandou around eight thirty

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and the classes start at seven forty-five. It is obvious that I will never attend all morning classes if any. Then I have to run for the five pm bus, again I will never attend the late classes. Sometimes I get information from my friends which I am not sure whether it is correct or not. My academic progress is not satisfactory since I failed ECS and SOC first semester"

Another one said:*' my family background is poor; there is no one who is working. I travel long distance everyday by foot to the university that makes me to be very tired. It is very difficult for me when it is raining which sometimes I miss classes especially in the morning. I am doing second year and my group is on fourth year"*

Congruent with the above quotations, Pascarella and Terenzini (2007:24) found positive associations and effects of campus residence on student involvement, overall satisfaction, degree attainment, and personal growth and development as opposed to commuting to campus.

One participant related doing a part-time job after school daily for him to get R15.00 for his transport. He claimed that this affected his concentration in class as well as engagement in the studies:

"Once I leave university I go to taxi drivers to be the one to open the door of passengers so that I can get fifteen rand for tomorrow's transport. I do not have time to visit study rooms because after class I have to move to taxi rank to get money for tomorrow's transport. In class my concentration is poor because I always think of my personal problem that I'm going to eat at lunch, did I still have that transport money, what if today I did not find the chance to open the

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doors of taxi. My academic progress is poor because I failed to enter the examination due to not qualify sociology (soc thirtyseven point five percent) Most of my modules I perform well to (about sixty to seventy percent)".

According to Voss, Gruber and Szmigin (2007:952) there are many students who have to work while they are attending university. In addition, this can pose a number of hazards for students because there are many times when students have to work late and then do not have time to study. Similarly, Manalo, Ede and Wong–Toi (2010:26), found that for students who work, it can reflect on their academic work and on their grades. In addition, worrying about their financial issues can be an immense stressor in their academic life.

Some students reported to have lost the person who was paying for their studies. One said:

"In two thousand and six, the person who was paying for my studies passed away, and then I was forced to drop out from the university and spend two years saving money from my mother's grant (government support)".

Another said:

"I did have extreme stress during my first year. It was in two thousand and five, when my brother who was responsible for my schooling passed away. There was no where that I was going to get money to settle my account of three thousand rand. I had to drop out from the university and spend the whole year

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working at Shell garage as petrol attendant accumulating money for three years. Most of my group mates have graduated"

Various researchers, Peltzer (2006:117); Malefo (2006:40) and Orugo (2006:51), report that many students who join university live through a variety of difficulties, including high levels of poverty. It is expected that these students would exhibit high levels of psychological distress. In this regard, Malefo (2006:40) found that 16% of first-entering students at Makerere University suffer from depression and display a high level of mental health problems. He found that a further obstacle for final year students in South Africa is that the academic performance of black students is the poorest because some of these students come from very poor socio-economic circumstances.

3.3.2.3 Experience of having a room-mate

Nursing students' stressful experiences of room-mates included the death of their room-mate, their room-mate having a child and problems with sharing rooms. The majority of participants residing on campus, pin-pointed dormitories as environments that do not promote learning at all. Participants indicated that they even experienced the death of their room-mate to be so stressful. It was indicated that they are just paired to their rooms by the residence controller without any choice. According to some students, such pairings are not always compatible, due to differences in lifestyles, and attitudes and approaches to learning. Furthermore, a few participants revealed that there are often whole families in the dormitories, which make it impossible for learning to take place.

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Two participants explained how the death of their room-mate affected their academic performance. One said:

"Ok, it is like this. I failed ECS and NCH first year modules because during that time I was to give information to the police regarding my room-mate's death. My room-mate committed suicide last year by taking pills and I am the one who found her. It was a week to November exams. I could not study anymore, I was so scared and she was on my mind every minute. It was bad, very bad, I mean even my best enemy I won't wish her to experience that, noooooo….".

The other one said:

"It was on a Thursday second day of second semester exams, my room-mate who was also a very close friend called me at about eight pm, I missed his call because I was in the Library and switched off the phone. I left Library at about eleven pm straight to the room and he was not yet back. Then I checked my phone and found that I missed his call and he left the message saying I am sorry. I called him and his phone was off. I slept as I was going to write in the morning. At about seven am I was called by some of my friends and told me that he was found hanging in a tree on campus. I was so confused and did not write the whole exam. It is painful and I still think that I should have picked his call maybe he wanted my help"

A few participants mentioned that rooms accommodate even children or a family which makes it difficult for them to study or relax in the room:

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"Children are born and raised in the rooms without the knowledge of students' parents. The baby cries at any time and you can't tell her to stop crying you want to sleep. Most of the time the father is there, so you share the room with the family which makes it impossible to study or rest in the room. ...the student mother misses classes when the child gets sick she has to take the child to the hospital. I mean this life negatively affects the room-mate's academic progress and the student mother as well."

Another one said:

"I did not have a room allocated to me. So I squatted and paid three thousand rand to the room owner. So the room owner had a two year old child. I am telling you even if I wanted to rest, as long as the child was still awake, I had to sit on the chair because the child is jumping around the room".

Some participants also explained that often, there are six to eight students staying in one room with two single beds allocated for two people and that this induces all sorts of distracting activities. They said:

"This issue of sharing with a stranger is bad. Innocent, well mannered students are victims of all sorts of abuses. ...these people are very corrupt; they even have sex in the presence of the room-mate. Eish... The choice is yours, is either you go out or stay. I mean guys, once you put your mind on sex, you cannot focus on your books"

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Another one said:

"Ok what is happening there you won't like it. It is like this, in one room with one single bed that can at least accommodate two tiny persons; you find that six to eight people stay there".

She reported that her room-mate was difficult to live with and she said:

"I was in a serious stress when I was staying with my ex-room-mate. She was making my life a living hell; she would come with any one anytime, I would find some of my stuff missing and when I ask she would shout at me or when her friends come to the room they will laugh at me. She would switch on radio or TV even if I am reading eish...."

Williams and Reilly (2007:407) from their field investigation into study conditions in housing units concluded that a room-mate has a decided impact on whether or not a student maintains good study habits. Whilst, Pace (2007:146) showed that room-mate pairs who were highly dissatisfied with each other attained significantly lower academic success than the satisfied pairs. Similarly, Sommer (2009:274) found that room-mates who are very dissatisfied with one another will experience less academic success than other room-mate pairs, secondly, high-ability students make better grades and feel they have a more academic environment when assigned together to a specific room.

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3.3.2.4 Experience of sexual violence

Nursing students' experience of sexual violence has three subcategories: male lectures proposing love to students, rapes on campus and rapes by senior students. From the analysed data, it was revealed that students are subjected to sexual violence of various forms. Some students claim that some male lectures are sexually abusing female students which stress them. Some also explained that senior male students from the Student Representative Council are mostly the ones who are sexually abusing poor students at first and second year level. In addition, data revealed that there are rapes on campus which makes students live in fear, resulting in poor academic progress. Comments from participants include:

"Male lecturers propose to have sex with us in exchange for marks and when you refuse it is obvious you won't pass his module. One girl, I won't mention her name, refused to have sex with a lecturer so she never passed his module and she dropped out. Most girls are having sex...let me say, they are raped by lecturers in their offices and they are in pain emotionally"

"This is very serious; you all know what happened to my late room-mate. She was pregnant from a lecturer. He denied the pregnancy and instructed her to get rid of the pregnancy or else. Then she killed herself in the process of trying to abort. He is alive and continues to abuse poor girls. There is no-one who seems to want listen to our shout for help. This really affects us mentally and academically"

The majority of participating nursing students expressed how the issues of

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rapes on campus leave the student at a disadvantage. Participants report that rape on campus is common and they live in fear:

"There are lots of rapes and suicide on campus and nobody talks to us about it, as to inform us what is happening. I mean these situations affect us mentally, we leave in fear."

Another commented:

"My worry is that even if you report rape you will end up with the police cross-examining you that adds more frustration than you are. To make matters worse you are to bump into the perpetrator daily, which is very cruel. It happened to my class mate's friend who ended up terminating training".

A participant explained how the student who was raped by one of the SRA senior students was handled and how it affected the victim:

"Yes, what happened is it was a fresher's ball bash on Friday night. I do not know what and how exactly it happened. The following morning was on Saturday; she went to police station and opened a case of rape by one of the SRA senior students. Since that Saturday she was not performing well in class, most of the time she was absent from practical, she used to lock herself in a room during the day... the SRA student who raped her, used to intimidate her where ever he sees her. She did not qualify to write exams for most of the modules".

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In their recent report on sexual violence against girls in South African schools, the Human Rights Watch (2007:9) found that from 1996 to 1998, girls aged seventeen and under constituted 40% of reported rape and attempted rape victims nationally. A survey of high school graduates found that 17.7% of males and 82% of females reported sexual harassment by teachers during their school careers; and 13% of those surveyed said they had engaged in sexual intercourse with a teacher (Wishneitsky, 2007:166). Similarly, in a study of violence in South African schools, Vally (2009:7) found that 30% of rape cases of learners were perpetrated by teachers.

It is widely reported that many abusers are in positions of power or trust in relation to their victims, which makes it easier to overcome a child (student's) resistance (Khan, 2005:187; Finkelhor, 2006:122; Nyandiya-Bundy, 2006:8; Shumba, 2007:83; Vally, 2009:6). These researchers show that reported cases are merely *a –tip-of-the-iceberg* because only a small percentage of crimes against children are actually reported.

In South Africa, there have been several reports of sexual harassment of students at universities and colleges which has come to the attention of the Department of Higher Education(DHET) and is of grave concern to the DHET as claimed by (DHET; 20011:1).

3.3.2.5 Experience of campus life

Data revealed that there are various non-academic activities that take place on campus which negatively affect some students. The activities include students'

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protests (strikes), and lots of noise due to high volume sound systems, bashes/parties/ events that are organized every weekend. Data also indicates that organizers do not consider whether students are to write tests or not.

Some students were exposed to students' protests and were frightened by the activities involved and said:

"During students' strike and the police came and shoot people. Students then were throwing stones to police; they burned university car and cafeteria. I was so scared and thought of dropping out. I went home for a month".

"I was still new in this university. Then I saw people running towards my direction, before I could understand what was going on, I was arrested by the police and I slept in prison for two days. In prison I was crying every minute. That place is hell on earth. I hate to have come to Univen and I will never recruit anyone to come here. I also hate the police because they just arrested me for nothing"

"I do not what to hear anything that has to do with students' strike because last year I was shot by the rubber bullet and sustained injuries and taken to Tshilidzini hospital where I stayed for a week with a fracture of my left ankle. That situation frustrated me to such an extent that I had nightmares and I use to be scared. Nobody cared about my situation and classes went on as if nothing had happened"

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A number of researchers have suggested that university campuses may inadvertently contribute to the development and exacerbation of students' mental health disorders including suicidal behaviors that are consequences of perceived or real stress, (Khan, 2005:193; Orugo, 2006:51; Mpofu, 2009:13). In addition, these authors, state that there is a growing number of students with serious psychological problems and that there is an increase among those seeking counseling on campuses.

Participants concurred that campus has lot of noise that does not promote studying.

"The bashes and parties that take place every weekend are too noisy because of the high sound and many people even from outside who are attending".

"There is too much noise at the hostels, everybody has a music sound and wants his to be the best. Noise at the rooms is disturbing us from studying, you find that if you want to study you must go to library even if is at night".

"There is lot of noise on campus, some are bashes and some are parties and sound systems from the rooms. I am not happy with my marks because it is dropping".

Other researchers have also found that the psychological factors caused by noisy homes, overcrowded households and lack of space for studies are the sources of stress to students (Pavlich & Orkin, 2007:96; Mwamwenda, 2007:3; Peltzer, 2009:21; Orugo, 2006:52). Furthermore, these authors write that these

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stressors have subjective effects such as aggression, anxiety, depression, frustration, moodiness and muscle tension. The organizational effects include destructive interpersonal relationships and low levels of motivation for class work.

3.3.2.6 Experience of poor academic progress

Poor academic progress consists of three sub categories: failing a module by one mark, failing a supplementary examination and not proceeding to third year and results indicating that the student did not write the examination.

One participant stated:

"I had serious stress when I came to know that I have failed one of my subjects with only a mark, I felt destroyed because I knew I will have to add a year to complete my studies. I did not know how to tell my aunt as she is the one responsible for my fees since she might withdraw from paying those fees at anytime"

Some participants explained that their experiences of failing modules negatively affected their progress:

"It was two thousand and eight when the NGI 2541 results came out and I have failed my supplementary. Everything just did not matter anymore because whether I pass or fail second semester I was not going to third year. I stopped

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living for a while. I've just added another year, it made me ask myself if I will ever make it in everything academic related. Up until now I'm not sure what will happen to me next year or the year after"

Another commented:

"The time when I experienced stress is where I have a supplementary for an ECS course because I realized I am not going to third year. I didn't tell anybody, it remained a problem to me and I started to lose the interest of studying".

And a third said:

"The only time I got so stressed is when I failed to qualify to write psychology. It was very stressing".

One participant explained what transpired in 2007 which caused her to repeat a module:

"It was in January when I received my two thousand and seven November results when I had my NCH 2642 written that I did not write exam whereas I have written. I had written three letters to the school admin and at the end no reply. I spent days being depressed, but I ended up accepting what happened".

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3.3.2.7 Experience of Personal problems and family problems

Nursing students' experience of personal and family problems consist of four sub categories: owing former university fees, having personal and family problems, death in their family and applying for admission.

One participant related how his former university pressured him to pay the amount he owed which caused him to fail some modules.

"My former university sends me to their lawyers to finish up the remaining amount. They come home and threatened to sell the properties at home to get their money. I was unable to concentrate in class since I was not sure as to what will happen to my family. I failed ECS 1641 and NGN 2641".

A participant acknowledged having personal and family problems which negatively affected his studies:

"Sometimes I find myself having personal and family problems and that makes me not to be able to read my books because I will be thinking about what I must do from here"

Another participant was stressed by the death of his father:

"This year from April to July I was very depressed when my father passed away following a car accident. I managed to write exam it was difficult and I passed

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three modules out of five modules. I was not aware of the agrotet option which is available in times like this. I would have loved not to write all the modules which were too much for me".

One participant reported that applying for admission as well as SANC registration was very stressful.

"I have been stressed early this year when applying to be admitted that I thought that I must just once commit suicide. Even right now I am more stressed because of the SANC and this one makes me feel like just letting a car to hit me so that I can be far from stress".

Researchers (Lesko & Summerfield, 2005:19; Fish & Nies, 2006:111) state that students face social, emotional and physical and family problems which may affect their learning ability and academic performance. Similarly, Chew-Graham and Yassin (2008:877) state that some students with problems find it hard to cope with the stress and lag behind. This is supported by Bernstein (2010:2) when he writes that if stress originates within the family setting, it is likely that the family members have less availability and lower levels of school involvement, which would diminish emotional and instrumental support necessary for educational achievement.

3.3.2.8 Experiences of relationships

Nursing students' experiences of relationships has two categories: the discovery

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of boyfriend having another girlfriend and being left by girlfriend for another boy.

A few participants mentioned experiencing stress from relationships where the boyfriend was unfaithful or had ended the relationship.

One said:

"I experienced some stress while I came across problems with my boyfriend when he had another girl. It was the time of June examinations. I was so frustrated and could not focus on my books. I failed two modules".

Another one said:

"My high school girlfriend dumped me for a senior well to do guy. This affected me in such a way that I do not trust any girl for love. I just have them as many as I wish so that incase one dumps me, I will have one remaining for me".

Other researchers have written that another source of stress for university students is making new relationships, (Evans & Fitzgibbon, 2006:23; Rwamatego, 2008:205; Van Dyk, 2009:18). Giving up or making new friendships and developing new ones is often a stressful activity associated with university life. Van Dyk (2009:19) argues that it can be stressful for some students to try and find someone they can share things with for the support they used to have. Going through these processes can be stressful which

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compromises their academic success as it affects health, memory retention, judgment and self-esteem and leads to mental health problems.

3.3.2.9 Experience of first entering the university

The nursing students' experience of the first entering at university has three subcategories: not knowing anyone, going home every weekend and HIV infections and pregnancy victims. Data revealed that some first year nursing students experience severe stress due to moving to a new environment, not knowing anyone and missing home.

One participant narrated her experiences of not knowing anyone which caused her to be anxious during her first year:

"I experienced extreme anxiety last year when I came here for the first time; I was a quiet person and not knowing anyone. I felt like lost and not trusting people around me. I overcame that situation by accepting that I should change my life because now I live at school not at home like before".

Being in a different environment can cause first-year students a great deal of stress. Studies such as those by Peltzer (2009:20); Van Dyk (2009:19) and Mpofu (2009:17) have shown that the period of greatest stress during students' transition to university is the first weeks and months. Many students go through considerable stress due to demands associated with change. Mpofu (2009:17) writes that some students show an increased level of depression and absent–mindedness within first weeks of first term. Van Dyk (2009:19) argues

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that major life transitions, such as leaving home and going to college may exacerbate existing psychological difficulties or trigger new ones. Moreover, leaving family and peer supports to enter an unfamiliar environment with higher academic standards can deepen depression or heighten anxiety.

One participant articulated how she experienced homesickness, how she coped with it and how it affected her academic success:

"During my first year in this university, I was very stressed because I was new and I use to have language problem with other students outside class which is Tshivenda. I use to go home every weekend and I felt better because I knew that I will be on campus for four days which is Monday to Thursday and Friday to Sunday I will be with my family. I sometimes missed Saturday classes and tests. I failed ECS 1541 and NGN 1541"

Homesickness is an unpleasant and stressful experience for students. For some students this is mild, but for others it can lead them to a state of grief, anxiety and depression (Orugo, 2006:52). Van Dyk (2009:16) found that homesickness can debilitate a student, making it difficult for them to study or cope effectively with academic life. Furthermore, academic work may reflect homesickness in a number of ways: the student may be absent-minded, non-attentive, or avoid lectures.

Some participants indicated that those first entering students are victims of HIV infection and pregnancies:

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"The problem is mostly with girls, they come from home being virgins and well-mannered, within first semester of first year, they have boyfriends and get pregnant. Ok pregnancy is a mistake, then a problem is HIV infections".

Another one said:

"Senior boys who are HIV positive target the first years as their victims to infect. Majority of girls are infected during their first years"

Researchers have found that students are stressed by cultural changes which involve changing from African traditional values to western modern values and to live separately in a more individualistic way of life (Van Dyk & De Kock, 2004:92; Brackney & Karabenick, 2007:460; Clark & Reikker, 2008:33; Rwamatego, 2008:203). Mpofu (2009:11) argues that another source of stress to students is when they have to make choices to be part of a collective culture or to live as an individual.

One participant repeated a year and was scared to tell her father:

"During my first year here, my father said I must not fail a module since I stay at the hostel where he is paying a lot of money for me to have enough time to study. I did not qualify to write exam for two modules, I did not tell anyone at home. I made it a point that I am the one to collect letters from the post office so that I could take the results before my father sees them, it was not easy....eish"

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Studies by Levine and Cureton (2008:53) and CAS (2009:67) indicate that academic performance is the most critical concern of students, especially those students who are first entering the institution, and that the problems perceived to be the most intense sources of stress are examinations, financial concerns, fear of failure on specific assignments, and career decisions. These authors revealed nine major categories of students stress: instruction, competition, and organization of time, adjustment to college, administrative problems, social adjustment, finances, housing and transport.

3.3.2.10 Experiences of Practicals

The majority of nursing students cited practicals as their source of stress. Nursing students experience of practicals consists of four sub-categories: situations where there is one week left to complete the practicals, they feel stressed and tired from the practicals, having practicals when examinations were looming and having to write tests and do presentations immediately after the practicals.

One feels stressed when one week is left for them to go to practicals:

"I experience extreme anxiety and stress when there is only one week left for us to go to practicals and every lecturer want us to write his or her test in that one week. I write tests the whole week up to Saturday. I feel very much in pressure because I want to pass and pass them all"

Another one does not like going to practicals since he comes back very tired:

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"When going to practicals I feel more stress and anxiety because I came back tired and having desire to study and I can't read because I'm tired"

Another participant talked about being stressed by having to go to practicals when they were about to write exams:

"There has been time where I experienced extreme anxiety and stress when I am expected to go and do practicals while the examination is on the corner. This gives me stress because I came back from practicals tired and I have to study".

Another one indicated that despite the fact that they are from practicals, they are expected to write tests:

"The time we were doing practicals, the very first week we returned to campus we have to face three tests and a presentation through throughout the course of one week and really never had time to study since we come back late and leave early to practicals".

Stress associated with academic activities has been linked to various negative outcomes, such as poor health, depression and poor academic performance. Various studies report that academic stress pervade the life of students and tends to impact adversely on their ability to perform schoolwork effectively, (Fisher, 2006:12; Aldwin & Greenberger, 2010:180; Ridley, 2007:205; Brackney & Karabenick, 2007:460; Clark & Reikker, 2008:33). This is supported by APA (2009:327) who found that a lot of highly intelligent students under mental stress gave poor academic performance.

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Nursing education is reported to be stressful. Borysenko (2007:3) found that the major stressor for first-year nursing students is the amount and complexity of material to be learned. Students feel academic pressure because of theory and clinical learning. Nayyar (2008:2) reports that fatigue is often cited as a stressor in the second year, students imagine they have the disease they are seeing and studying in their clinical areas. In the third year, according to Hanson (2006:34), nursing students begin patient care, but they are low on the totem pole. Acceptance of death and dying emerges as a key issue in coping with stress. During their final year of training, Davis et al., (2008:21) found that overwork and sleep deprivation become major stressors. Lack of personal time continues to stress nursing students in their final year.

3.3.2.11 Experiences of direction and guidance during study years

Nursing students' experiences of direction and guidance during study years consist of three sub-themes: issues around being told things during the first week of term where everything is new, feeling like a soccer team without a coach and having no-one to listen to their problems during practicals.

An overwhelming majority of students described their lack of direction and guidance during their study years. They reported that they are not informed in time of what will happen, where and how. They mentioned that they do not have someone to rely on in case of challenges as they come across them. According to the participants, not all academic challenges are covered during the orientation week during their first year of training. They learn through trial and error. The following quotations attest to these statements.

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"We are told things during the first week of the first semester of the first year which I believe we do not take it seriously because we have not yet encountered any challenge since the classes has not yet started. So as the classes start and the year goes by we then experience challenges and we need someone to assist us and guide us on how to deal with the situation and there is no one. I recommend that there be someone throughout our years of study to guide us"

"As students we should be told what affects our study life specifically. I mean this because during orientation we are told about the university management and Authorities which according to me I feel is less important. We need information as to where to go for help when I am sick or pregnancy/ rape issues and so on .....and another thing is, we need to be told where to go for help when having problems"

"We are like a soccer team playing without a coach. A soccer coach coaches his team before the game starts and continues to guide them throughout until the last minute of the game. Hmm....another thing is university is far different from high school, we need someone to show us the way"

One felt that lecturers should be there for them even during their clinical learning at the hospitals:

"Another thing is that lecturers must be parents or mentors to us. I don't mean spoon feeding but they must show us they way. Again lecturers should also visit us at clinical area to find out how we are coping, attend and address their problems if any. I am saying this because we are just told to go to the hospital to a particular ward without any one to listen to your problems in the

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hospital/ward. Really this situation is so frustrating; we are left there for five to six weeks. We only see a lecturer when they come to evaluate us for semester mark".

Brenner and Rumberger (2009:234) conducted an academic mentor project where they found that the mentoring had some positive and significant effects on psychological well-being, career aspirations and academic grades of program participants; that mentored students had much higher career goals, suggesting that the mentoring process may have triggered a greater concern for the future among mentored students; finally the results showed that mentored students were doing better academically than students without mentors. Furthermore, these authors explain that in the academic environment the function of mentor is to support and guide the professional growth of students and colleagues. Mentors acts as role models and career counselors to the mentees. They also serve as supporters, problem solvers, encourage and guide the mentees on how to handle specific situations.

3.3.2.12 Experience of demotivating instructional style

Nursing students' experience of demotivating instructional style has two sub-categories: keeping students in class for the whole day and lack of feedback from the lecturer. Some participating students expressed problems related to teaching and learning methods that are used by some lecturers. This was expressed in terms of aspects of pacing and transition time. Participants appeared despondent as they explained the issue of pacing. They indicated how difficult it is for them to flow with the pace of some modules.

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Some participants also expressed that some lecturers keep them in class for longer hours without giving them breaks in between, which over-stretch their concentration span and makes them loose a sense of movement through the curriculum. They also indicated that during their presentations, some lecturers do not comment on whether they are on the right track or not, which makes them go back to the books and read, since in class they did not understand. Again, they expressed that sometimes the content is very difficult for them to make sense of it and they are expected to present something they do not understand themselves.

One participant explained the period they spend in class and how it affects their concentration as well as the semester marks:

"Some lecturers give us topics to prepare for presentation, so during presentation they keep us the whole day presenting, this make us lose concentration and focus. Can you imagine from eight in the morning until four in the afternoon" This is so tiring, you sit look at the board without hearing a thing. This result in us obtaining lower semester marks which makes it very hard for us to get a pass mark during examinations"

According to Wyne, Stuck, White and Coop (2006:136), Most students, including low-achieving students, learn more when their lessons are conducted at a reasonable pace, because a reasonably fast pace serves to stimulate student attentiveness and participation and again more content gets covered by students. Other participants explained how lecturers behave during class presentation:

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"We are doing presentations of something which we are not so sure as to whether it is correct or not. So the lecturer will just sit there without commenting whether what we are saying is correct or not"

"To add on what she has said, it seems as if presentations are not important but it is the university rule that we must be given topics and present. I mean can you image, a lecturer is there listening to what we are saying but does not comment"

"The problem is during presentations the chances of giving other students wrong information are high because we just say what we think and believe is correct"

"Some lecturers even sleep or let me say they take some naps during our presentations, so how does she hear what we are saying? I think the presentation style should be stopped".

Kuh (2005:26), in his study, found that learners wanted academic guidance, feedback and reassurance that they are on the right track. Similarly, Venter (2006:14) sates "The more students practice and get feedback on their writing, analyzing, or problem solving, the more adept they become".

According to Schmeck (2005:12), assuring quality of teaching is about keeping a focus on how and what students are learning. This is supported by Trigwell and Prosser (2007:253) and Cook (2008:37) when stating that university teachers should be concerned to promote student independence and help students achieve autonomy. Encouraging students to reflect on their work, to evaluate their study habits, to write commentaries on their approach and to

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enter into dialogue with peers and teachers are all important to promote autonomy and to facilitate the kind of independent learning that is expected in Higher Education institutions.

A substantial amount of research on student learning in higher education has shown that students develop qualitatively different understanding of the material they are studying, and that this variation in understanding relates to the variation in the way they approach their studies: they adopt strategies aimed at seeking meaning in the material they are studying (Biggs, 2007:21; Gravett & Geyser, 2007:212; Voss, Gruber & Szmigin, 2007:951). Furthermore these authors argue that the material that is too difficult or presented poorly cannot be learned at any instructional pace. Pacing like many other characteristics of effective instruction shows considerable variability among teachers and has a pronounced effect on student achievement.

3.3.2.13 Experience of demotivation by lecturers

The nursing students' experiences of demotivation by lecturers consist of three sub-categories: demotivating statements from the lecturer, unfair lecturer and rude lecturers.

Some participants indicated that some lecturers demotivate them by their statements in class during their first contact with them. They explained that some lecturers are unapproachable to such an extent that even if they have a question, they are scared to ask. It was also revealed that some lecturers do not introduce the module in the form of a lecture overview, which results in

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students wasting much time trying to make sense of what is happening, which paralyses transition.

One participant commented on the statements made by lecturers which do not encourage them:

"Some lecturers, in our first contact with them, tell us that in this module only five will pass, and then once you know that you will fail, it demotivates you".

Wyne, Stuck, White and Coop (2006:136) argue that for transitions to occur quickly and smoothly, the teacher must have materials ready and demonstrate confidence in closing one activity and initiating the next; and the students must enter the next activity with interest and expectation of success. In addition, both the teacher and a student need to feel a sense of movement through the curriculum. Finally, a loss of momentum will have destructive, affective consequences for teacher and student as well as the negative effect on student academic success.

A participant related how lecturers mark assignments which he feels is unfair:

"I *experienced depression when I got fifty percent for my assignment, whereas those who copied from me got sixty-five percent. I felt so unfairly treated and was no longer motivated to work hard on assignments. I think that was unfair of the lecturer"*

Participants also related their experiences of rude lecturers, which interfere with their learning:

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"That time is when my lecturer gives me a topic for presentation and requesting to be presented in short time for example, she gave me a topic today and tomorrow I am supposed to present. It causes me anxiety and stress as I don't have enough information and I am not well prepared. I did nothing about it as my lecturer will not even have interest to listen to my complaints"

"Aah!! Some lecturers are very rude and we are scared of them. You cannot even approach them even if you do not understand something".

Whitman (2005:4) found that fewer dropouts report that they get along with teachers than do graduates. He argues that positive relationships with teachers are associated with better academic performance. Both Hanemann (2006:41) and Hymel (2006:4) found that the learners from disadvantaged rural communities struggle to pass and often drop out of school, therefore, the need for empathy and a conversational style in dealing with them is more appropriate. Similarly, Holmberg's theory (2003:14) of learning conversation embraces empathy, an attribute I consider key to delivering academic advocacy. Holmberg (in Bernath & Vidal, 2007:433) has this to say:

"My modest theory simply means that a procedure that has proved helpful in traditional education is also applicable to institutions for higher education. Empathy between those who teach and those who learn is universally a good basis for learning. Easily understandable, conversation-like presentations and friendly interaction help students to learn. Empirical investigations support these assumptions".

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However, Peters (1998:34) criticizes Holmberg's conversational style and argues that it results in overprotecting the students and prevents them from confronting the complexity of all that academia entails. I acknowledge Peters, criticism of Holmberg's theory. But I consider Holmberg's conversational theory an acceptable point of departure for learners from disadvantaged rural communities, UNIVEN not exempted, who often finds a challenge to their capacity to adapt to inner and outer demands (stressors) which may be physiologically arousing and emotionally taxing and call for cognitive behavioral responses. These demands are characterized by change when student to deal with these on a cultural, economic and social level at university; cultural differences when students have to adapt from a collaborative to a more individualistic approach at the university, an observation documented by Peltzer (2009:21) and Van Dyk (2009:20).

3.3.2.14 Experience of time management

The nursing students' experience of time management has two sub-categories: hot events every weekend and friends. The analysed data indicates that students have a lot to deal with. Some participants mentioned that they were spending most of their time with friends. Furthermore, some indicated that every weekend there is an activity in a form of bash or party which is organized by the Student Representative Council which distracts students, especially those at first and second year level who are still struggling to adapt to campus life. The majority of participants concurred that campus is fully booked with events/ parties and bashes that do not promote studying and said:

"Every weekend there are bashes on campus. So students more especially the first entering ones they want to see everything and there is no parent to say no

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to this yes to that, so they end up spending their time on entertainments than books"

"Every weekend is a hot event on campus where they invite celebrities that one longed to see from high school. I mean to be honest it is difficult to go to library while at the stadium people are rubbing shoulders with big people. Last semester I was to write SOC test on Saturday and I attended a fresher's ball on Friday. I failed that test"

"I want to point the issue of fresher's, this is a very boring event because it orientates first years to parties than books. It is done when students are struggling to get good semester marks. I am telling you it causes lot of students to perform poor in the tests the following week"

Van Dyk and De Kock (2004:93) argue that students have to juggle different requirements assignments, projects, examinations. In addition, there are also extra-curricular activities and out–of-school activities plus their personal life and social life. According to Peltzer (2006:117), maintaining a good academic performance takes a lot of work to do as well as a lot of skills to have a better academic performance. Time management is one of the skills predictors of better academic performance and this is supported by several studies (Orugo, 2006:51; Shumba, 2007:78; Voss, Gruber & Szmigin, 2007:954). These studies show that effective time management strategies increase academic performance for students. Voss et al., (2007:954), in their summary of the research on the relationship between time and school learning, noted a consistent finding: "the amount of time that students are engaged in relevant reading and school tasks is positively associated with academic success".

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Similarly, Reinecke (2007:33) argues that time management is one of the predictors of better academic performance. He found that time management had a greater effect in lowering academic stress than leisure activities. Students who ensure that they allocated time for their different aspects of school life have a better academic performance than those who do not.

Participants had differences on the issue of friends and studying. To some they felt friends had a very big role to play in a students' academic life whilst others think it is alright to have friends:

"I think students should choose good friends, there is no use to have many bad friends who will always take your study time"

"To speak the honest fact the type of friends one hangs around with has a great influence on the academic progress ok, let's say one has a friend who does not like books most of the time he will invite you to parties or places you won't have time for books"

"There is nothing wrong in having many friends, it all depends on you. One must socialise".

"To add on that, I think what is required here is self- discipline. You can have many boyfriends or just friends; as long as you know that you must have time to study"

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"Nooo!!!! If one has many friends they will consume eighty percent of your time as a result you will fail tests and projects"

Hymel (2006:4) writes that throughout school, students can experience similar to shock reaction as they attempt to respond to the multiplicity of responsibilities facing them such as loss of previous friendships and handling of new friends (negative or positive). In addition, having a friend and being well-liked is associated with higher academic performance and more positive attitudes towards school. In contrast, Hymel (2006:5) states that being friendless at school places a child at risk for poor academic performance, grade retention and absenteeism.

Similarly, Cunningham, Corprew and Becker (2009:13) in their study, of association of future expectations, negative friends, and academic success in high achieving adolescents, they revealed that the association of academic future expectations to grade point average lessens in the presence of negative friends. This is supported by Gooddennow (2009:28) who found that student's friends also influence their academic motivation, sometimes negatively.

3.3.2.15 Experiences of not being stressed

The nursing students' experience of not being stressed has one sub-category whereby the students claim never to have experienced stress.

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Data revealed that despite the multiple responsibilities that students are faced with as well as the challenges they are encountering daily, some students are not aware when they are stressed and will make comments such as:

"My family background is poor with many problems. My lovely girlfriend died on the fourteenth of July two thousand and eight. Sometimes I lack concentration due to some of my family problems. Last year I was told that I was not going to write NPN 2541 because I did not register for it and on top of that, I failed NGN 2541. To be honest I have not came across with the situation that affect my psychological well-being."

Others said:

"I have never experience any depression or stress on the campus. If I fail a test I go and check my mistakes and make sure that I correct them".

"I've never experienced stress or depression for now. I perform poorly on the test but exam I do well. Test marks ranges from forty to fifty-seven and exam ranges from fifty and above"

"I never came across stress. In class I concentrate for the first thirty minutes, my brain become tired and I forget that I am in class. So far I already wrote one exam for first semester. The results are as follows NGI fifty-eight. ECS fifty-three,NGF forty-one and practical skills fifty-four"

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A number of researchers argue that the first step to better manage stress is to be aware of how and when you are experiencing stress, (Uys, 2005:313; Malika and Balda, 2008:421; Brougham, Zail, Mendoza and Miller, 2009:87). Others have argued that to effectively live with stress, we must first understand it and how it affects us, (Sax, 2007:252; Michigantech, 2008:332; APA, 2009:213). Furthermore, in order for students to eliminate the negative stress that they have, they need to identify the source of stressor.

Van Dyk (2009:20) describes stress as a challenge to a person's capacity to adapt to inner and outer demands (stressors) which may be physiologically arousing and emotionally taxing and call for cognitive behavioral responses. Meaning that is a process that influences the way in which demands are attended to, interpreted, responded to and changed. On the other hand, Bernstein (2010:10) views stress as the way in which we interpret and react to events that makes them stressful, events in themselves are not stressful. Chitereka (2005:231) concur with these authors by defining stress "as the physiological and emotional reaction to stressors (pressure)". This is true in terms of these observations among UNIVEN students.

Several theories exist regarding the phenomenon of stress. The three most commonly used are: the General Adaptation Syndrome, the Life Change Model and the Transaction Model are briefly discussed below.

- The General Adaptation Syndrome (GAS)

The Australian physician and endocrinologist, Hans Selye proposed the three-stage GAS model in attempt to explain the body reaction to biological stressors. Selye (1976:64) defines stress operationally as "the state manifested by a

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specific syndrome which consists of all the nonspecifically-induced changes within a biologic system". Selye, who observed that stress becomes dangerous when it is abnormally prolonged, occurs too frequently and focus on one particular organ of the body, states that "essentially, [stress is] reflected by the rate of all the wear and tear caused by life" (Selye, 1976: xvi). In essence, Selye claims that each demand on the body is unique in that there is a specific physical response: when we are cold, we shiver, when we are hot, we perspire, an immense muscular activity elevates the demands upon the heart and vascular system. Similarly, Woodbridge (2008:48) observes that stress becomes dangerous when it is abnormally prolonged, occurs too frequently and focuses on one particular organ of the body.

The GAS model argues that stress is caused by physiological, psychological and environmental demands. When the body is confronted by a stressful event, it creates extra energy to counteract the stressful experience. When all the available energy is not utilized the individual experiences stress. The GAS model has three distinct stages: alarm reaction, resistance and the exhaustion stages. According to Seyle (1976:62) the response to stress follows a universal pattern always starting with alarm, followed by resistance and finally, the exhaustion stage.

The model therefore subsumes large variety of stress manifestations, Pearlin and Schooner, (2008:6), which can be used to detect the stressfulness of the student world. A criticism leveled against the model is that in considering stress as a set of physical responses, Seyle, (1976:312) largely ignored psychological factors, including the emotional component and individual interpretation of stressful events. As such, medical approaches do not provide real solutions to the problems. Useful solutions to the problem of student stress lies in supporting their mental health.

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Antonovsky, (2002:126) argues that the problem of student stress has its roots in political and philosophical issues. For Ellis, (2008:211) the problem of student related psychological stress is located in the student's irrational thoughts. Hence any solution to reduce stress must aim at dismantling the irrational beliefs. This model locates the problem of stress squarely on the student. The universities may not feel compelled to improve the student academic conditions. They may only react after the manifestation of stress symptoms.

The model centers primarily on the responses an individual makes to deal with the perceived stress but does not consider environmental factors that precipitate student related stress. Seyle, (1976:313) deserves an accolade for providing us with the definition of stress. However, the definition is not comprehensive as it fails to consider that a "human organism is part of and is in equilibrium with its environment, that its psychological processes assist in maintaining an internal equilibrium and that the psychological functioning of the organism is sensitive to both internal and external conditions" (Dewe, 2007:147). A defining perspective that does not focus on both internal and external conditions maybe of very little assistance to students in terms of finding intervention strategies/support systems that may attenuate stressful events in University.

- The life Change Model (LCM)

The LCM of Holmes and Rahe, (1967:214) explains stress as being the results of the changes in a person's life. Major external events are not necessarily precursors to stress and the LCM therefore explains stress as being the results of the changes in a person's life, large or small, wanted or unwanted. The

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collection of small changes can thus be as powerful as the accumulative effect of one major stressor. Holmes and Rahe, (1967:215) devised the Social Readjustment Rating Scale to measure the impact of life changes. Numerous events were rated in terms of the amount of readjustment necessary. For each life event, these researchers ascribed a numerical value that relates to its intensity as a stressor. These "stress potential" values are referred to as "life changes unit". The maximum value was ascribed to the death of the spouse (100) while the minimum value of 11 was ascribed to minor violations of the law. These researchers found that 93% of health problems affected patients who, during the previous year, had been exposed to life change unit.

- The Transaction Model (TM)

The transaction model is the person-environmental model developed by Lazarus, (1966:29) referring mainly to an understanding of a person's interpretation of a stressful event. This is regarded as the most relevant in this study. In his work entitled Psychological Stress and the Coping Process, Lazarus formulated the TM theory in which he made an argument that stress resides neither in the person, nor the situation alone, but between the two. The stress process is therefore, viewed as an active cognitive state continued changes as a result of the constant interaction between the individual and the environment. According to this model, an understanding of a person's perception or interpretation of a stressful event is significant.

The model offers further variation in that stressful events can be appraised by an individual as "challenging" or "threatening" (Lazarus, 1966:34). In this study therefore, an argument is made that students who are aware of their stressful event, and are continuously supported, stand a better chance of managing the

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stress and copying with life as well as study challenges before them. From the findings, it is clear that majority of students are subjected to various forms of stressors which compromise their mental health. The stressors are developmental, academic, social, emotional, personal, family, environmental and financial in nature.

Furthermore, from the findings, it is evident that the majority of students lack important skills for them to successfully manage their daily encountered stressors. These skills include lack time management skills wherein they do not know what to do when. Secondly, some students lack learning or study skills which were much evidenced by the way they handle difficult concepts; thirdly, it came to light that some students are unaware when they are stressed which means that they are unable to identify a stressor. In a nut shell, I can conclude that some students lack stress and stress management skills. Whilst some are aware that they are stressed, they use ineffective stress management strategies which negatively affect their mental health.

3.3.3 NURSING STUDENTS EXPERIENCES OF THEIR COPING MECHANISMS

Nursing students' experiences of their coping mechanisms consists of eleven sub-categories: frustration, distancing, drinking and partying, loss of concern for anything, joining a bad crowd, feeling it is better to be dead, crying, locking oneself in their room, finding security in a boyfriend, feeling life is pointless and discarding room-mates.

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Data revealed that most nursing students go through stressful situations which they do not handle effectively. It appears that they use emotional-focused strategies trying to manage their encountered stressors. For example, some joined bad students, some locked themselves in their rooms, and some went home, some stated drinking and smoking, started relationships and did not care about anything anymore.

One student nurse experienced frustration when she was not able to understand difficult concepts:

"I usually get frustrated and stuck whilst handling difficult concepts, I do not have to waste time on something that I do not understand, I just ignore it and focus on what I understand".

Another participant verbalized that if she experiences difficulty in interaction with another person she distances her from the person.

"I just ignore it and move on with my life. If is a person who stresses me, I just distance myself from him"

Participants expressed how they felt during the exclusion period, how they survived and how it affected their lives.

One said that he started drinking and partying:

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"I am the victim of exclusion, the day I was told that I cannot proceed to next level, I felt like is the end of my life. That is when I started drinking and girls."

"This thing of exclusion is very cruel and frustrating to students in such a way that a person changes from a well mannered to a don't care type of a person"

"I changed from being a well mannered to be a don't care type of a person, I joined groups of rude students"

"I am a victim of exclusion and nobody seems to care what I was going through. I use to think it is better to be dead; I am now a bad boy"

"When HOD refused to sign my registration form and told me register for second year second semester module only. I saw darkness and heard sounds of hooters. I hated every staff member and changed friends since my friends were now doing third year. I felt like an outcast, I felt like stupid and not like other students. I use to cry almost every day and I had no one to talk to".

Rassool (2003:12) conducted a study on student suicide in South Africa, and reports that 300-400 students are treated annually at Weskoppies Mental Health Institution with suicidal behaviors, about 700 students are seen at Chris Hani Baragwanath hospital with suicidal behaviors in a year, whereas Lifeline South Africa receives about 16500 calls a year from distressed students. This is supported by Peltzer (2006:21) and Pearline (2008:5) when they both claim that students in South Africa, in an effort to cope with their circumstances, show symptoms of depression and anxiety and the misuse of

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drugs, alcohol and tobacco which eventually result in poor academic performance in their years of study. Similarly,

At the individual level, stress can affect all aspects of the student's physical, emotional, cognitive, and interpersonal functioning. Common symptoms of depression may include disturbed mood, fatigue and low energy, sleep and eating problems, impaired concentration, memory, decision-making, motivation and self-esteem, loss of interest in normal activities, isolation and social withdrawal, and in some cases suicidal or homicidal thoughts (Kessler et al., 2009:129). According to Niemi and Vainiomaki, (2006:126), at the interpersonal level, students with emotional and behavioral problems have the potential to affect many other people on campus, including room-mates, classmates, and staff, in terms of disruptive, disturbing, or even dangerous behavior. The probability that students with mental health problems may physically harm themselves or someone else has been documented in literature.

One participant locked herself in the room to survive the telephone threat.

"I was the victim of crisis which caused me to fail. I received an anonymous call with the message that I will rape you. I was so scared then use to lock myself in the room, I did not know who to talk to about this and lastly I went home for two months and failed three first semester modules".

One participant indicated that as a result of feeling unsafe, she was forced to have boyfriends to assist her in times of distress:

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"You do not know, is like this, you are forced to have a boyfriend for him to assist you more especially during your first year wherein you do not know your where about and some eventually move in to their boyfriends' room and female students, they are bound to have a boy-friend and stay with him for security reasons".

One participant expressed how she feels about nursing profession and her way forward if all fails:

"Without nursing I don't see the reason for being alive, to watch my dreams disappear just like that is not easy at all. To be honest I am just waiting until the twenty-first of this month if things fail, I don't see a reason for being alive. My dreams will be shattered and have people to blame for all this even myself included".

One participant explained how she dealt with her difficult room-mate:

"I tried to talk to her about her behavior but it was just a waste of time, she kept on doing her mysterious stories. I tried to keep quiet thinking that maybe as a human being she will change. But because of her chic and because she was full of herself she left me with no choice but to kick her out of the room. But now I am thinking that I should not have done that".

The findings revealed that some students use ineffective coping mechanisms which negatively affect their mental health. In other words, they lack effective

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coping strategies/skills. It revealed the need for stress management skills training.

Kelly (2009:23) and Brougham et al., (2009:86), describe coping mechanism as a process of managing taxing circumstances, expending effort to solve personal and interpersonal problems, and seeking to master, minimize, reduce or tolerate stress. According these authors, to dealing with stress in other areas of life may interfere directly with student's academic performance by depleting the amount of time, energy, and focused attention available for academic tasks. Furthermore, exposure to high levels of stress may divert coping resources away from efforts to deal with the academic challenges. Similarly, Bernstein (2010:2) writes that this lack of coping resources leads students to feel overwhelmed, and create a sense of helplessness that results in disengagement from academic activities.

Quite a number of stress coping models have been formulated attempting to provide vivid explanations of coping. However, for the purpose of this research only a few stress models considered relevant to the study will be utilized in order to explain the construct coping including as well as effective mediatory stress coping strategies.

- Transactional Model of Stress Coping

Lazarus, (1999:213) conceives coping as what the person does to handle stressful or emotionally charged demands. He assumes that there are two ways of coping processes; namely palliative and direct actions. Direct action coping deals directly with the sources of stress while palliative coping moderates the

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experience of stress. A student may apply direct action coping strategies if she tries to find the cause of stress in his life. However, a student may encounter rampant acts of stressors and may decide to drink alcohol to drown his/her stress. Ordinarily, a student might use palliative action strategies.

Palliative strategy according to Lazarus, (1993:243) is a maladaptive way of coping as it does not terminate the problem. When one uses palliative strategies, one is avoiding facing the stressful experience. One is simply taking flight. It remains to be ascertained whether the Transactive model of stress can be used to understand deeply how student cope with stressful circumstances.

- The Demand Control Support Model Stress Coping

According to this model, stress can be attenuated if students are involved in decision making. The students in particular should have control of their daily demands. Control refers to the ability to determine the work load, study hours, projects or assignments, and tests and exams among others (Lazarus, 1999:237).

- The ABC Model of Irrational Beliefs

Ellis (2008:209) posits that stress and occupational health can be explained in terms of rational emotive therapy. According to Ellis (2008:209), most social situations are not stressful in their own right. They vary in terms of their degree of stressfulness and impact depending upon the interpretations made upon them. Ellis (2008:211) attributes stressful experiences to the beliefs that

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they hold about their circumstances. If the person holds irrational beliefs or cognitive distortions then the coping strategies he/she uses are not effective. These unconstructive strategies will result in the intensification stress. To cope with the stressful experiences, the individual must, through cognitive restructuring, replace irrational beliefs with rational ones. For an example beliefs that contribute to students' psychological dysfunction should be replaced with ones that enhance the student's self-efficacy.

To some extent, the model could be usefully applied in a University set up to attenuate students' stress through empowering the stressed students to think rationally. A typical stress management program should aim at promoting mental health of students, identifying and changing stressful situations by changing the students' irrational beliefs, for example, modifying unrealistically high expectations of self.

- The Coping-rest Model

The coping-rest model was developed by Stoyva and Anderson, (2002:131). The model posits that there are two phases: the coping phase and the rest phase. The coping phase is characterized by the vigorous efforts of the organism to deal with stress. At the coping phase, the body tries to reach the healthy state of physiological, mental and behavioural quiescence. However, when the body fails to move from the coping phase to the rest phase, it becomes exposed to the unbearable stressful experiences.

According to this model prolonged exposure to stress results in somatic and healthy problems. Stoyva and Anderson, (2002:132) attribute lack of

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progression from the coping phase to the rest phase to maladaptive coping responses which are physiological, cognitive and behavioral in nature. These maladaptive responses are responsible for arresting one's movement to the rest phase of acquiescence. Somatic problems involve an increased heart beat and breathing, and digestion woes, ulcers, constricted bodily muscles, increased mental activities, hypertension, and headaches. Prolonged exposure to stress leads to an imbalance between the chemical excreted from the two component parts of the autonomous nervous system: the sympathetic and parasympathetic nervous starry.

The theory also asserts that maladaptive behavioral responses do not help in solving problems. Rather they accentuate the stress experienced by the individual, thus remaining fixated in the coping phase. Stoyva and Anderson, (2002:132) suggest that one's inability to express emotions contributes to psychosomatic or stress related disorders. Also, lack of assertiveness is cited as another contributory factor that obstructs the organism from shifting from the coping phase to the rest phase of acquiescence. The model suggests that every stress management program should involve learning the expression of appropriate affect, as well as assertion of one's rights.

Another way of dealing with the inability to shift from active coping to the rest stage is by helping the individual to recognize internal processes that incapacitate problem- solving strategies. The individual should deal with self-defeating behaviors. Cormier, (2005:67) argues that negative self statements or thoughts should be discarded to avoid emotional anguish. Negative self-statements that is, the things that we say to ourselves guide our behaviours.

To successfully deal with the stress, Comier, (2005:68) claims that an individual should apply thought stopping techniques. The technique involves

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shouting the word 'stop' loudly. The technique also involves replacing negative self-statements with positive statements. The model empowers the individual to fight irrational beliefs. One should be able to modify jaundiced thoughts or irrational beliefs like, 'there is absolutely nothing one can do' as 'I can do it', there must be a way out. They suggest that one should dispute irrational behaviors and think more rationally (Cormier, 2005:67).

Studies by Kelly (2009:23) and Brougham (2009:86) argue that students who reported that they were able to handle their stress well, performed better than those who could not manage their stress). Similarly, Bernstein (2010:2) writes that a lot of highly intelligent students who were under mental stress gave poor academic performance. In this study, the knowledge of students' coping strategies would have implications for designing a mental health programme that build on the existing adaptive stress coping strategies of UNIVEN students.

3.3.4 NURSING STUDENTS' PERCEPTIONS OF SUPPORT NEEDED

From the findings; some students indicated the need for support for different challenges, such as learning support, emotional support, financial support and social support:

3.3.4.1 Experience of needing learning support

Nursing students' experience of needing learning support consists of six sub–

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categories: preparing for the exam, lecturers to stick to the class attendance schedule, lecturers to provide resources, proper scheduling of the timetable, no tests during practicals and accommodation.

One participant needs learning support which could empower her regarding preparation for examinations:

"They can help me how to prepare myself before examination and things that I can do to avoid being tired when I'm reading. They can also help me about how to concentrate in class to give me some tips".

Manalo, Ede and Wong-Toi (2010: 23-33) found that an increasing proportion of students seek not only assessment and accommodation, but also study skills training.

The majority of participants indicated that they need to be supported in learning whereby lecturers should stick to the class attendance schedule provide resources and practicals are done during recess or separately from the theory:

"Lectures must stick to class attendance timetable as set. Not to wait for long before we get serious about teaching. A lot of time is wasted by lectures giving excuses not to come to class or coming late. They must improve the way doing things sometimes we have to repeat courses unnecessary".

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"The lecturers must make sure that they give us sources like pamphlet because sometimes we are referred to library where we can find no books because there is shortage of books in the library and may wait for fourteen days for somebody to return the book".

"I need staff to schedule their module in a proper way in the time table for examination because there are times in our time table that we are writing in a consecutive days without a break sometimes we are writing two modules in a day. The other thing is that lectures must schedule their thing right, like practicals must be done only in December so that we can have time to read our books".

"One thing when it comes to clinical practicals, we must be free of tests, assignments and presentations because we find that when we came back from our clinical we are tired not able to study well. So in my opinion, I think we must have a whole month focusing on practicals only and have a month focusing on theory so that we can able to balance our thing and able to progress well in both theory and practicals".

One participant thought that if he could get accommodation he would have received the learning support that he needed:

"If university can offer me an accommodation it can improve my studies because at this moment I am travelling daily to reach campus. I will be near to the university facilities. I will improve my studies much better"

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Gorsky and Caspi (2008:9) argue that learning is an individual activity meditated by intra-personal dialogue. Their assumption is that dialogue is enabled by structural and human resources, They explain structural resources for intra-personal dialogue to include all materials for any kind that student may learn from, whilst structural resources for inter-personal dialogue include all available communication media and the availability of instructors and fellow students. Human resources, on the other hand, are for inter-personal dialogue and these are the instructors and students who may engage in the instructional dialogue. They are of the opinion that students can utilize resources as they see fit, in accordance with their goals, abilities, and needs.

According to both Holmberg (2003:31) and Robison (2007:31), learning support as an element of learner support refers to academic support. These authors point out that learning support element aids the development of new knowledge, skills and attitudes when individual learners interact with information and their environment. It includes study orientation, communication and study skills, face-to-face tutoring, and assignment feedback. This is supported by Alias and Rahman (2009:3), as well as Dzakiria (2007:12) when they write of learning support as it relates to academic performance; it includes assignment marking feedback, support that is incorporated with the course materials and the tutorial sessions.

Several researchers, Alias and Rahman (2009:2); Thorpe (2006:123); Simpson (2007:83); Moore (2008:141); Mensah (2008:13); Tait (2008:104)and Dzakiria (2007:11) have given evidence that suggests the need for learning support. However, I find Simpson's (2007:83) and Mensah's (2008:13) studies most illuminating. These studies demonstrated the key function and the need for learning support as far as learner retention and throughput was concerned; it showed the proactive measures, if taken appropriately, have the advantage of

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reaching learners who are more likely to drop out whilst reactive measures are designed to respond to learner – initiated contact or learners who are likely to be successful. The study also claims that the proactive methods are more cost effective, an important consideration for any department of education institution of scale. Mensah's (2008:13) study demonstrates the need for face-to-face tutorial support and helpful and encouraging feedback on students' written assignments. I find both studies relevant to this study given the similarities in rendering learning support to learners. Effective learning support is meant to help learners succeed in their studies.

3.3.4.2 Experience of needing emotional support

Nursing students' experience of needing emotional support consists of seven subcategories: being informed about the opportunities ahead of them, receiving support and guidance, having a mentor, help with concentration and encouragement and that the university should help in problem solving, senior students to help junior ones and regular assessment by a psychologist.

One participant explained the need for knowledge of opportunities ahead:

"If the staff could inform me about the opportunities that are ahead of me and as I am studying nursing I believe that not all people who study nursing are going to be nurses, there are lots of things we can achieve in the field. If they could give us the light I think I will study having a vision of what I am going to be in the near future and I will be encouraged to do more. If they could help us in that they tell us how to achieve our dreams even though there are no finances in the

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family, so that the attainment of our goals cannot be blocked. We need someone to guide us"

One participant narrated her experience of not having someone for her during the time where she was not allowed to process and suggests the need for someone to give emotional support:

"I think exclusion must not be done in a polite manner. It is so frustrating and painful. I am talking from experience. I was told no you cannot register third year modules, you must register second year module. I was left alone in the cold, nobody seemed to care about what I was going through I left the hall so confused and crying. I suggest that there be someone amongst staff who assists students by being there for students, listening to them, giving them advises, and comfort and encourage them. This will help students not to lose focus on the module they are repeating otherwise students repeat the same module more than twice due to frustration. That is why lot of nursing students take nine years to complete a four year Bcur. Degree"

The overwhelming majority of participants indicated the need for someone to offer emotional support in various ways:

"The university staff should support us as students by guiding us, giving us hope and encouragement to prevent failing of tests and examinations"

"If it is possible I would love to be supported in the matter of how I remain positive till the end. How do I deal with problems without failing tests and

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exams"

"The university must guide us in things like encouraging us about school work, how to deal with anger and how to manage problems, and so on"

"We need someone to show us the way"

"Lecturers must be role models or mentors to us. I don't mean spoon-feeding but they must show us they way. Again lecturers should also visit us at clinical area to find out how we are coping, attend and address their problems if any.

"Another thing is university is far different from high school, we need someone to show us the way"

"We need someone to tell us where to go for help when having problems"

"We need someone to assist us and guide us on how to deal with the situation and there is no one. I recommend that there be someone throughout our years of study to guide us"

One participant indicated that mental the assessment by a psychologist is needed and said:

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"We need to assessed by psychologist regularly to check if our level of mental status and detect problems. I mean every year we must be assessed and if problems are there the university must do something to help us. University must also help us to solve our problems and not only let us struggle alone".

One participant suggested that senior students could help in supporting junior ones emotionally:

"Senior students to be given chance to help lecturers to tutor and help junior students especially at clinical areas this will give them an opportunity to enhanceskills and promote self esteem. Senior students have just passed through what junior students are experiencing and they are now familiar with the degree (practical and class) and the university services that are available for us"

A number of researchers, Packard, Walsh and Seidenberg, (2008:74); Barkham (2009:334); Brenner and Rumberger, (2009:31); Waitzkin, Yager, Paker and Duran (2006:207) argue that it has been demonstrated that mentors do give emotional support and counseling to students in distress. Similarly, Johnson (2007:6) and Thomka (2007:24) conducted academic mentor projects where they found that the mentoring had some positive and significant effects on psychological well-being, career aspirations and academic grades of program participants and that mentored students had much higher career goals, suggesting that the mentoring process may have triggered a greater concern for the future among mentored students, also that the results showed that mentored students were doing better academically than students without mentors.

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Waitzkin, Yager, Paker and Duran (2006:210) suggest that mentoring, when defined as a promoter of scholarly growth and development does have the expected benefits. By helping students achieve professional expectations, mentors can improve mentees' skills in research and in critical thinking, foster networking and career opportunities, and support in making personal, academic, and career decisions.

According to both Barkham (2009:338) and Thomka (2007:22), mentoring is a vital part of higher education. In addition, central to the concept of mentoring is that it facilitates growth or development in a personal and professional capacity. Both authors indicate that members of academic institutions believe mentoring should provide skills training, learning experiences, and other instruction in order to help mentees develop as scholars and effective working professionals. Both authors reveal that good mentoring does not solely benefit the mentee. It is also a worthwhile endeavor for the mentors. Mentors can derive satisfaction from supporting students and helping can derive satisfaction from supporting students and helping them make good decisions and become quality professionals. Thus mentoring fosters two–way personal development and supplies a mutual relationship.

Many authors, Tobin, (2007:114); Benson, (2007:79); Honey and Mumford, (2006:39); Stark, (2006:39); Turner, (2006:226); Benner, (2008:56)and Galbraith (2009:29) write that mentoring consists of growth development, teaching and learning styles, skills development, communication, reflection and feedback analysis. According to Tobin (2007:114) and Stark (2006:39), mentors provide an enabling relationship to encourage other people's growth and development (students in this case). In addition, in higher education, mentoring can benefit three groups of people: mentors, who can gain personal satisfaction from assisting the development of others, mentees (students), who

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can achieve greater academic success and more possibilities of advancement and the institution whose students will graduate on time, leading to improved retention and graduation rates, as well as realization of the university vision.

The Dreyfus model of mentorship (Benner, 2008:56) suggests that mentees (students in this case) pass through five levels of proficiency during their acquisition and development of skills, namely, novice, advanced beginner, competent, proficient and expert mentee. Honey and Mumford (2006:39) state that if mentors ensure that they are aware of these levels, they can develop a greater understanding of mentees' development processes. As novice, for example, students simply want to know what they have to do before they carry it out. Similarly, Turner (2006:226) argues that the mentor can help ensure that students are on the right track by using reciprocal teaching in which they no longer simply ask questions but also introduce discourses, for example by asking a student what they would expect to see from a depressed person.

Furthermore, when students are able to cope with particular tasks without necessarily being able to recognize the overall picture, mentors can regard them as competent and when they understand both the overall picture and the theory behind the tasks they perform, they should be regarded as proficient, (Benson, 2007:79; Honey & Mumford, 2006:39; Stark, 2006:39; Benner, 2008:56). When students develop analytical problem solving skills that involve the assimilation of theory and practice into their roles, they reach the competency level of mentally sound students.

The above researchers are supported by Ortiz-Walters, Eddleston and Simione (2010:100) when they argue that the key to successful mentoring is the ability to communicate appropriately. Mentors can best understand the messages that

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the mentees convey by developing interactive listening skills, which involve clarifying, verifying and reflecting. In the following process, for example, the mentor's first question clarifies (what information do you need from me?), the second verifies (is this what you need me to provide you with?) and the third reflects (It sounds as if you are overwhelmed by the exam).

In mentoring, learning is through feedback and reflection processes, (Honey & Mumford, 2006:39; Benner, 2008:56; Stark, 2006:39; Benson, 2007:79). Feedback in mentoring leads to improved performance of individuals and team. Mentors and students internalize values through feedback that enhances change in behavior for positive outcomes. Through reflection, the meaning and assumptions of experiences form the basis upon which choices for future actions are made. Turner (2006:226) and Ortiz-Walters et al., (2010:100) argue that dimensions of mentoring through reflection result in: the development of a more positive and potent sense of self; the construction of knowledge and capacity for more critical comprehension of social and political realities of one's environment; the cultivation of resources and strategies, or more functional competence for liberation.

Similarly, Benner (2008:56) writes that feedback analysis is an essential part of mentoring, and can be achieved using Pendleton's four steps This involves discussing what has gone right - starting with the student's opinions of their strengths followed by mentors' views, and then discussion of what needs to be improved - again starting with students' opinions, followed by those of the mentors. Feedback is also needed on how well students and mentors work together, because mentors also need constructive feedback on their performance.

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The study by Cain, Marrara, Pitre and Armour (2008:51) used a control group that received neutral messages conveying general information and an experimental group that received more personal, caring messages. It was found that the group that was mentored had higher levels of satisfaction about being a member of the academic programme.

Based on these principles of adult learning, three assumptions can be made about the nature of mentoring:

- Mentoring can be a powerful growth experience for both the mentor and the mentee.
- Mentoring is a process of engagement that is most successful when done collaboratively.
- Mentoring is a reflective process that requires preparation and dedication (Honey & Mumford, 2006:39; Benner, 2008:56; Stark, 2006:39; Benson, 2007:79).

3.3.4.3 Experiences of needing financial support

Nursing students' experiences of needing financial support consists of four sub-categories: provision of a loan or bursary, the need to be paid for practicals, settlement of accounts and financial support.

"The university should provide loan for me so that I can get room and access to eat at (cafeteria) school shop I can be very happy for that. I've tried many times to apply for bursaries but it didn't work my main problem is accommodation only

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then if they can provide accommodation for me at the campus I promise every one that next year I will come top of the whole class"

"The university must help me with the bursary or loan to settle my account 100% so that I can be able to go to third year, I can also be able to buy books, buy uniform and everything that is needed, I will not be depressed, I will focus on my studies"

"The social work students have bursary and they get paid for their little time for the practicals but the nursing students do not have bursary and we are not paid for the practicals. All nursing students should be treated like social work students"

"The university must supply us with bursary as we are not paid at the end of the month and we depend on the money from home and this money cannot afford buy books, uniform, food and other things"

3.3.4.4 Experiences of needing social support

Nursing students' experiences of needing social support has four sub-categories: the ability to select who they share a room with, a person to listen to them, being allowed to express their feelings and for university staff to be there for them.

"I request the university to allow students to select whom do you wish to share to room with. You find that you are to share the room with a person whom you do

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not know and he has a different behavior. This causes you to be stressed when you think of your room then you end up doing thing with friends. Sometimes you end up doing what he is doing"

"If I could please have someone to listen to me and to talk to about my family and let me express my feelings maybe I would feel better because I sometimes lose hope that I can finish what I've started. If this could be taken into consideration it would be my pleasure"

"Allowing us to express our feelings if we have some problems including family problems because you find that there is no one you can trust and tell the problem. I suggest that there must be a person to talk to when students has problems. This must also include when on clinical"

"The staff must support us by teaching us, giving us relevant information such as where to go when raped and be available when we want to ask some questions. They must listen to us and be there for us"

From the findings, it is clear that nursing students are aware of the kind of programme they needs for them to succeed academically. Seemingly, students need a programme that will make them academically competent, help them to adjust to university life, motivate them, provide support for learning tasks, help them to identify their strengths, develop a sense of confidence in them, provide opportunities for skills development, provide personal development, provide them with mentors, give them a chance to discuss areas of difficulty with their mentors, help them in planning and organizing their studies. In a nut shell students need a programme that is comprehensive.

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The provision of an opportunity for learners to have social experiences appears to contribute to a reduction in drop-out rates and can possibly promote retention, persistence and success. These issues are of major concern in learning. LaPadula (2007:123) has this to say:

"Institutions' experience and research demonstrate that students' retention, completion, and satisfaction depend heavily on achieving a sense of connection with the institution".

This author is supported by Voss, Gruber and Szmigin (2007:952) who found that students' perceptions were strongest in respect of peers and teaching staff and much weaker in respect of departments and the university. This may mean that, when students feel connected to other students and teachers, they are likely to continue studying. Retention promoted through such a sense of connection may mean that students value human connection and interaction. This kind of connection and interaction may lead to successful completion of studies.

Studies by Gooddennow (2009:22); Deci (2005:47) and Midgley, Feldlaufer and Eccles (2009:401) found that students who do not enjoy positive, supportive relationships with adults and peers are often at risk for academic problems. On the other hand, research on students has documented significant relations of students' perception of support and caring from parents, teachers, and peers to positive aspects of academic motivation (Cauce, Felner & Primavera, 2006:419; Connell, Spencer & Aber 2007:497; Asher, 2007:28). Similarly, DuBois, Felner, Brand and Evans (2007:548); Harter (2006:32); Wentzel (2008:176) perceived social and emotional support from peers and teachers to be associated with motivational outcomes such as the pursuit of academic goals, intrinsic value,

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and self-concept. Furthermore, a sense of social belongingness and support is believed to lead to the adoption of socially valued goals and objectives; the socially supportive relationships directly promote motivation and subsequent engagement in classroom activities. If so, this should translate into motivation to succeed academically, as well as to behave in socially appropriate ways in school.

From the findings, it is clear that nursing students are aware of the kind of programme they needs for them to succeed academically. Seemingly, students need a programme that will make them academically competent, help them to adjust to university life, motivate them, provide support for learning tasks, help them to identify their strengths, develop a sense of confidence in them, provide opportunities for skills development, provide personal development, provide them with mentors, give them a chance to discuss areas of difficulty with their mentors, help them in planning and organizing their studies. In a nut shell students need a programme that is comprehensive.

3.4 SUMMARY OF FINDINGS

Data revealed that some students do not know the importance of rest, sleep or time management in their academic lives. While some students lack effective study skills, this is much evidenced by their coping mechanism when they handle difficult concepts. The majority of students are unaware of the fact that they are stressed yet their comments reveal obvious stressors. From data some nursing students are subjected to psychological stressors, social stressors, environmental stressors and academic stressors. The categories of stressful factors discussed by participants are: experience of examination; experience of poverty; experience of room-mate; experience of sexual violence; experience of

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campus life; experience of poor progress; experience of personal and family problems; experience of relationships; experience of first entering; experience of practicals; experience of direction and guidance during study years; experience of demotivating instructional style; experience of demotivating lecturers; experience of time management; and experience of not stressed.

The majority of students use ineffective coping mechanisms in times of distress. This compromises their mental health, resulting in poor academic success. It came to light that students seem to know and understand their problems and needs. From the findings, registered nursing students expect a programme that would also include personal support and so lead to development in the fullest sense. They need a programme that will focus on their learning, social and emotional support by providing them with someone to talk to anytime they meet challenges, to guide them and show them how to deal with circumstances positively throughout their study years. These findings revealed the nature of the mental health experiences of registered nursing students in UNIVEN and provided an indication of the type of mental health support programme to be developed.

3.5 CHAPTER SUMMARY

This chapter presented themes that emerged from the participants' naïve sketches narratives and focus group interviews regarding their mental health experiences. In the next chapter the findings from this chapter will form the bases for theoretical framework of the programme.

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CHAPTER 4

THEORETICAL FRAMEWORK OF A MENTAL HEALTH PROGRAMME TO FACILITATE STUDENTS' MENTAL HEALTH AS AN INTEGRAL PART OF THEIR ACADEMIC SUCCESS

4.1 INTRODUCTION

In this chapter, attention will be given to the theoretical framework for the development of a mental health programme to facilitate students' mental health as integral part of academic success. The survey list of Dickoff et al., (1968:423) was used to integrate results of the situational analysis and this gave the structure for the theoretical foundation. This survey list was utilized to ensure logical development of a mental health programme.

4.2 DICKOFF'S SURVEY LIST OF PRACTICE

The identified aspects that were used to survey the practical activity include context, stakeholders (agents and recipients), dynamics, processes, and outcomes which correspond to the following questions about the activity. These are followed by full discussion of each:

1. In what context is the activity performed?
2. Who or what performs the activity (agents)?

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3. Who or what is the recipient of the activity?
4. What is the energy source of the activity (underlying dynamics)?
5. What is the guiding process (procedure)?
6. What is the outcome (end point) of the activity?

4.2.1 Context: In what context is the activity performed?

According to Dickoff et al., (1968:426), the context is viewed from the aspect of the matrix of the activity; it is seen in relation to other things, including persons and other things, and to see the interrelation of these other factors as constituting an organism, unity, or total context of activity. The intended context is the campus environment. By virtue of the socio-cultural beliefs, values attitudes and norms that are shared by the campus community members, campus environment is a family/ or home away from home to some students.

Campus context is characterized by the different roles that each person plays towards the students' support. These roles include those of teaching, guiding or empowering students in different aspects of academic life. Therefore, campus could be the source of both negative and positive influences on students' mental health as well as their academic success. This is much evidenced by the findings which revealed registered nursing students' experience of stresses and stressors on campus as challenges to their mental health as well as their experiences of expected support. Fig 4.1 illustrates the campus context.

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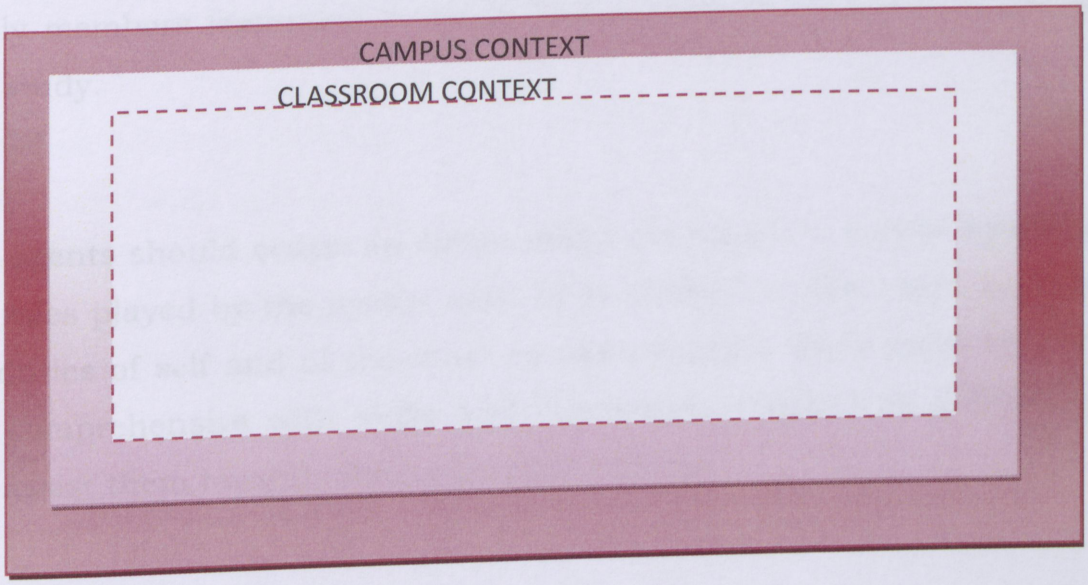
Figure 4.1: Campus context mentoring



4.2.2 Stakeholders

Dickoff et al., (1968:427) argue that stakeholders are those people who have influence, either positive or negative. In this study, those stakeholders who have impact on the mental health of students are referred to as formal stakeholders (agents). Those that benefit from the activity are recipients. The stakeholders are now discussed.

- **Agent: Who or what performs the activity?**

An agent is any person whose activity leads to the realization of the goal (Dickoff et al., 1968:426). In this study, the agents are lecturers, Campus health professionals, student counsellors, senior students, academic support

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staff and all other adults who play a role in the student's life at a university. It also emanated from the data collected and reviewed to this point that the family members (extended or close) and guardians form part of the agents in this study.

The agents should create an environment conducive to mental health support. The roles played by the agents need to be defined so that each one is aware of the duties of self and of the other to avoid conflict. They must be resourceful and comprehensive with skills and information required to support students and assist them towards their academic success.

- The lecturers, student counsellors and campus health professionals are, by virtue of their professional accountability towards students' health and academic progress, facilitators, role models, mentors, counsellors, and leaders. They have experience, skills and resources required to support and facilitate students' mental health as integral part of academic success. They have shared responsibilities and professional accountability towards the students and thus should be working collaboratively towards enhancing the quality of life of a student and progress towards academic success. The role of agents should not be competing but complementary to each other. A referral system should be developed and students should receive them as a complete support team.

  Lectures, student counsellors, campus health professionals do the following: select and recommend 3rd and 4th year students to serve as mentors, invite experts to train mentors, assign 1st and 2nd years students to selected mentors, mentor student mentors, meet regularly with mentors. Furthermore, they ensure that mentors: have a good academic record, are recommended by staff, given training regularly by

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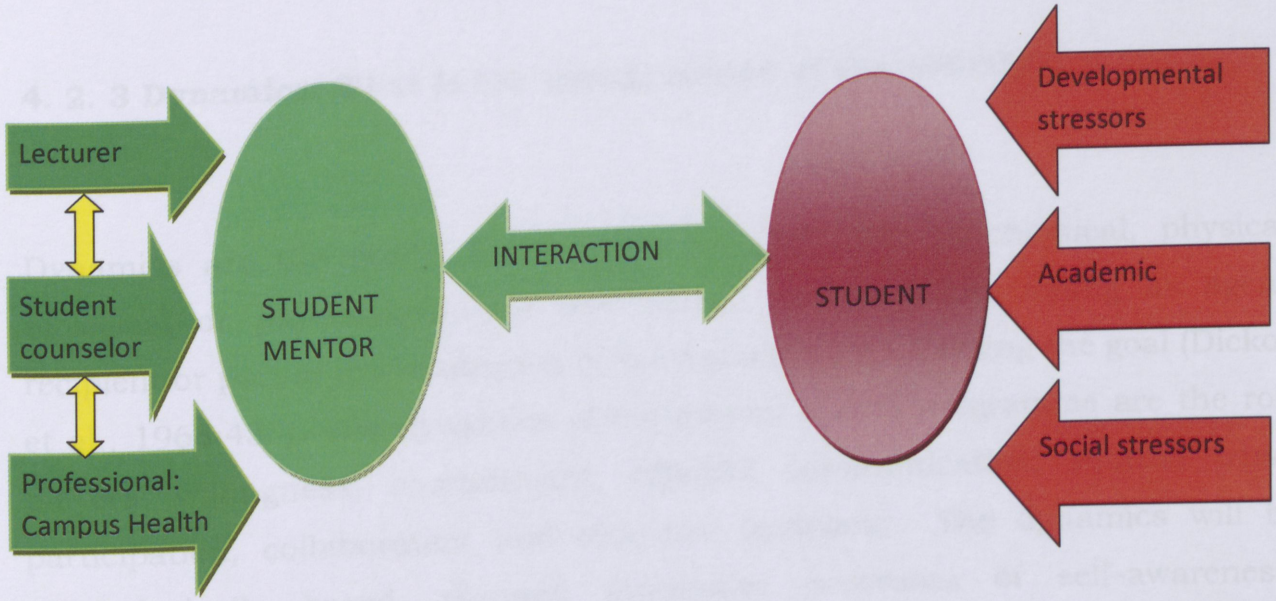
experts, meet regularly with their faculty advisor, and meet regularly with students assigned to them. However, mentors still need support from agents.

- Senior students (student mentors) interact directly with junior students formally and informally. They are learners, mentors, role models and resourceful persons as well. They are mentored by the lecturers, student counsellors and campus health professionals. They should have a good academic record and be recommended by lecturers. They are to meet regularly with the lecturers, student counsellors and students assigned to them.

Figure 4.2: The structure of stakeholders (agents and recipients)



- **Recipients: Who or what is the recipient of the activity?**

Recipients are all those persons who receive action from agents and benefit from the activity (Dickoff et al., 1968:427). Recipients in this study are registered nursing students. These are learners who learn through interaction

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with others, lecturers, student mentors, members of their families, guardians and the environment. Fig 4.2 indicates structure of stakeholders (agents & recipients).

Findings from this study revealed that registered nursing students do need someone to provide them with learning, social and emotional support for them to manage themselves and their academic work in an effective way. As recipients, they are expected to be a self- directed and actively involved in determining how and what he/she is going to learn. They should learn that they need to be active in the process of the programme by interaction, participation and authentic collaboration with the agents. Students have a responsibility towards their mental health.

4. 2. 3 Dynamics: What is the energy source of the activity?

Dynamics are the power for the activity. They can be chemical, physical, biological or psychological for any person or thing functioning as agent, recipient or part of the realization of the framework in realizing the goal (Dickoff et al., 1968:430). The dynamics of the mental health programme are the role players' willingness, commitment, effective communication, mutual trust, participation, collaboration and reflective feedback. The dynamics will be psychologically based, through interactive processes of self–awareness, relationship building and trust. These dynamics are discussed now.

- **Willingness and commitment**

Students should be willing to be guided and mentored. It is also very important

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for the student mentors to be willing to commit time and energy to others and mentoring activities. Students should also be willing to work towards managing their stressors efficiently with the help of counsellors, lecturers and campus health professionals. They must be willing to consult when they need help. Furthermore mentors and mentees should be willing to learn. For mentoring to take place, agents and recipients must see the need for mentoring to be able to do something towards it. Agents and recipients should motivate themselves to actively participate in the mentoring and support every initiative that is geared towards achieving the mentoring overall purpose. Both should be willing and committed to the process.

- **Communication**

The key to successful mentoring is the ability to communicate appropriately as recommended by Turner (2006:226); Benner (2008:56). Student mentors can best understand the messages that the students convey by developing interactive listening skills, which involves clarifying, verifying and reflecting. In this study, one of the main components for the students learning and education should be learning how to communicate. Communication through writing up their journals, naive sketches, essays, and oral communication is encouraged. There must be at all time, a two way communication between the student mentors and the students.

- **Mutual trust and honest**

In this study, mutual trust should prevail for agents and recipients and recipients' to share and take advice without any suspicion. Both parties will not question the each others' intentions. They should never pretend to each

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other, for example, pretending not to have been raped while she was raped. This will hinder the purpose of the activity as the student is inappropriately deal with the challenge.

- **Participation and collaboration**

Both student mentors and students should feel obliged to actively participate in the mentoring activities, they need to commit themselves and be eager to see the mentoring working for the best results. Participation on the part of students entails availing themselves for guidance, support, counselling and help when necessary.

Participation on the lecturers, student counsellors, campus health professionals and student mentors entails realizing their professional and moral responsibility towards the holistic being of the students. They should ensure that they are competent to assist students or refer students when necessary. There should be collaboration between the agents and recipients and such should receive acknowledgment of each other's responsibility.

- **Reflection and feedback**

Reflection and feedback analysis are essential dynamics of mentoring (Salami, 2008:348). In this study, it involves discussing what has gone right, starting with the student's opinions of their strengths followed by student mentor's views, and then discussion of what needs to be improved, again starting with students' opinions followed by those of the student mentors. Dynamics are reflected by the arrows moving in a circular manner indicates meaningful interaction between mentors and students in fig 4.3 below.

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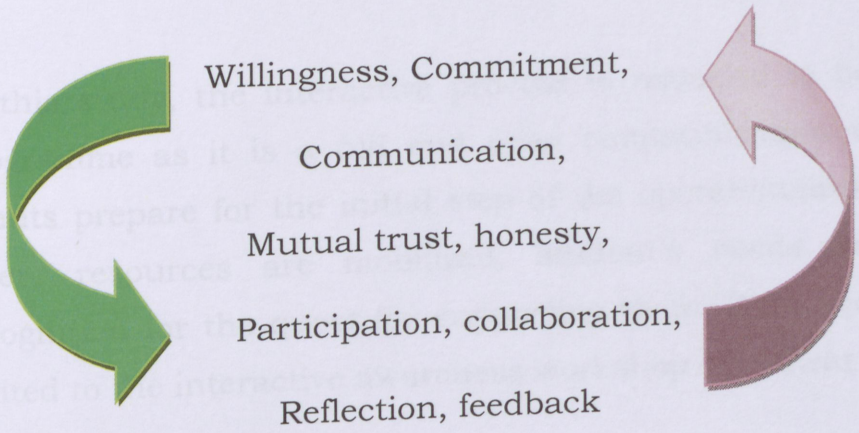
Figure 4.3: The dynamics of mentoring process



Feedback is also needed, on how well student mentors and student mentees work together, because student mentors also need constructive feedback on their performance. Reflection and feedback in a form of constructive feedback are essential to both parties (Ortiz et al., 2010:101).

4.2.4 The process: What is the guiding procedure?

The mentoring process involves the steps to be taken towards some accomplishment. The process aims at providing sufficient information to enable the activity to be carried out. It safeguards the agent, recipient and the institution in that it provides knowledge and therefore lessens liability to criticism (Dickoff et al., 1968:430). The findings from situational analysis indicated that the development of a mental health programme to support students towards their academic success could be enhanced by the following activities, namely: interactive process, information sharing and development of competences. These activities are now described.

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4.2.4.1 Interactive process

In this study, the interactive process is regarded to be an initial step of the programme as it is a full and open communication with everyone affected. Agents prepare for the initial step of the operationalization of the programme where resources are mobilized, student's needs are identified and the recognition for the quest for supporting them. Both agents and recipients are invited to the interactive awareness workshop with clear objectives and goals.

The focus is engagement, interaction, self awareness of stakeholders (Tobin, 2007:114; Stark, 2006:39). The agents will define and communicate information, together with students, set goals and strategies for team work. The students should also come up with strategies as to how they are going to deal with problems or dynamics. Termination of participation should be discussed as this may have adverse impact on individuals. These activities prepare the students for activities on the information sharing. The aim of an awareness workshop is to influence personal development on the students' point of view in order to be willing to commit themselves.

Through interaction, it is envisaged that mentors and students will recognize, acknowledge and reach consensus about a problem situation and its intrinsic drivers, including programs' expected contribution. Figure 4.4 below illustrates the nature of structure of interactive process.

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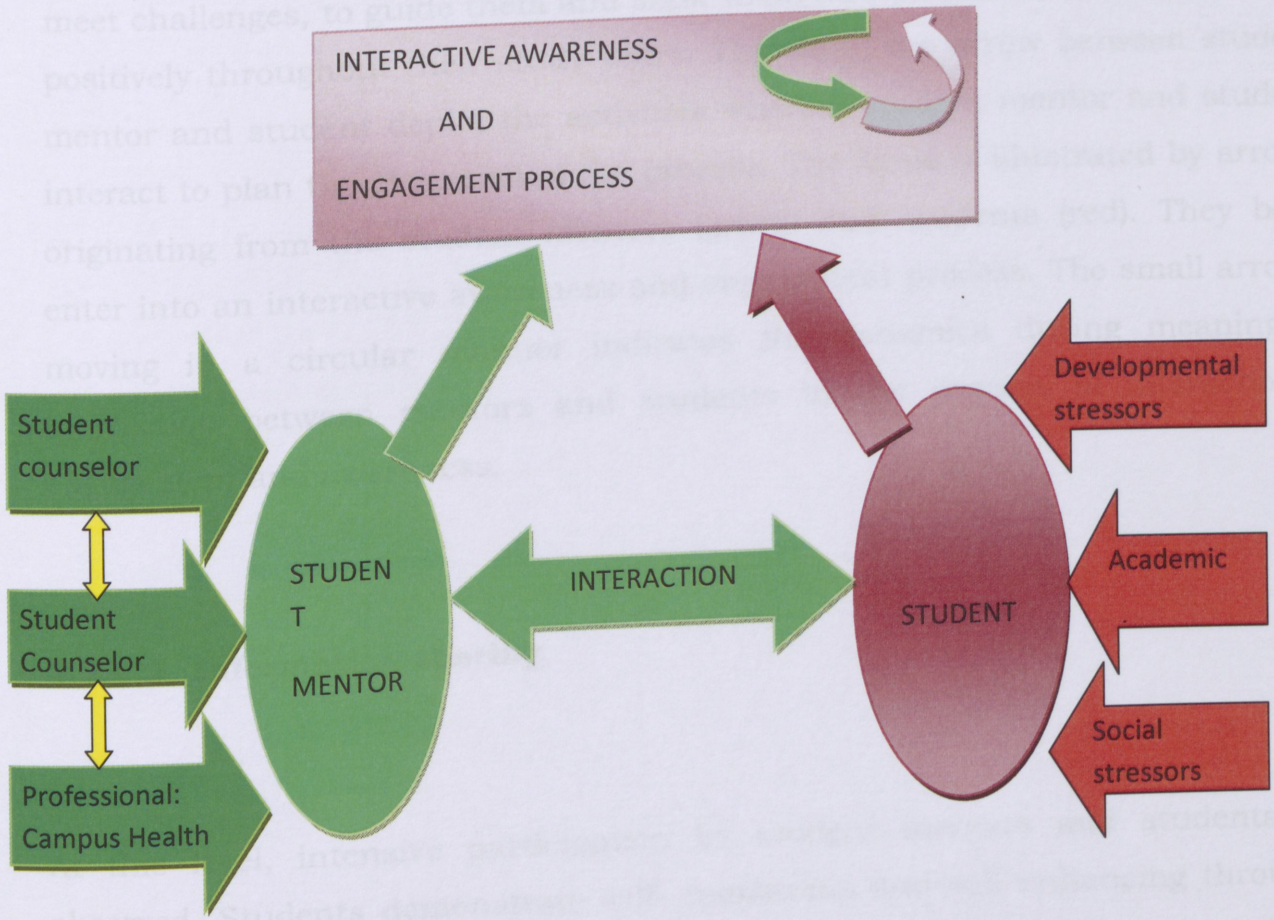
Figure 4.4: Structure of interactive process



The interactive process in the structure originates from the lecturer, student counsellor and campus health professional in green that indicates comprehensiveness and resourcefulness. They are linked with a yellow small arrow which indicates collaboration, interaction and acknowledgement of responsibilities, thus, displaying team work. They all support the student mentor.

This study finding indicated that registered nursing students are going through stresses and stressors which compromise their mental health. Hence in this structure, the student is red which comes from the stressors surrounding

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her/him. Results revealed that students need someone to talk to anytime they meet challenges, to guide them and show them how to deal with circumstances positively throughout their study years. Therefore, the arrow between student mentor and student depict the activities wherein student mentor and student interact to plan the execution of the process. The focus is illustrated by arrows originating from the student mentors (green) and students (red). They both enter into an interactive awareness and engagement process. The small arrows moving in a circular manner indicates the dynamics during meaningful interaction between mentors and students in the process of interactions, engagement and awareness.

4.2.4.2 Information sharing

At this level, intensive participation by student mentors and students is observed. Students demonstrate self- reinforcing and self–enhancing through feedback, learning and reflection of their identified needs as recommended by Tobin (2007:114); Stark (2006:39).

Feedback: Intense discussions of identified social and emotional needs occur with feedback from individual student mentors and students mentees. Students internalize values through feedback that enhances change in behaviour for positive outcomes. This feedback leads to improved performance of individuals and meets goals and predetermined standards, which impacts on behaviour and performance.

Learning: Students at this level will demonstrate learning when the acquired information on the learning, social and emotional needs is interpreted, reflected upon and informed actions taken.

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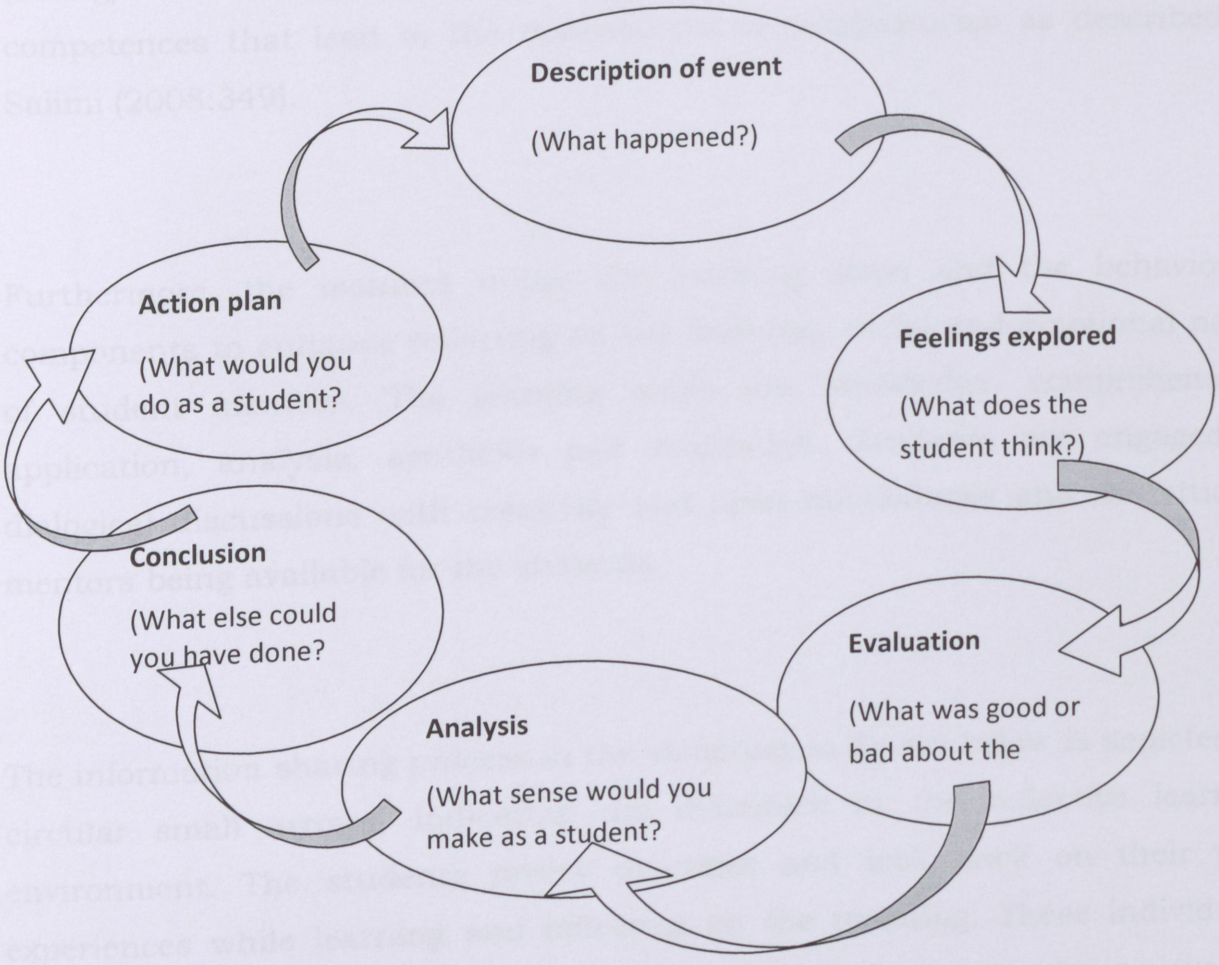
Figure 4.5: The reflective cycle



Salimi (2008:349) claims that during the reflection process, technical reflection and practical reflection are applied. In this study, students obtain information from various sources for an example, friends, relatives, student counsellors, campus health staff, lecturers, mentors. Such information is used to cope and solve their daily encountered problems.

On the other hand, student mentors create an informative and enabling environment in which sharing of information occur among students and mentors. The mentors create an enabling environment in which students learn

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reflective skills where cognitive (thinking), affective (feeling), and psychomotor (acting) domains of learning are examined. Each domain has behavioural competences that lead to the development of competencies as described by Salimi (2008:349).

Furthermore, the mentors utilize the learning steps and the behavioural components to enhance reflecting on the learning, social and emotional needs of student mentees. The learning steps are knowledge, comprehension, application, analysis, synthesis and evaluation. Students are engaged in dialogical discussions with creativity and open–mindedness and the student mentors being available for the students.

The information sharing process in the structure in fig 4.6 below is depicted by circular small arrows, indicating the dynamics in the reflective learning environment. The students review practices and look back on their past experiences while learning and reflecting on the meaning. These individuals will begin to undertake some initiatives that indicate a certain level of empowerment with self managed feedback that facilitate dealing with identified learning, social and emotional factors. The right side of the structure is anchored by a big arrow that depicts feedback and reflective learning that occurs at this level which leads to development of competencies. The structure is light green in colour which indicates learning and growth that is taking place. Figure 4.6 illustrates the nature of structure of information sharing.

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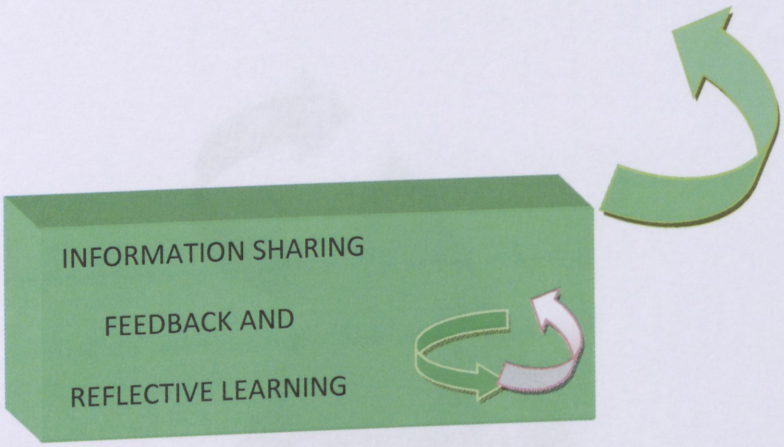
Figure 4.6: Structure of information sharing



4.2.4.3. Development of competencies

Both student mentors and students will develop competencies. Competencies of the student mentors include refined learned skills, mentoring, role modelling and playing a big brother or sisters' role. Those of students include time management, study skills, stress management, problem solving and coping strategies, as well as to how to mentor. The development of competency among these students will result in a meaningful contribution towards mental health.

Figure 4.7 below, illustrates the nature of development of competence structure. This is the final structure of the pyramid that indicates growth. The small arrows depict the dynamics involved leading to growth in competences, which is the goal of a mental health support programme.

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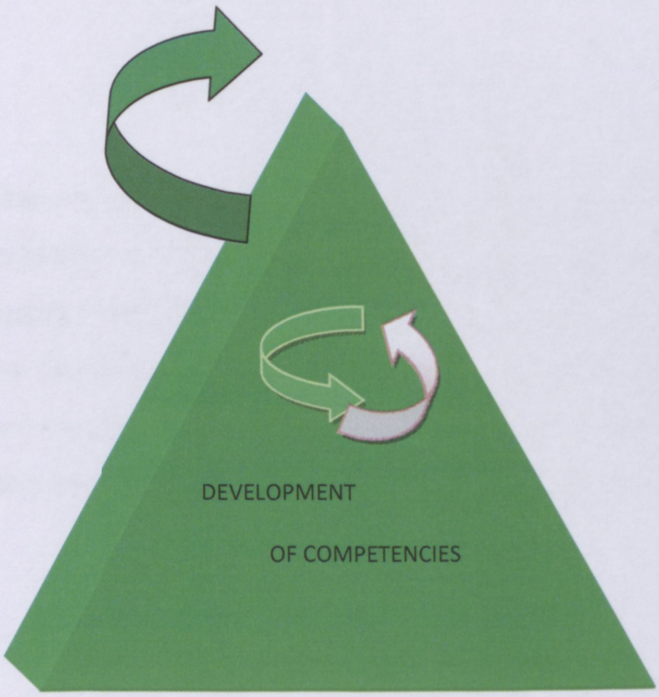
Figure 4.7: Structure of development of competence



While the big arrow show an upward movement that represents an opportunity to demonstrate the competence that influences a new growth in competencies. The dark green at the top of the pyramid structure signifies the end points of the activity where students have developed more new competencies which lead to the outcome of the process.

4.2.5. Outcome

This involves defining an activity from the perspective of an end point or its accomplishment (Dickoff et al., 1968:428). It is envisaged that the outcomes of

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this study representing the elements of recipients, agents and context, will be as follows:

Recipients

Outcomes for the recipients are competencies in study skills, time management and stress management, enabling completion of their degree in the time provided. Secondly, the student population will be provided with the tools and mechanisms to maintain a mental health balance that contributes towards academic success. Finally, registered nursing students of will be able to manage themselves and their academic work in an effective way.

Agents

For the agents, the outcomes are that they shall acquire lifelong learning in the form of leadership skills, responsibility, mentoring skills and self mentoring which enable them to be responsible mentally sound and competent citizens.

Context

The teaching and learning will be enhanced since students will be able to manage their studies. It is envisaged that the throughput, retention and graduation rates of students will improve, which is in line with the vision and mission of the university. Secondly, UNIVEN shall produce quality employable mentally sound graduates with knowledge and skills required to respond to national and regional development imperatives. Figure 4.8 illustrates the nature of the outcome.

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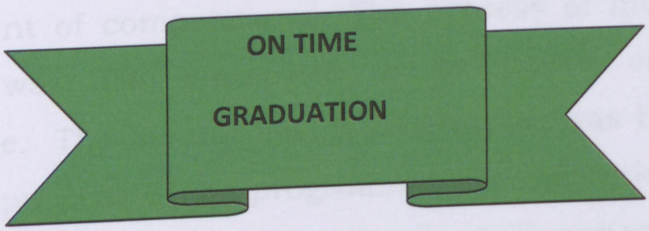
Figure 4.8: Structure of the outcome.



4.3 PROGRAMME DEVELOMENT

The findings in chapter three of this study, the theoretical foundation in this chapter four above and the experiential knowledge of the researcher form the basis of the development of the programme. The programme was developed in an interactive interventive manner. Several workshops and mentoring training that were identified during data analysis and literature review were conducted and reflected upon.

The programme has been developed within the context of the university campus. There are factors that influence the stakeholder within the campus context, namely, the socio-cultural beliefs, values attitudes and norms. These factors also have an influence on the interaction of different stakeholders. Furthermore, they influence decision making by the stakeholders in developing a mental health programme. During this process, all the stakeholders exchanged knowledge. The dynamics within this programme include sharing knowledge and expertise, willingness, commitment, effective communication, mutual trust, participation, collaboration and reflective feedback.

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The procedure used to develop a mental health programme involved workshops to enhance awareness and engagement of the students (interactive process); training of student mentors and mentees by experts (information sharing and development of competences). The process of monitoring and evaluating the activities was also embarked on to ensure effective development of the programme. The mental health programme was based on the on the following elements, purpose of the programme, the theoretical departure assumptions of the programme, relation statements and nature of the structure (Chin & Kramer, 1991:122). These elements are now described.

4.3.1 Purpose of the programme

The purpose of programme is to provide the student population with the tools and mechanisms to maintain a mental health balance as well as to manage themselves and their academic work in an effective way that contributes towards students graduating in the allocated time.

4.3.2 Theoretical departure and assumptions of the programme

This programme departs from the Theory of Health Promotion as it advocates the holistic view of a person as described in chapter one. It influences the assumptions that are fundamental to the theoretical reasoning of the programme. Bernstein (2010:1) states: *"Stress comes from within; it is your reaction to circumstances, not the circumstances themselves"*. In this instance, it is acknowledged that since it is almost impossible to remove all the stressors

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in the lives of students at UNIVEN, focus should be based on the development and implementation of the mental health support programme.

It is assumed that with the mental health support programme in place, students will be able to react to their stressors in a manner that does not compromise their academic success, thus, improving the throughput, retention and graduation rates. The taxpayer's money will be allocated for optimum use in the form of academically successfully and emotionally sound university graduates who are ready to contribute as members of families, communities and the workforce. Furthermore, public services would be provided economically and efficiently, thus, realizing the concept of 'value for money' as explained in Batho Pele Principles document.

4.3.3 Relational statement of the programme

The following relational statements are formulated for the mental health programme to support students towards their academic success and personal development: A programme is influenced by the context within which it exists; in this case, the context being the university. It involves interaction and participation between agents who are mentors, recipients as students, and engages both stakeholders in a responsible, meaningful and challenging action. It allows for those with needs to define those needs.

4.3.4 THE STRUCTURE OF THE PROGRAMME

Figure 4.9 presents the structure of the programme to support students towards their academic success.

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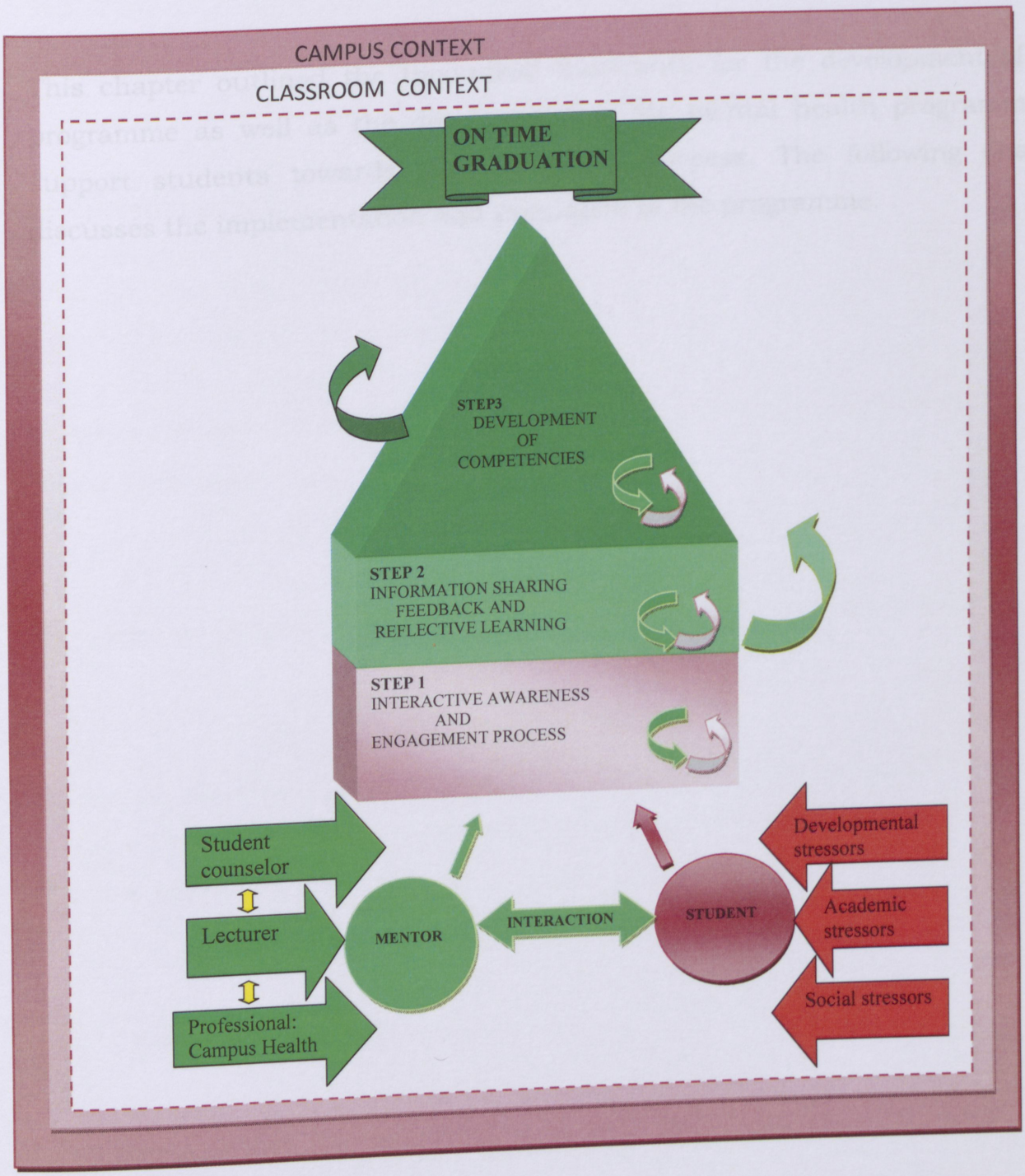
Figure 4.9: Structure of a mental health programme



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4.4 CHAPTER SUMMARY

This chapter outlined the theoretical framework for the development of the programme as well as the development of the mental health programme to support students towards their academic success. The following chapter discusses the implementation and evaluation of the programme.

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CHAPTER 5

IMPLEMENTATION AND EVALUATION OF THE MENTAL HEALTH PROGRAMME

5.1 INTRODUCTION

This chapter deals with the implementation and evaluation of the mental health programme to support students towards academic success. The theoretical foundation discussed in chapter four will be adhered to during the implementation of the mental health programme to ensure consistency and logical reasoning.

5.2 THE IMPLEMENTATION OF THE MENTAL HEALTH PROGRAMME

To ensure effective implementation of the programme, certain activities had to be done by the agents. This includes interactive process and workshops which will now be discussed.

5.2.1 Interactive process

Student mentors and mentees were recruited by the researcher. The second year nursing students with poor academic success were recruited to serve as a single case study pilot group. Second year nursing students were purposively selected to serve as a mentees single case group because this is the level in

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which the majority of students do not proceed to the next levels, as illustrated in the problem statement in chapter one. The third year nursing students with a good academic record and who were recommended by the lecturers were purposively recruited to serve as student mentors, a pairing recommended by (Allen, 2010:346; Lankau & Scandura, 2010:780).

Mentors and mentees were matched by the researcher who is a lecturer with gender being taken into consideration. Gender was considered because mentoring relationship has been shown by previous researchers to be influenced by gender of each of the participants in the mentoring relationship (Fowler, 2007:667; Garlbraith, 2009:29; Ortiz-Walters et al., 2010:100). There were five mentors for a total number of 15 students to be mentored. One mentor was assigned to three mentees. Mentors were mentored by one lecturer (researcher) and one student counselor.

5.2.2 Workshops (information sharing)

An orientation workshop was conducted in June 2009. The purpose of the orientation workshop was to influence personal development on the students' point of view in order to be willing to commit themselves. This was the information sharing workshop were both mentor and mentees were orientated to problem and the programme. During the opening speeches, the purpose of the workshop and training were outlined to ensure that all participants understood why they had been invited to the workshop and to encourage them to participate fully. The workshops were planned with the support of the UNIVEN research office. This office provided funds for catering and stationary. Experts from UNIVEN's Life Skills Training and Student Academic Development

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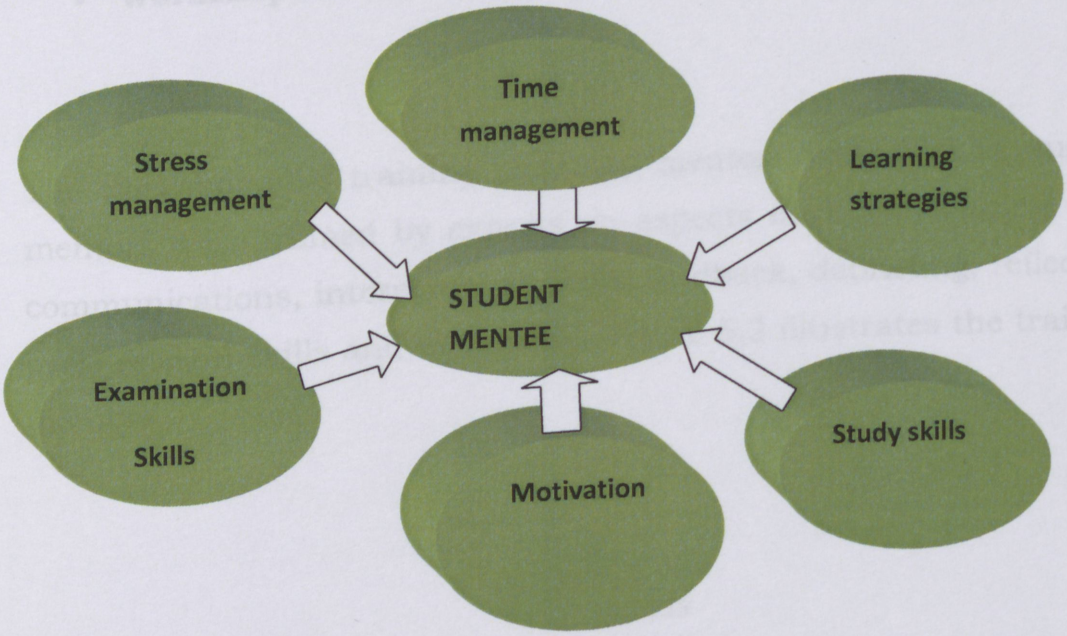
were invited to train mentors and mentees on a regular basis (see Annexures F (1-4).

- **Workshops and training offered for the mentees**

Three workshops were provided for the mentees by the experts. These workshops were conducted on different days. The training sessions covered the following themes as identified from the findings in chapter 3: time management, learning strategies, study and examination skills, and stress management skills. During the workshops students were involved in such a way that they were doing assignments in class, in the form of role plays. Furthermore, scenarios were given to them for them to critically analyze and discuss accordingly. The following figure5.1 gives an explanation of training that was offered for mentees by experts.

Figure 5.1 Training offered for mentees by experts



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Discussion

After the each presentation, the participants were given an opportunity to ask questions. This was a beneficial exercise as there was more clarity with regard to certain issues. During the discussion it was found that some students are not aware of the sign and symptoms of stress which prompted the presenter to use scenarios of different people who were stressed and students were involved in analyzing and identifying signs of stress from the scenarios. Participants seemed to enjoy the exercise because they requested the presenter to give them more scenarios for them to report back first thing the next session.

Some participants were concerned about how can one stay motivated throughout his years of study since there are so many things that distract their motivation. The response was that one needs to have a goal and a vision which he or she should revisit time and again.

- **Workshops and training offered for the mentors**

The workshops for training students' mentors were four in number. Student mentors were trained by experts on aspects such as listening skills, effective communications, interpersonal skills, feedback, debriefing, reflection, reflective cycle referral skills and mentoring. Figure 5.2 illustrates the training offered to mentors.

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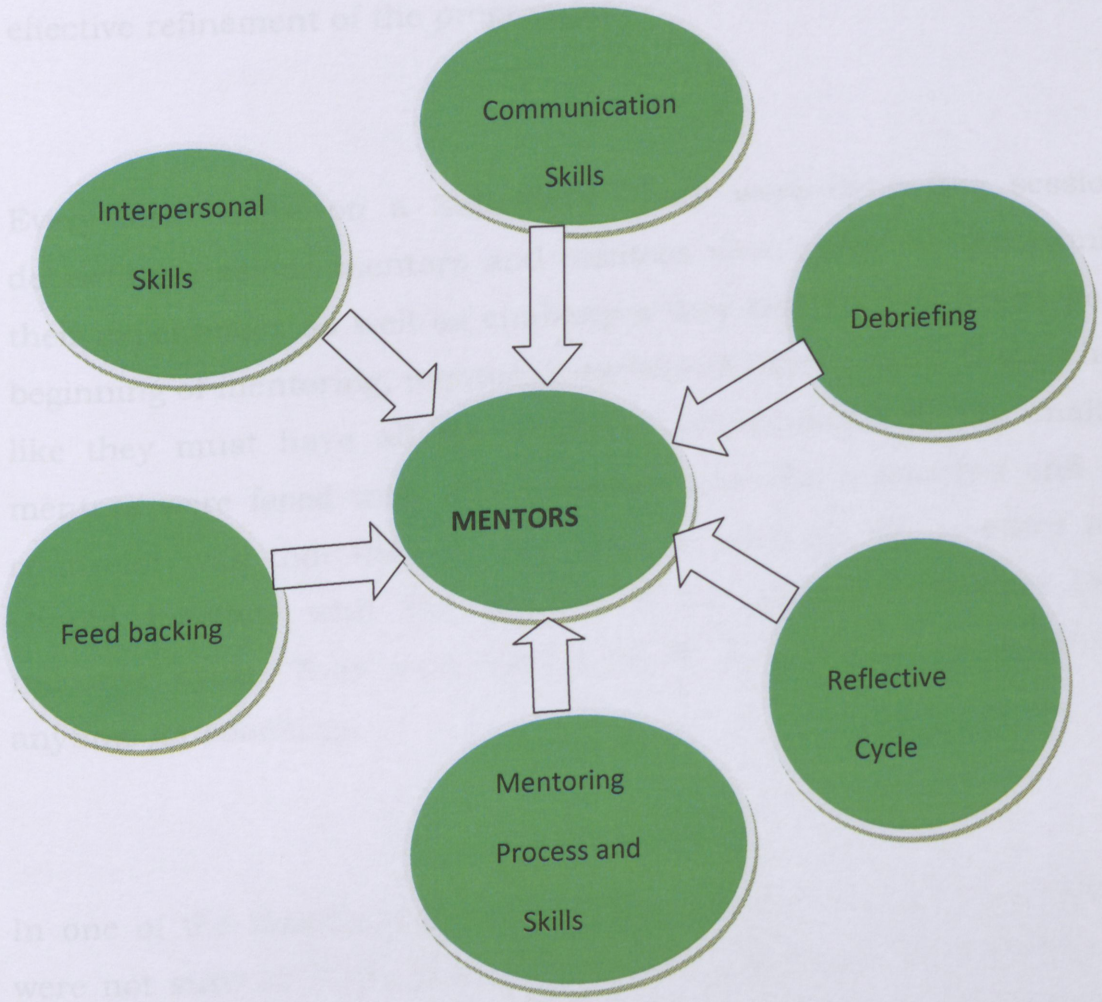
Figure 5.2 Training offered to mentors



Discussion

During the discussion there was a question regarding what to do when a mentee start to behave in an arrogant fashion. The response was that the student mentor should make the mentee aware through the feedback and reflective cycle.

After the workshops, students then began to work as paired. The mentoring started in July 2009 with the aim of evaluating its effectiveness in July 2010. The researcher and student counselor supported and monitored the progress of

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mentoring by holding debriefing sessions with the mentors and with the mentees, holding meetings with mentors and mentees. This was done to ensure effective refinement of the programme.

Every forth night on a Saturdays, there were debriefing sessions. During debriefing sessions mentors and mentees were given an opportunity to share their experiences as well as challenges they had for two weeks period. At the beginning of mentoring, mentors experienced almost same thing where they felt like they must have all the answers and solutions to the challenges their mentees were faced with. The response from the researcher and the student counselor was that they do not need to have all the answers instead they should together with the mentee reason together through the feedback reflective cycle. They were also advised to consult the student counselor anytime for coaching.

In one of the meetings with the mentees, some mentees indicated that they were not sure as to whether they should only share the academic challenges with the mentor or everything in their lives. They were advised to be open to each other in all issues if possible, meaning that when they are comfortable in doing so.

5.3 EVALUATION OF THE PROGRAMME

Evaluation of the programme is ongoing as it is a process and its outcomes will be gradual. It formed part and parcel of planning, its feasibility and its

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operation. An evaluation of the programme was conducted on two levels: firstly, as an interactive, interventive process during the development of the programme. The second level of evaluation was conducted using Chinn and Kramer's (1999:99-110) questions relating to the programme's clarity, simplicity, generalisability, accessibility and value. The two levels of evaluation are fully detailed now.

5.3.1 First level of evaluation

A single case- study was used to evaluate the programme. A single case study is defined as an intensive systematic investigation of any individual, group of subjects, community or any other unit during a specific period of time and under naturalistic conditions (Burns & Grove, 2001:307; Brink, 2000:116). Case studies provide the researcher with the opportunity of having an intimate knowledge of the subject's condition, thoughts, feelings, actions (past and present), intentions and environment (Polit & Hungler, 1995:200).

In this study, one case study was used to evaluate the effectiveness of the mental health programme to support students towards their academic success. The essays were used as source of data to assess the effectiveness of the mental health support programme. The following is a discussion of essays.

Essays (Giorgi, 1985:16) were used to ensure that all participants were involved in evaluating the effectiveness of the programme. In July 2010, registered nursing students who were involved in the mentoring process, were

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requested to evaluate the mental health programme to assess whether it was beneficial to them and if there were areas that needed improvement. They were asked to write down their experiences without disclosing their names. They were also requested to make their own recommendations for improvements.

The essays report indicated that they had benefitted by receiving a great deal of information and support from the programme. This was supported by the following quotes:

"I think, this program needs to be available to all students because it does not only deals with studies, it also assist in personal maturity. It assisted me in managing my life"

"We are learning and gaining a lot of information which we are not taught in class".

Some indicated that to have gained new information from the exercise.

"I am very much lucky to have been part of this exercise because I learned lot of information about stress which I did not know before".

"It was an eye-opener for me. I realized that I need to take care of my mind for me to succeed in life".

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Some indicated to have felt so relieved when knowing that they are not alone, have a brother, knowing where to run to:

"I am very much happy and comfortable to have someone who is there for me always. It means that I am not all by myself on this campus, I have a brother to look after me".

"I know I have a person to run to incase of frustrations. It makes my life so easy since I have a person who listens to my worries and troubles".

"I am very much happy to have someone to share my problems with and who is always available for me. I mean it is good to know you are not alone".

Mentors indicated that they felt encouraged to support junior students and they too had a chance to learn some of the things:

"I am now confident that I can be a big sister who is able to assist her younger sister".

"It is so pleasing to know that you have someone who is looking and coping from you, it helps you to be very responsible for all your actions".

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"I think it is very much helpful for senior students to be given the opportunity to role model the junior ones because it helps us to practice what we learned in class such as supervision and leadership in the ward".

Ortiz et al., (2010:111) concur with the above quotations when they claim that mentors can derive satisfaction from supporting students and helping them to make good decisions and become quality professionals. Thus mentoring fosters two–way personal development and supplies a mutual relationship.

Concerning the suggestions for improvement, they indicated the need for continuous workshops on different topics, team work and mental health awareness campaigns on campus. In addition, they recommend that student representative Association office be involved in the programme since they work directly with student issues.

Some students recommended:

"We need continuous and regular meetings in order to discuss the challenges we encounter when mentoring".

"I think that more workshops on different topics should be conducted for students to be well informed. I mean we need more information on issues of life'.

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One participant suggests that religion should be taken into consideration when paring.

"I want to suggest that when paring people, religious affiliation must be looked into. This will help to minimize the conflict of interests such as religious rituals when it comes to attire between the mentor and the mentee"

The above discussions indicate that so far, the students have the potential to learn, improve and deal with their day to day challenges without compromising their mental health. The evaluation of the programme is ongoing, as it is a process and its outcomes will be gradual.

5.3.2 Second level of evaluation

Secondly, the programme was evaluated in accordance with guidelines in Chinn and Kramer (1999:110). The five evaluative criteria they suggest are those around the programme's clarity, simplicity, generalizability, accessibility and importance. These criteria are now discussed.

- **Clarity**

In addressing the clarity of the programme, the following was taken into consideration semantic clarity (its self explanatory and easy to understand),

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consistency (the same pattern of description of information), structural clarity (easy understandable structure) and structural consistency (drawings are used for same reason throughout) (Chinn & Kramer, 1999:110). The major and related concepts formed the structure of the mental health programme to support students towards academic success. Throughout the study, mental health, stress, mental health problems, student support, academic success were used as they are the major and related concepts.

- **Simplicity**

The question of simplicity of the programme establishes whether the overall structure of the programme can be followed using a structured diagram (Chinn & Kramer, 1999:110). In this study, the major concepts of the programme which are agents, recipients, dynamics, processes and outcomes were described and the basic assumptions are consistent with each other. The programme is able to accomplish its mission, in other words, what it is meant for. The programme simplicity was also achieved by keeping to the major and related concepts of the study. These concepts are mental health, stress, mental health problems and academic success.

- **Generalizability**

The generalisability of the programme refers to the soundness of the research evidence and how widely the programme can be used in explaining the phenomenon. It also refers to the width of the scope and the purpose of the programme (Chinn & Kramer, 1999:110). In this study, the outcomes of the mental health programme involve the agents, recipients and the context.

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Agents, students' mentors, shall refine learned skills. Recipients, student mentees, will be competent in handling daily challenges without compromising their academic success and will serve as a pool of mentors.

UNIVEN as a context shall meet its teaching and learning objectives which will lead to the realization of its vision and Mission. Empirical evidence indicates that there is lack of mental health support in the lives of students. The programme was therefore described as a response to the students' mental health needs to empower them with knowledge and skills required for academic success and personal development.

- **Accessibility**

The programme can be accessed through a library search, publications in accredited journals, attendance of seminars, national and international conference presentations.

- **Importance**

In terms of the importance of the programme, at UNIVEN, students' achievement rate is not in line with the university teaching and learning objective, as indicated in chapter one. The teaching and learning objectives of UNIVEN are aimed at producing graduates required to respond to national and regional imperatives (www.univen.ac.za). Therefore, the mental health support programme is linked to the university's teaching and learning objectives

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because it focuses on enhancement of learning while taking into account students' holistic development.

It is hoped that with the mental health programme in operation, UNIVEN shall produce academically successful and emotionally sound university graduates that are ready to contribute as members of families, communities, and improve the quality of life in rural settings, thus realizing the value of money. In addition, the improvement of throughput, graduation and retention rates in higher education is a national priority, therefore, the university staff would have a resource to refer to regarding how students could be supported towards academic success.

5.4 GUIDELINES FOR THE OPERATIONALISATION OF THE PROGRAMME

The guidelines for a mental health programme to support students towards their academic success at UNIVEN are described according to the practice programme as applied earlier in this Chapter. The practice need team effort with specific goals and responsibilities as indicated in table 5.1 below.

Table 5.1 Guidelines summary with responsibilities and goals

CAMPUS COLLABORATION	GOALS	RESPONSIBLE
Mental health	Promote mental health and well being	Lecturers and

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Promotion	on campus: Coordinate communication across campus	Student group
Educational programmes:	Train gate keepers and students to identify signs of students in distress Train mental health service providers to diagnose stress and advise accordingly Plan and conduct guest lecture on mental health issues and services	School of health Science and as part of experiential learning of students
	Train gate keepers and students to identify signs of students in distress	
Mental health services:	Conduct screening and outreach campaigns to encourage troubled students to seek counseling, and provide more timely and accessible services	Campus Health Counselling Unit
	Innovative strategies for direct clinical services may include offering more immediate and accessible appointments, especially for students in crisis, by providing phone consultations and evening and drop-in appointments.	

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	Group therapy and self-help programs (e.g., books, pamphlets, videos, Internet resources about mental health issues) are alternatives to individual counseling that can be effective for many students.	
Screening:	Identify high risk and potentially high risk students Provide landscape of mental health on campus	Campus Health Staff
Life skills Development:	Train students to improve management of rigors of university life Equip students with tools to recognise and manage triggers and stressors	Lecturers
Social marketing:	Stimulate campus wide cultural change that encourages help seeking behaviour	Campus Health
Social network promotion:	Reduce students isolation and promote feeling of isolation establishment of a strong consultation and communication network among campus units who work most closely with student issues and problems (e.g., Director of Student affairs, counseling	Director Students affairs

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	center, student health and residence life).	
Team based learning and peer counseling	Encourage the development of smaller groups with the larger campus society Encourage team based learning Peer counseling	Peer counselors and graduate interns
Mentorship	To promote one on one relationship with the students	Lecturer

5.4.1 Guidelines for the stakeholders

The agents should create an environment conducive to mental health support. The roles played by the agents need to be defined so that each one is aware of the duties of self and of the other to avoid conflict. They must be resourceful and comprehensive with skills and information required to support students and assist them towards their academic success.

Lectures, student counselors, campus health professionals do the following: select and recommend 3rd and 4th year students to serve as mentors, invite experts to train mentors, assign 1st and 2nd years students to selected mentors, mentor student mentors, meet regularly with mentors. Furthermore, they

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ensure that mentors: have a good academic record, are recommended by staff, given training regularly by experts, meet regularly with their faculty advisor, and meet regularly with students assigned to them. However, mentors still need support from agents. Mentors should have a good academic record and be recommended by lecturers. They are to meet regularly with the lecturers, student counselors and students assigned to them.

Recipients should learn that they need to be active in the process of the programme by interaction, participation and authentic collaboration with the agents

5.4.2 Guidelines for the dynamics

Students should be willing to be guided and mentored. It is also very important for the student mentors to be willing to commit time and energy to others and mentoring activities. Students should also be willing to work towards managing their stressors efficiently with the help of counselors, lecturers and campus health professionals. They must be willing to consult when they need help. Furthermore mentors and mentees should be willing to learn. For mentoring to take place, agents and recipients must see the need for mentoring to be able to do something towards it. Agents and recipients should motivate themselves to actively participate in the mentoring and support every initiative that is geared towards achieving the mentoring overall purpose. Both should be willing and committed to the process.

The key to successful mentoring is the ability to communicate appropriately. Mentors can best understand the messages that the mentees convey by

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developing interactive listening skills, which involves clarifying, verifying and reflecting. In this programme, one of the main components for the students learning and education should be learning how to communicate. Communication through writing up their journals, naive sketches and essays is encouraged. There must be at all times, a two way communication between the mentor and the mentee. At all costs, structured communication sessions should be catered for beyond teaching and learning in the classroom. These could be done through structuring sessions to review their journal entries on a continuous basis.

In mentoring, mutual trust should prevail for mentors and mentees to share and take advice without any suspicion. Both parties will not question each others' intentions. Mentors and mentees should never pretend to each other, for example, pretending not to have challenges while challenges exist. This will hinder the purpose of mentoring as the mentee might inappropriately deal with challenges.

Both mentors and mentees should feel obliged to actively participate in the mentoring activities, they need to commit themselves and be eager to see the mentoring working for the best results. Participation on the part of students entails availing themselves for education, in this regard mental health education and help when necessary. Availing themselves for help entailed consulting their lecturers, counselors and campus health professionals for support. Participation on the mentors entails realizing their professional and moral responsibility towards the holistic being of the students, ensuring that they are competent to assist students or refer students when necessary. There should be collaboration between the students and the mentors and such should receive acknowledgment of each other's responsibility.

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Reflection and feedback analysis are essential dynamics of mentoring. This involves discussing what has gone right, starting with the mentee's opinions of their strengths followed by mentor's views, and then discussion of what needs to be improved, again starting with mentees' opinions followed by those of the mentors. Feedback is also needed, on how well mentors and mentees work together, because mentors also need constructive feedback on their performance. Reflection and feedback in a form of constructive feedback are essential to both parties.

5.4.3 Guidelines regarding the process of the programme

Guidelines regarding the process include interactive and information sharing. Agents prepare for the initial step of the operationalization of the programme where resources are mobilized, student's needs are identified and the recognition for the quest for supporting them towards their academic success. Both mentors and students are invited to the interactive awareness workshop with clear objectives and goals.

The mentors will define and communicate information, together with students, set goals and strategies for team work. The students should also come up with strategies as to how they are going to deal with problems or dynamics. Termination of participation should be discussed as this may have adverse impact on individuals. These activities prepare the students for activities on the information sharing.

Students and mentors are actively involved, emphasis is information sharing within a reflective learning environment, feedback and reflective learning must

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be used to promote self awareness, mentors should offer new knowledge and activities that will enhance the ability to manage academic, social and emotional challenges as they arise. Mentors should offer information and activities that will assist students to explore how to know self through reflection. Mentors must promote exercises that explore aspects of thinking by students and how they organize their thoughts.

Students must be assisted to structure thoughts by taking notes, keeping references and writing reports. Mentors must engage students in exercises that will explore: feelings associated with self; tension in the body; decision making; relationship with self and others; situations in which to express or hide feeling; how to cope with feelings as students. Students should practice to keep a journal where thoughts and feelings on self are recorded. Students should be motivated to explore communication skills, interpersonal skills, listening and responding skills.

5.5 CHAPTER SUMMARY

This chapter discussed the implementation and evaluation of a mental health programme to support students towards their academic success. Furthermore, the programme was piloted and outcomes were evaluated. The results indicate that so far, the students have the potential to learn, improve and deal with their day to day challenges without compromising their mental health. The evaluation of the programme is ongoing, as it is a process and its outcomes will be gradual.

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The guidelines to be utilized in the operationalization of the programme were described. Chapter 6 will focus on evaluation, justification, limitations conclusion and recommendation.

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CHAPTER 6

EVALUATION, JUSTIFICATION, LIMITATIONS, CONCLUSION AND RECOMMENDATIONS

6.1 INRODUCTION

In this final chapter, focus is on the evaluation of the study in terms of its ability to meet the objectives as set out in Chapter 1. Furthermore, justification of the study as to its original contribution to the body of knowledge, the limitations, and conclusion is described.

6.2 EVALUATION OF THE STUDY

The study is evaluated against its purpose and objectives as set out in Chapter one.

6.2.1 The purpose of the study

The purpose of this study was to develop, implement and evaluate a mental health programme to facilitate students' mental health as integral part of academic success.

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- **Programme development**

The findings of situational analysis (Phase 1), literature review and the theoretical framework for the development of the programme formed the basis of the development of the programme. The programme was developed in an interactive interventive manner. The programme was developed according to Dickoff et al.'s (1968:426) framework as the practice survey list.

- **Programme implementation**

To ensure consistency, logical reasoning and effective implementation of the mental health programme to support students towards academic success, the theoretical framework for the mental health programme was adhered to and certain activities had to be done by the agents. This includes interactive process and workshops.

- **Programme evaluation**

Evaluation of the programme was ongoing as it is a process and its outcomes will be gradual. It formed part and parcel of planning, its feasibility and its operation. An evaluation of the programme was conducted on two levels: firstly, as an interactive, interventive process during the development of the programme. The second level of evaluation was conducted using Chinn and Kramer's (1999:110) questions relating to the programme's clarity, simplicity, generalisability, accessibility and value.

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6.2.2 The objectives of the study

The objectives of this study were to explore and describe the registered nursing students' experiences of their mental health and to develop, implement and evaluate a mental health programme to facilitate student nurses' mental health.

In Phase 1 of this study, the situational analysis was done by means of a case study strategy. The case study was registered nursing students at UNIVEN. Data was collected by means of phenomenological naive sketches and focus group interviews. Data was provided from which the themes, categories and sub categories emerged. Both sets of data were analysed according to Tesch's open coding method (Creswell, 1994:142).

Dense descriptions on the findings were also done against relevant literature. Central to the results elicited from the participants, it was identified that there is a need for learning, social and emotional support for them to progress academically. It was also identified that the prevailing student support programme does not include mental health support. The concept mentoring was identified as a means and method through which the mental health support is to be provided. The sample of data about mentoring was selected from dictionaries, books and national and international journals.

In Phase 2, the results of the situational analysis and literature gave direction to the development and description of the programme. The survey list of the practice model of Dickoff et al., (1968:434) was used as a framework for programme development. Lastly, during Phase 3, the programme was piloted

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and evaluated to assess its effectiveness. Chinn and Kramer's (1999:110) criteria were used to describe and evaluate the programme.

6.3 ORIGINAL CONTRIBUTIONS OF THE RESEARCH FINDINGS TO THE BODY OF KNOWLEDGE

This study was conducted at the time when the improvement of graduation rates at UNIVEN was a primary objective as it relates with national priority. This study identified and explored the mental health dimension of the support required by registered nursing students to achieve academically. The gaps in the current student support services are indicated by this research. The findings reveal that there are disciplinary silos in the support of students on campus. There is no deliberate focus on self enhancement support of students and efforts of each department do not complement each other. The findings suggest that a deliberate team effort should be made looking at all dimension of cognitive, mental and sociological wellbeing of the students. It further suggests that such effort should be interdisciplinary and should be coordinated so that the impact thereof should be measured.

This study provided an understanding of the mental health challenges of students and generated new knowledge in the form of theoretical framework and developed, implemented and evaluated mental health programme. Mental health support is not accommodated within the current student support programmes. The feasibility and the development of a mental health programme of support in UNIVEN have not been explored before. Based on the findings from participants, a mental health programme to support students

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towards their academic success was developed, which proposes the link between new strategies into existing programmes such as mentoring and mentorship programmes.

Pilot group students benefitted from the workshops that were conducted and from the guidance from their assigned mentors whereby, they now have acquired the required skills to deal with stressors without compromising academic progress. Their examination performance has improved as compared to their class mates. The workshops brought to light the importance of available student support services to work interdependently as a team towards the improvement of students' quality of life.

6.4 CONCLUSION

From the study, it was confirmed from other authors that more often than not, student themselves are not aware of the available mental health resources on campus or may be reluctant to use them, so it is important to conduct an ongoing education, outreach, and advertising campaign to inform them about mental health issues and encourage them to use the services available to them.

Although registered nursing students' mental health is of particular concern to student affairs and counseling center staff who work closely with students to facilitate their growth and development and address problems, the entire institution has a "role in prevention, providing support, and in offering a range of opportunities to enable students to participate in higher education.

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This programme reinforces the philosophy that student mental health issues should be a shared concern and responsibility within the institution. Universities and colleges are dealing with substantial challenges posed by the changing mental health needs of today's college students. It is important for administrators, lecturers, and staff to understand the profound impact that mental health problems can have on all aspects of campus life, and to treat mental health issues as an institutional responsibility and priority. The support and commitment of executive management is necessary. This is a significant contributor in supporting the mission of higher education institutions to ensure that students who are experiencing problems are assisted to achieve academic success. It is noted that there is a need to integrate all efforts of government in this regard, for example, ensuring that a deliberate attempt to enhance the extended programmes' mandate is done through implementing some of the innovative activities suggested in this programme.

6.5 RECOMMENDATIONS

The recommendations of this study are discussed according to research and practice.

6.5.1 Recommendations for further study

The following are recommendations for further study:

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- Landscape the support needs of academics towards improvement of students academic success be conducted, based on the findings, a programme to support academics should be developed.
- Evaluate the effectiveness of a mental health programme to support students towards academic success.
- Conduct a longitudinal study, tracking the impact of mental health programme and its contribution to the improvement of students' academic success should be conducted over a period of 5 to 10 years.

6.5.2 Recommendations for Practice

It is recommended that student orientations should include taking students through a mental health programme and evaluation thereof over a period of years. Campus Health programmes should deliberately include an objective designed to familiarize students with the mental health services available.

Screening, offering mental health education and prevention services, providing referral services, and implementation of the study and academic enhancement skills groups could all be ways in which student counselors offer support for these students. Positive rapport may be built by having student counselors interact on a social network forum. Purposeful and strong efforts are needed to break down disciplinary silos as all of these disciplines serve students. They should operate in a collaborative complementary manner towards the improvement of quality of life of students.

All first entering students should be assigned with someone to guide, coach and mentor them. A department needs to be established to co ordinate all students' support services at UNIVEN. Collaboration is invited of all

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stakeholders in the university setting, therapist approach, practitioners' approach and the educator's approach to mental health support for students in a university.

Active support executive management who are willing to consider mental health needs a priority and provide adequate funding is critical. Philosophically, institutions need to adopt the attitude that student mental health is an important and legitimate concern and responsibility of everyone involved in higher education (including administrators, lecturers, and staff), rather than being the sole responsibility of the counseling center.

Engagement and outreach campaign are necessary to educate communities, administrators, faculty, and staff (including academic advisers, graduate teaching assistants, and residence life assistants) about mental health problems in the college population and provide them with information about how to recognize and refer troubled students who need help.

Campus health should play an important role in educating administrators about the "importance and value" of good mental health its role in serving the mission of the university to retain students and help them achieve academic success. Counseling centers can also implement a variety of innovative strategies to meet the mental health needs of students and the demand for services. Finally, The implementation of the developed programme to be recognized by CHETL and implemented accordingly.

6.6 CHAPTER SUMMARY

This chapter provided conclusions of the study. An account of how the rationale, overall purpose and objectives of the study were achieved was given.

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Justification in terms of the study original contribution to the body of knowledge, the limitations and recommendations of the study were also given.

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ANNEXURE A

Name of Researcher/Investigator: Mrs. M. Maluleke.
Id/Student number: 9510057

TITLE OF PROJECT:

Development of a Mental Health Programme to Support students towards Academic Performance at the University of Venda.

Project Number: SHS/08/ADV/004

SUPERVISORS/CORESEARCHERS/COINVESTIGATORS

NAME	INSTITUTION & DEPARTMENT	ROLE
Mrs. M. Maluleke	University of Venda	Principal Investigator
Prof. LB Khoza	University of Venda	Promoter
Dr. L Netshikweta	University of Venda	Co-promoter
Dr. VO Netshandama	University of Venda	Promoter

ISSUED BY:

University of Venda, Health, Safety and Research Ethics Committee

Date Considered: 29 October 2008

Decision by Committee: Ethical Clearance granted

Signature of Chairperson of the Committee: .....

Name of the chairperson of the Committee: Prof. XG Mbhenyane

DIRECTOR OF RESEARCH & DEVELOPMENT
UNIVERSITY OF VENDA
FOR SCIENCE AND TECHNOLOGY
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THOHOYANDOU 0950

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ANNEXURE B

NOTICE

RECRUITMENT OF RESEARCH PARTICIPANTS

The criteria for participation:

- Bcur nursing student
- 18 years and above

Researcher: Mrs M Maluleke (lecturer) PHD student

Promoters: Prof. V.O Netshandama, Prof. L.B Khoza and Prof. ML Netshikweta.

Study title: **"THE DEVELOPMENT A MENTAL HEALTH PROGRAMME TO SUPPORT STUDENTS TOWARDS THEIR ACADEMIC SUCCESS AT THE UNIVERSITY OF VENDA"**

The purpose of this study is to develop, implement and evaluate a mental health programme to facilitate students' mental health as integral part of academic success.

To achieve this purpose, I need to conduct interviews with you (students) regarding your experiences on mental health issues. The interviews will be audio taped, transcribed verbatim and verified with you and an independent expect. The taped information will be erased on completion of transcribing the tapes to ensure confidentiality. Anonymity will be safeguarded by omitting the use of names. The information related to the interviews will only be accessible to me and the promoters.

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I invite you to participate in this study. You are of course under no obligation to participate in this study, but if you do so, you have the right to withdraw at any stage of the research.

For further information contact me on the following numbers: 015 9628717 (W) 0763949752 (C)

Thank you

M Maluleke

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ANNEXURE C (1)

INFORMATION SHEET

Dear participant

REQUEST FOR CONSENT FROM PARTICIPANTS

I am a lecturer (staff member) and a doctoral student at the University of Venda, School of Health. I am presently in a research study entitled **"THE DEVELOPMENT OF A MENTAL HEALTH PROGRAMME TO SUPPORT STUDENTS TOWARDS ACADEMIC SUCCESS AT THE UNIVERSITY OF VENDA"**

This study is to be conducted at your university (campus) under the supervision of Prof. V.O Netshandama, Prof. L.B Khoza and Prof. M.L Netshikweta.

The purpose of this study is to develop, implement and evaluate a mental health programme to facilitate students' mental health as integral part of academic success.

To achieve this purpose, I need to conduct interviews with you (students) regarding your experiences on mental health issues. The interviews will be audio taped, transcribed verbatim and verified with you and the independent expect. The taped information will be erased on completion of transcribing the tapes to ensure confidentiality. Your anonymity will be safeguarded by omitting the use of names. The information related to the interviews will only be accessible to me and the promoters. No data will be linked to your name.

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I invite you to participate in this study. You are of course under no obligation to participate in this study, but if you do so, you have the right to withdraw at any stage of the research.

SIGNIFICANCE OF THE STUDY

The study will generate valuable information relating to a mental health dimension of what you (students) require to improve their academic success at the university. The proposed outcome is a mental health programmme of support whose purpose is to provide you (student population) with the tools and mechanisms to maintain a mental health balance that contributes towards academic success. The programme should enable you (students of UNIVEN) to manage yourselves and your academic work in an effective way. It is envisaged that the programme will provide for three critical areas of mental health needs of students, namely mental health promotion, self development, and crisis intervention, which will enable you not only to look at yourselves, but to reach out to others, thus becoming socially responsible citizens.

For any information on your participation, contact the researcher on the following numbers: Cell: 0763949752

Work: 0159628717

Thank you for taking the time to read this letter.

M Maluleke (Researcher)

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ANNEXURE C (2)

CONSENT FORM

I ---------- Voluntarily participate in the study on" **"THE DEVELOPMENT OF A MENTAL HEALTH PROGRAMME TO SUPPORT STUDENTS TOWARDS THEIR ACADEMIC SUCCESS AT THE UNIVERSITY OF VENDA"**

I understand that my participation is voluntary and that I may withdraw at any time.

---------- ----------

SIGNATURE DATE

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ANNEXURE D (1)

NAÏVE SKETCH REQUEST

Dear participant

I am a lecturer (staff member) and a doctoral student at the University of Venda, School of Health. I am presently in a research study entitled **"THE DEVELOPMENT OF A MENTAL HEALTH PROGRAMME TO SUPPORT STUDENTS TOWARDS THEIR ACADEMIC SUCCESS AT THE UNIVERSITY OF VENDA"**

The purpose of this study is to develop, implement and evaluate a mental health programme to facilitate students' mental health as integral part of academic success.

To achieve this purpose, I need to collect data from you (students) regarding your experiences on mental health issues. Your anonymity will be safeguarded by omitting the use of names. The information related to the interviews will only be accessible to me and the promoters. No data will be linked to your name. You are of course under no obligation to participate in this study, but if you do so, you have the right to withdraw at any stage of the research.

Please write down your story about your mental health issues. Issues that stress you and the coping strategies that you use.

For any information on your participation, contact me on the following numbers: Cell: 0763949752
Work: 0159628717

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Thank you.

M Maluleke (Researcher)

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ANNEXURE D (2)

NAÏVE SKETCH NARRATIVES

It is hard for me. I sleep very late because after school I have to go straight to the room look after my child and wait for him to sleep and if he slept at pass nine I have to first read for 30 minutes or more but sometimes its difficult to read I end up sleeping before reading. Sometimes I become more tired when I'm doing practicals because I spend the whole day standing and when I arrive in the room I have to rest after my child which is impossible to wakeup and study. I ussualy get frustrated and stuck on the difficult concept. This ussualy influenced by the fact that I feel I have no time. I cannot afford to fail. I passed grade 12 in 2003 and I do not have a certificate to my name. I 'm 25 years old with nothing and therefore difficult concepts are like a stumbling block. I try as hard as I can to remain positive but at times I loose when faced with such a dilemma I usually cry. I am very good with talking and explaining what I read so if I find it difficult that means I won't be able to write it in a test or exam. Iam having a slow academic progress at the moment. Nothing I do seems to be progressive. I'm very good with presentation but when it comes to writing I don't know what happens I can explain everything to people but I can't write what I say. I wish I could go back to the days where I never failed anything and where my confidence can be

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restored. Honestly at the moment I have no clue. I'm not sure where my life is headed. I'm not sure of what I'm suppose to do. I do have desire to do more. It was 2008 when the NGI 2541 results came out and I have failed my supplementary Everything just did not matter anymore because whether I pass or fail 2nd semester I was not going to 3rd year. I stopped living for a while. thinking I've just added another year It made me ask myself if I will ever make it in everything academic related. Up until now I'm not sure what will happen to me next year or the year after. Right now I'm living a day as it comes. If possible I would love to be supported in the matter of how do I remain positive till the end. How do I write what I say and take it out as if I was presenting.

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My story

Nobody cares about me, even my MOM. Every day I arrive at home at about 10h00-11h00.Once I live university I go to taxi drivers to be the one to open the door of passengers so that I can get R15.00 for tomorrow transport.I do not have time to visit study rooms because after class I have to move to taxi rank to get pikins for tomorrow transport. In class my concentration is poor because I always think of my personal problem that I'm going to eat at lunch, did I still have that transport money, what if today I did'nt find the chance to open the doors of taxi. My academic progress is poor because I failed to enter the examination due to not qualify sociology (soc 37,5%). Most of my modules I perform good to about (60-70). I know myself that I'm good at school from high school. I have the desire to do more if I could spending most of my time reading instead of making plans to get money. Everyday I experienced problem because when I see other students going to read and my self going to taxi rank I feel sorrow for myself. Being honest I smoke (cigarrate) not just because I like to but by pressure I experience (e.g) in the taxi the driver always sent me to buy cigarrate and light it, I smoke it telling myself that it's the same I don't have future up to now. No one cares about me. The university should provide loan for me so that I can get room and access to eat at

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(capteria) school shop I can be very happy for that. I've tried many times to apply for busaries but it did'nt work my main problem is accommodation only then if they can provide accommodation for me at the campus I promise every one that next year I will come top of the whole class. If I could please have some one university staff to talk to me about my family and let me express my feelings maybe I would feel better because I sometimes loose hope that I can finish what I've started. If this could be taken into consideration it would be my pleasure. That is my story.

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ANNEXURE E

FOCUS GROUP INTERVIEW TRANSCRIPT

Key : Researcher = R
Participants = P

R. Good day

P. Good day, afternoon

R. How are you this rainy day?

P Cool, fine and how are you?

P. Today is my birthday, so I am very happy.

Laughter!!!!!!!!!!!!!

R. Happy birthday

Singing happy birth day song. Clapping of hands

R. How do you want us to start our meeting. By prayer, singing the national Anthem or how?

P. We already started by singing the birth day song, so I suggest we pray. Laugh.....I will pray. Let us pray.

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(Praying.....amen).

R. Thank you all for coming. Let me remind you about this study and your role. The purpose of this study is to develop a mental health programme to support students towards their academic success. To achieve this objective, I need to conduct interviews with you (students) regarding your experiences on mental health issues. Issues that stresses you and the coping strategies that you use.

This is the tape recorder to audio tape the interviews. During transcribing, your names will be omitted and the information related to the interviews will only be accessible to me and the promoters. The taped information will be erased on completion of transcribing the tapes. I will request those who did not sign the consent form to do so. Remember you can withdraw any time you feel like without any penalty.

R. Any question?

Pause

P. Hhmm, no

P. we are fine

R. Let us select a scriber who will jot on a flipchart points as we discuss for us to see what we have said. Any volunteer?

Pause

R. Any volunteer?

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P. Ok, I will do it. laughing

Clapping of hands

R. Thank you. As we all know that each and every meeting runs well when there are rules, so let us formulate ground rules to facilitate smooth running of the discussion. Rule number one is members should respect each others' views meaning that there is no right or wrong answers.

P. Eish... cell phones

R. cell phones?

P. I think he wants to say we must switch off our cell phones.

P. Exactly.

Laughter.....

R. Hhmmmm

P. As we all know that we can sing at once but we cannot talk at once, I suggest that one person to talk at a time.

Laughter .....

R. We will have lunch after the meeting at cafeteria using staff dinning room entrance. Here are the lunch tickets.

Laughing and clapping of hands .....

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R. What influences your mental health at UNIVEN?

Silence

P. Eeee....I think lack of money is a problem, we are expected to buy study materials such as books, typing of assignments, calculators and many more and you do not even have food to eat how can you make it. I mean some of us are from poor background where there is no one who is working, we only survive by handouts so money is out of question.

P. mmmm....., some students does not have even food to eat, they eat once per day in the evening at home and they spend the whole day without food.

R. Hhmmmm

P. I do not have money for accommodation closer to the university. So I leave home at 4am to catch the bus which arrives at Thohoyandou around 8.30 and the classes' starts at 7.45. It is obvious that I will never attend all morning classes if any. Then I have to run for the 5pm bus, again I will never attend the late classes. Sometimes I get information from my friends which I am not sure whether it is correct or not. My academic progress is not satisfactory since I failed ECS and SOC first semester.

P. In 2006 the person who was paying for my studies passed away, and then I was forced to drop out from the university and spend two years saving money from my mother's grant, government support.

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P. interjected, I am behind my group since I dropped out for a year due to financial problems.

R. Hhmmm

P. Another issue

P. On campus there are horrible things happening which disturbs us from studying.

R. Horrible things

Yes---, eeeh, eish...

P. There are many small families at the hostels.

Laughter and clapping of hands

R. Families!

P. Children are born and raised in the rooms without the knowledge of students' parents. The baby cries at any time and you can't tell her to stop crying you want to sleep. Most of the time the father is there, so you share the room with the family which makes it impossible to study or rest in the room. Emmm.....the student mother misses classes when the child gets sick she has to take the child to the hospital. I mean this life negatively affects the roommate's academic progress and the student mother as well.

R. Hhhhmmm

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P. The problem is mostly with girls, they come from home being virgins and well mannered, within first semester of first year, they have boyfriends and pregnant. Ok pregnancy is a mistake, then a problem is HIV infections.

Silence

R. HIV

P. Senior boys who are HIV positive target the first years as their victims to infect. Majority of girls are infected during their first years.

Eish. Hhmmm

P. I want to raise that we do not know the services available for us on campus such as where to report sexual harassment.

R. Sexual harassment?

Pause

P. Male lecturers propose to have sex with us in exchange for marks and when you refuse it is obvious you won't pass his module. One girl I won't mention her name refused to have sex with a lecturer so she never passed his module and she dropped out. Most girls are having sex...let me say, they are raped by lecturers in their offices and they are in pains emotionally.

P. interjected, male lecturers propose love to us and when you refuse

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it is obvious you won't pass his module. My friend from another school refused to sleep with a lecturer so she failed his module.

R. Hhmmmmm

P. This is very serious; you all know what happened to my late roommate. She was pregnant from a lecturer. He denied the pregnancy and instructed her to get rid of pregnancy or else. Then she killed herself in the process of trying to abort. He is alive and continues to abuse poor girls. There is no one who seems to want listen to our shout for help. This really affects us mentally and academically.

Boring, eish .... sis.....

R Hahh

P. Another evidence is our colleague. She was pregnant for a university staff member who use to allocate her a bursary. He denied it, then she dropped out, she is at home frustrated with a child not a degree.

P. My worry is that even if you report rape you will end up with the police cross examining you that add more frustration than you are. To make matters worse you are to bump on the perpetrator daily which is very cruel. It happened to my class mate friend who ended up terminating training.

R. You said it happened to your class mate, can you tell us more about it?

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Pause

P. Yes, what happened is it was a freshers ball bash on Friday night. I do not know what and how exactly it happened. The following morning was on Saturday, she went to police station and opened a case of rape by one of the SRA senior students. Since that Saturday she was not performing well in class, most of the time she was absent from practica, she used to lock herself in a room during the day mmmmmm-------

P. interjected, to add on what she has just said, the SRA student who raped her, use to intimidate her where ever he sees her. She did not qualify to write exam for most of the modules.

R Hhmmmm

P. Yes, There are lot of rapes and suicide on campus and no body talks to us about it, as to inform us what is happening. I mean these situations affect us. we leave in fear.

R. You said these situations affect us, could you please elaborate how does it affect you?

P. Ok, it is like this. I failed ECS and NCH first year modules because during that time I was to give information to the police regarding my room mate's death. My room mate committed suicide last year by taking pills and I am the one who found her. It was a week to November exams. I could not study anymore, I was so scared and she was on my mind every minute. it was bad, very bad, I mean even my best enemy I won't wish her to experience that, noooooo....".

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R. Hahh

P. You do not know, is like this, you are forced to have a boy friend for him to assist you more especially during your first year wherein you do not know your where about and some eventually move in to their boyfriends' rooms.

P. In other words they become husbands and wives.

P. Every weekend there are bashes on campus. So students more especially the first entering ones they want to see everything and there is no parent to say no to this yes to that, so they end up spending their time on intertainments than books.

R. Eeee……

P. There is too much noise at the hostels, everybody has a music sound and wants his to be the best. Noise at the rooms is disturbing us from studying, you find that if you want to study you must go to library even if is at night.

Eish------

P. I want to raise the issue of part time lecturers, guys you will agree with me they come after four during the week or Saturdays or Sundays. Can you imagine, you have been attending classes the whole day you are hungry but you are expected to participant and concentrate'

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P. interjected, guys the part time lectures teaches us on weekends which was suppose to be our rest day, we need to rest and socialize also.

Sure, point, laughter---

P. She is very right, some of us on weekends we do not have transport because we use buses which are not available on weekends so we miss their classes or tests.

R. Hhmm

P. I do not mean that presentations are not ok, they are fine but I think we need to be well orientated as to what presentation is all about. What is happening now we are just given a topic and the date to present.

P. Some lecturers give us topics to prepare for presentation, so during presentation they keep us the whole day presenting, this make us to loose concentration and focus. Can you imagine from eight in the morning until four in the afternoon. This is so tiring, you sit look at the board without hearing a thing. This result in us obtaining lower semester marks which makes it very hard for us to get a pass mark during examinations.

R Hhmmm

P. During presentations, some lecturers do not comment on whether we are on the right track or not. Can you imagine.

P. interjected we are then forced to go back to the books and read so

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that we could understand since in class we did not understand.

P. Again, sometimes the content is very difficult for us to make sense of it . Ok let us take midwifery for example, it is very difficult to understand on your own, you need some sort of explanations by someone who knows what is going on.

P We are expected to present something they do not understand. This is not fair at all.

P. Another thing is that lecturers must be parents /mentors to us. I don't mean spoon feeding but they must show us they way. Lecturers should visit students at clinical area to find out how they are coping, attend and address their problems if any. I am saying this because we are just told to go to the hospital to a particular ward without any one to listen to your problems in the hospital/ward. Really this situation is so frustrating; we are left there for five to six weeks. We only see a lecturer when they come to evaluate us for semester mark.

Sure, exactly. eeish

P. We are going to practica at the hospitals where we work until sun set and we are to prepare for tests it is very difficult.

R. Very difficult

P. I mean, there are too much modules per semester and again we are going to the hospitals to work and come back very tired and expected to study.

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P. To add on what he said, the exam time table is too congested where you write in the morning and afternoon without a break.

P. I think what is happening on campus contributes a lot to students failing modules, can you imagine every weekend there is bash on campus.

R. Tell us more please?

P. Every weekend is a hot event on campus where they invite celebrities that one longed to see from high school. I mean to be honest it is difficult to go to library while at the stadium people are rubbing shoulders with big people. Last semester I was to write SOC test on Saturday and I attended a fresher's ball on Friday. I failed that test.

P. interjected, yes, the organizers do not consider the tests, all they look at is socialisation all year round.

P. I think what is required of students is self discipline, I mean you know why you are here, do you think the whole world must come to a stand still simple because you are going to write a test, nooooo'

Laughter

P. Ok do you think a poor first year student, we are talking about an 18 years old who comes from down there rural –rural, everything is new to him, come on, studying is second.

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Yes, definitely, sure, eish.... clapping of hands

P. I think they must manage their time well. That is very important as a student and in life

R. You mean time management?

P Yes, what I am trying to say is that students must have time to study, to be with friends, to see boy friend, to watch TV, and so on.

P. interjected, they must also socialize and go to church" If they do not socialize they will run mad at the end of the day.

Laughter and clapping of hands

P. I think students should avoid having many boyfriends and many friends

P There is nothing wrong in having many friends, it all depends on you. One must socialize, I think what is required here is self-discipline. You can have many boyfriends or just friends; as long as you know that you must have time to study

P. I do not agree with the issue of many boyfriends or many friends. Each one will want your attention where will you get time for them all. Another thing is that they must choose good friends to avoid them making you to do things which will result in you not studying, like parting every weekend.

P. They must have time table which they write times for studying

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which module and what to do at particular time, I mean they must also follow it.

P. I think they must avoid bad friends because they will not motivate them to study. I think they must have friends who are doing the same degree with them for them to share information.

P No, no, there is nothing wrong in them having friends, what they must do is self discipline; I mean you won't do something because of a friend.

P. My concern is at the hostel, those who stays on campus you know exactly how we stay there right; I mean there is space for studying.

R. Space

P. Ok what is happening there you won't like it. It is like this, in one room with one single bed that can atleast accommodate two tiny persons, you find that six to eight people stays there.

P. Even ten.

Eish..... laughter

R. Oops!

P. Mum, the boring part is that we are paired into the room with someone you do not know, you find that your interests clashes with his, he has countless friends coming to the room, they do all funny things.

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R. Funny things

P. This issue of sharing with a stranger is bad. Innocent, well mannered students are victims of all sorts of abuses. Hmmm...these people are very corrupt, they even have sex in the presence of the roommate. Eish.. The choice is yours, is either you go out or stay. I mean guys, once you put your mind on sex, you cannot focus on your books.

P. interjected even a pastor can back slide in these situations.

Laughter, clapping of hands

Eish-----, sis-------- boring

P . Another problem is that you are at the room and you do not have food and your room mate is busy frying goodies, hey you will run mad with hunger then I think friends should be allocated in one room so that we can even share things like you cannot live you friend to go hungry.

Sure , correct. point

P. Some of us are day scholars which is so frustrating.

R. Frustrating?

P. Ok, it is like this, I live home at 4 am to catch the bus which arrives here around 9 and the classes start at 7h45. It is obvious that I will never attend all morning classes if any. Then I have to run for the 17h00 bus again I will never attend the late classes'

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sometimes. I get information from class mates which I am not even sure whether it is correct or not.

P. interjected, sometimes more especially when there is morning test and group work which is usually done after hours I squat with my friends which is a problem when it comes to food.

Silence

P. Some lecturers are too rude to us which makes us to be scared of asking questions.

R You said some lecturers are rude, could you tell us more about it?

P. Some lecturers, in our first contact with them, tell us that in this module only five will pass, then once you know that you will fail, it demotivates you.

P. Eehh...., some lecturers are very serious to such extend that when you think of them you stay away.

Laughing and clapping of hands

Exactly, sure

R What do you do when you feel mentally challenged?

Pause

R How do you manage your challenges?

P. My high school girl friend dumped me for a senior well to do guy.

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This affected me in such a way that I do not trust any girl for love. I just have them as many as I wish so that incase one dumps me, I will have one remaining for me.

Eish... aahhh...

P. The day I was told that I cannot proceed to next level, I felt like is the end of my life. That is when I started drinking and girls. I changed from a well mannered to a don't care type of a person, I joined groups of rude students.

P. I was the victim of crisis which caused me to fail. I received an anonymous call with the message that I will rape you. I was so scared then use to lock myself in the room, I did not know who to talk to about this and lastly I went home for two months and failed 3 first semester modules.

P. My boy friend ended the relationship, I change in behavior and now I drink and don't care, I felt as if nobody cares.

R Haah

R What can UNIVEN do to make you feel supported?

Eish a lot, much, laughting

R. A lot?

P. As students we should be told what affects our study life specifically. I mean this because during orientation we are told about the university management and Authorities which according to me I feel is less important. We need information as to where to

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go for help when I am sick of pregnancy/ rape issues and so on .....and another thing is university is far different from high school, we need a sort of mentoring even by senior students if not by lectures to show us the way.

P Yes, we are told things during the first week of the first semester of the first year which I believe we do not take it seriously because we have not yet encountered any challenge since the classes has not yet started. So as the classes start and the year goes by we then experience challenges and we need someone to assist us and guide us on how to deal with the situation and there is no one. I recommend that there be someone throughout our years of study to guide us.

Clapping of hands

P. During orientation we should be told important issues such as consequencies of falling a module, dropping out and re-admission process, absent from exam due to illness.

R. Hhmmmm

P. and Sure, from first year we must be told the impact of failing a module how important are the group projects.

P. During orientation we must be told of rules of the degree. Bcur degree has clinical hours and theory. During first and second years nobody seems to care about the clinical hours. We get surprised during fourth year when told that the hours are not enough as a result you won't graduate with you class mates.

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Exactly, sure clapping of hands

P. I wish that we are told from day one as to where to go for counseling or when we feel frustrated for an example, when you have failed a module and you are excluded in order to prevent students from changing to be bad which is caused by frustration.

P. I agree with her, to we must be told what to do or where to go and report sexual abuse by lecturers and senior students especially SRA

Yes------sure

P. Again we must be told what to do incase of financial difficulties and when they allocate busarries, they should consider the poor first.

P Yes, issue of services available for us on campus is very important. We do not know who does what for us where? Some of us lost their bread winners and we are struggle financially, we do not know where to go.

Sure clapping of hands

P. Another thing is that students must be told what to do if they live in fear as a result of what is happening at the hostel like rapes or suicide by roommates. Some students dropped out after being raped.

R mmmmmm

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P I suggest that we must have mentors to assist us through our study years.

P. Yes mentors are very important because there are lots of things that we do not know which needs someone to help us.

R Things like?

P Ok, like if you have problems such as breaking up with a boy friend, it is painful it needs someone to guide you how to deal with it. I mean I am the victim of being dropped by the boy friend, what I did I loved someone thinking it will be fine instead I added up one problem on top of another which caused me to fail two major modules, this is serious.

Eish...

P We are like a soccer team playing without a coach. A soccer coach coaches his team before the game starts and continues to guide them throughout until the last minute of the game. Hmm....another thing is university is far different from high school, we need someone to show us the way.

P Yes, I support the mentors matter, even if we can be given senior students on the same degree it would assist especially to first and second level students.

R Thank you very much for your time and sharing this experiences with me. If there is a need I might contact you again. I hope its okay with you.

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P Thank you,
we are available.
Sure.
Clapping of hands.

R We started with a prayer, can someone close for us.

P let us pray
Prayer

R Once more thank you.

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ANNEXURE F (1)

TO: Dr Selepe C
The Director
Life Skills Training and Student Academic Development

FROM: Mary Maluleke
Doctoral student

REQUEST FOR STUDENTS' STUDY SKILLS TRAINING

I am a lecturer (staff member) and a doctoral student at the University of Venda. I am presently in a research study entitled **"THE DEVELOPMENT A MENTAL HEALTH PROGRAMME TO SUPPORT STUDENTS TOWARDS THEIR ACADEMIC SUCCESS AT THE UNIVERSITY OF VENDA"**

This study is to be conducted on (campus) under the supervision of Professor V O Netshandama, Professor LB Khoza and Professor LM Netshikweta.

The purpose of this study is to develop, implement and evaluate a mental health programme to facilitate students' mental health as integral part of academic success.

Based on the findings, students lack study skills for them to perform better academically. I therefore, request your department to participate in this study by offering study skills workshops to students.

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SIGNIFICANCE OF THE STUDY

The study will generate valuable information relating to a mental health dimension of what students require to improve their academic performance at the university. The proposed outcome is a mental health programmme of support whose purpose is to provide the student population with the tools and mechanisms to maintain a mental health balance that contributes towards academic success. The programme should enable students of UNIVEN to manage themselves and their academic work in an effective way. It is envisaged that the programme will provide for three critical areas of mental health needs of students, namely health promotion, self development, and crisis intervention, which will enable them not only to look at themselves, but to reach out to others, thus becoming socially responsible citizens.

For further information contact the researcher on the following numbers:
015 9628717 (W) 0763949752 (C)

Thank you

M Maluleke
Dcur student

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ANNEXURE F(2)

UNIVERSITY OF VENDA

MEMORANDUM

To : Ms Mary Maluleke

Department of Nursing Science

From : Dr M.C. Selepe

Director, Student Academic Support & Counselling

Date : 2009-08-02

STUDENT'S SKILLS DEVELOPMENT

Receipt of your request is hereby acknowledged. Please note that it has been transmitted to Mr Sikhwari who is in charge of the Career Development and Graduate Placement Unit. To this effect, he will liaise with you with regard to the intervention plan.

May I conclude by commending you for your insightful detection of students at risk.

Thank you

Regards

Dr M.C. Selepe

Director, Student Academic Support & Counselling

Cc: Mr T.D. Sikhwari: Career Development & Graduate Placement Unit

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ANNEXURE F (3)

TO: Dr Mathye L.V
Student counseling and career guidance

FROM: Mary Maluleke
Doctoral student

REQUEST FOR MENTORING AND COUNSELLING SERVICES

I am a lecturer (staff member) and a doctoral student at the University of Venda. I am presently in a research study entitled **"THE DEVELOPMENT A MENTAL HEALTH PROGRAMME TO SUPPORT STUDENTS TOWARDS THEIR ACADEMIC SUCCESS AT THE UNIVERSITY OF VENDA"**

This study is conducted on (campus) under the supervision of Professor V O Netshandama, Professor LB Khoza and Professor LM Netshikweta.

The purpose of this study is to develop, implement and evaluate a mental health programme to facilitate students' mental health as integral part of academic success.

Based on the findings, students need support in the form of mentors by senior students for them to progress as expected academically. I therefore, request you to participate in this study by rendering mentoring and trainings to mentors.

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SIGNIFICANCE OF THE STUDY

The study will generate valuable information relating to a mental health dimension of what students require to improve their academic performance at the university. The proposed outcome is a mental health programmme of support whose purpose is to provide the student population with the tools and mechanisms to maintain a mental health balance that contributes towards academic success. The programme should enable students of UNIVEN to manage themselves and their academic work in an effective way. It is envisaged that the programme will provide for three critical areas of mental health needs of students, namely health promotion, self development, and crisis intervention, which will enable them not only to look at themselves, but to reach out to others, thus becoming socially responsible citizens.

For further information contact the researcher on the following numbers:
015 9628717 (W) 0763949752 (C)

Thank you

M Maluleke
Dcur student

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ANNEXURE F(4)

To: Mary Maluleke
Doctoral student

From: Dr Lethabo Violet Mathye
Student Counselor

Date: 2009-06-25

REQUEST FOR COUNSELLING SERVICES

I accept the proposal and am willing to assist in this study. Let me know well in advance when you need my services for me to schedule my diary.

.....

Mathye L V
Student Counselor

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