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List of abbreviations

AI: Appreciative Inquiry

AIFT: Appreciative Inquiry Facilitator Training

MMR: Mixed Methods Research

MVA: Missing values analysis

SANC: South African Nursing Council

QUAN: Quantitative

QUAL: Qualitative

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CHAPTER 1

ORIENTATION TO THE STUDY

1.1   INTRODUCTION

A plethora of different studies reveals that the status and the appeal of nursing as a profession and a career choice are declining globally and locally, partly due to issues associated with the image of nursing in the society and within the nursing profession (Breier, Wildschut & Mqolozana 2009:121; Buerhaus, Donelan, Norman & Dittus 2005a:77; Hoke 2006:94; Mkhize & Nzimande 2007:17; Mphahlele 2011:11; Pillay 2009; Regan 2005:210; South Africa 2008:10; Van Zyl 2011:12). While it is true that the core business of nursing is caring for the sick and assuring the health of people, the significance of the image of nursing should not be ignored because the profession is still facing image-related challenges that impact on status, prestige, power and the ability to effect changes in health care (Fletcher 2007:207). Research has also shown a link between the image of nursing and the number of young people entering the nursing profession (Varaei, Vaismoradi, Jasper & Faghihzadeh 2012:551; Wallace, Merril, Lake Howel, Misite & Mclenighan 2007:29).

The image of nursing is affected by the public views or opinions about the nurses and the nursing profession and the way nurses think about themselves (nurses' self-image). According to Fletcher (2007:208) and Tzeng (2006:765), a relationship exists between the public image and the nurses' self-image. This implies that if nurses hold a negative image of themselves, the image that they project to the public and especially to the prospective student nurses would be equally negative. The same authors argue that changing how the nurses think about themselves changes the self-image of each individual nurse and changes in each individual nurse's self-image result in effective and lasting changes in the image of nursing. In addition, Fletcher (2007:208) argues that if many nurses were able to enhance their professional self-images, then the image of the entire profession would improve.

Negative perceptions about nurses and nursing were reported in a variety of studies, and the findings tended to show that stereotypical views of nursing remain prevalent in the mind of the society (including nurses) and the media in many countries,

including the country of study, South Africa (SA). The findings included views of nurses as sex objects and unintelligent women wearing white uniform following physician's orders without question (Fealy 2004:654; Neilson & Lauder 2008:685; Regan 2005:211). In these studies, nurses were not recognised as skilled professionals who were independent in their practice (Takase, Maude & Manias 2006:340). The male nurses were viewed negatively as being effeminate or gay (McMillan, Morgan & Ament 2006:100; Neilson & Lauder 2008:684).

In relation to nursing as a profession and an occupation, it was perceived as a low status, low academic standards, unappreciated and a subordinate profession with limited career advancement opportunities. In addition, it was perceived as a long hours and a high pressure occupation with high risk of occupational injury and infection such as HIV and multiple drug-resistant tuberculosis (Abdel El-Halem, El Hawashy, Gamal El-Dein & Taha 2011:621; Breier et al 2009:33; Brodie, Andrews, Andrews, Thomas, Wong & Rixon 2004:722; Clark 2010:43; Mkhize & Nzimande 2007:17; Nielson & Lauder 2008:688; Pillay 2009; South Africa 2008:11).

The media rarely show specialized knowledge and expertise as part of the nursing function and it does not portray nursing as an autonomous, self-regulating profession and a distinct discipline that it is. Instead it often portrays nursing as a female profession with no high level of cognitive skills related to it, a subservient adjunct to medicine, a technical job for girls and not as a profession worthy of students from good private schools (Hoke 2006:95; Neilson & Lauder 2008:685). As noted by Regan (2005:210), the negative portrayal of nursing by the media diminishes nursing's professionalism, reduces the social value of nursing, misrepresents the role of nurses and devalues nurses in the public eye, especially the families of prospective student nurses who might attempt to discourage them from taking up nursing as a career.

Although the negative societal perceptions of nursing mentioned in the previous paragraphs are inaccurate, they have been linked positively to a decline in interest in nursing among school leavers; reduced number of young people entering the nursing profession; the student nurses' lack of intent to continue in or withdraw from nursing programmes and lack of intent to pursue a career in nursing upon qualification (Breier et al 2009:80; Brodie et al 2004; Grainger & Bolan 2006; Pillay 2009).

As identified by Price (2009:18), interactions with nurses and healthcare settings have a strong influence on individual student nurse's view of nursing, self-identification with nurse attributes and the decision to pursue nursing as a career. The findings of a number of studies into the perceptions of nursing students of their clinical experiences presented a fairly consistent picture that the student nurses' interest in nursing as a career was directly influenced by their observations of trained nurses and their attitude towards them as students (Gidman, McIntosh, Melling & Smith 2011:351; Mhlaba 2011; Pearcy & Elliot 2004). Evidence of dysfunctional team interactions, unprofessional behaviour, uncaring attitudes of staff towards patients, ward politics, low morale, lack of equipment, heavy workloads as well as discordance between the nursing philosophy of caring and the reality in practice was reported in a variety of studies (Breier et al 2009:124; Brodie et al 2004:721; MacKintosh 2006:953; Price 2009:11; Pryjmachuk, Easton & Littlewood 2009:149). These experiences were reported as factors that formed and reinforced negative perceptions of nursing among student nurses and discouraged them from staying in the profession.

Miers, Rickaby and Pollard (2007:1207) conducted a study on career choices in health care and found that nursing did not necessarily have a special place amongst career choices and that it was not the only non-medical health profession attracting caring students with a strong service orientation combined with personal interest and a range of skills. The findings of the same study indicated that other non-medical health professions such as physiotherapy, occupational therapy and radiotherapy are also attracting altruistic recruits. For this reason, the nursing profession needs to ensure that students are retained in nursing programmes and nurses in the workforce, because failure to do so might impact negatively on the supply of registered nurses required for the provision of appropriate health care in a wide range of settings (Rhodes, Morris & Lazenby 2011:5).

Darbyshire and Gordon (2005:74) note that we live in an era where image and the marketing of the positive and professional image of nursing have never been more important for attracting new recruits with the requisite skills necessary to the nursing profession.

Literature on the need to improve the public image of nursing and to promote positive professional self- image and positive orientation towards nursing among student nurses is plethoric (Darbyshire & Gordon 2005:74; Palumbo, Rambur, McIntosh & Naud 2008:9; Parvan, Zamanzadeh & Hosseini 2012; Natan 2009:9; Takase et al 2006:342). The National Association of Student Nurses (2012:2) claims that student nurses can lead the way in changing society's views of the importance of nursing and nurses. The association holds the view that student nurses must be encouraged to counteract the negative stereotypes in nursing by spreading a positive image in their practice and everyday lives.

However, it would not be possible for student nurses to project a positive image of nursing to the public if they hold negative or 'faulty' image of themselves as nurses and of the nursing profession. Palumbo et al (2008:9) and Tzeng (2006) support the view that accuracy of the student nurses' perception of nursing is important for the image of nursing and for making choices about career directions; hence the focus on reinforcing positive perceptions of nursing and transforming the 'faulty' and negative image of nursing among student nurses in this study.

1.2   BACKGROUND TO THE RESEARCH PROBLEM

Nursing is no longer perceived by young people globally and locally as worthwhile or lucrative like it used to be. Research on the nursing profession in SA substantiates anecdotal evidence that the image and status of the nursing profession have declined and that the poor image and low status of nursing are some of the reasons most learners are not attracted to a career in nursing anymore (Breier et al 2009:33; Mkhize & Nzimande 2007:17; Mphahlele 2011:11; Pillay 2009; SA 2008:11; van Zyl 2011:1).

Although Mkhize and Nzimande (2007:18) found that there was still considerable interest in nursing as a career among South African school leavers, Breier et al (2009:88) reported the concerns of the South African academics that, despite the many applicants to nursing, the profession was not attracting people with requisite cognitive and interpersonal skills necessary to succeed in nursing. It seemed that there was no quality within the quantity of learners who showed interest in nursing.

For many students, nursing was not their first choice career (Kiwanuka 2010:15; Mkhize & Nzimande 2007:14). Nursing was only considered when they could not be accepted into other courses such as medicine (Neilson & Lauder 2008:687). The findings of studies by Breier et al (2009:75) and Mkhize and Nzimande (2007:22) show that many South African students entered nursing degree programmes because these offered the opportunity to earn whilst studying and not because they considered it as a career option. According to Breier et al (2009:124), some of the students did not seem to be motivated to become nurses at the end of their studies and in some cases, even to complete their studies, resulting in high rates of attrition of student nurses and newly qualified nurses. However, others grew to love and appreciate nursing as a career because they had gained a better understanding of the profession and career opportunities in nursing. These newly acquired positive perceptions of nursing among student nurses were important for the image of nursing and should be nurtured and sustained. The students for whom nursing was the first choice of career, entered nursing with a perception of nursing as caring and nurturing that require special characteristics such as patience, empathy and emotional strength (Breier et al 2009:124). But some of these students were disappointed and disillusioned by what they experienced during their training hence the large scale dropout immediately after completion of the course (Breier et al 2009:80).

The challenges of declining attractiveness of nursing, decreasing interest in nursing among young people, attrition of student nurses and the image and social positioning of nursing were acknowledged in the South African Department of Health document, Nursing Strategy for SA (South Africa 2008) and the Nursing Compact (2012) drafted by the nurses at the SA National Nursing summit in 2011. The declining number of young people interested in the nursing profession and the high rates of attrition of newly qualified nurses would have a significant impact over the next five years when the current older nurses go on retirement. These issues pose a serious threat to the future of the nursing profession and necessitates a need for action to protect and support the profession by increasing the efforts to restore the image of nursing, regain public respect and attract more young and suitably qualified students to nursing (Breier et al 2009:121; Neilson & Lauder 2008:688; South Africa 2008:11; South Africa 2012:77).

Evidence of the possibility of transforming the negative perceptions of nursing among prospective nursing students (high school learners) and nursing students by means of a variety of interventions was reported in a number of studies. Hoke (2006:99) found that negative perceptions about the nursing career decreased by 50% after learners were exposed to nursing by means of the presentations that provided accurate and objective information about nursing. Within nursing education, it was found that after exposure to theory and a variety of practitioners (positive professional role models) in clinical settings during the 4 year basic training, student nurses' image of nursing changed from a lay to a professional image and from idealistic to a more realistic one. In addition, it was found that professionalism was enhanced among student nurses through exposure to positive clinical experiences (Day, Field, Campbell & Reutter 2005:640; Safadi Saleh, Nassar, Amre & Froelicher. 2011:4; Valizadeh, Ali Abedi, Zamanzadeh & Fathi-Azar 2008:1085). Even though Bolan and Grainger (2009:775) found that some of the students maintained some traditional and idealistic beliefs from year one to year four of training, it was possible to transform the negative perceptions of nursing that still persisted among student nurses before the end of training and to retain the desired perceptions gained through the years of training.

In order to enhance professional self-image of and positive orientation towards nursing among student nurses, Pera and Van Tonder (2011:290) advocate for the use of strategies such as values clarification, mentoring and buddy systems as well as precept and example. The same authors recommend the inclusion of modules on nursing ethics, moral and character education as well as the ethos of nursing including the history of nursing and reference to nurses of distinction who serve as positive role models. Fahrenwald, Basset, Tschetter, Carson, White and Winterboer (2005:51) suggest purposeful integration of values throughout the curriculum because that will provide a conceptual, moral and practical learning necessary to ensure that the future workforce is grounded in the concept of caring and actualizes caring through the application of value-based behaviour.

Given the evidence that a positive image of nursing attracts applicants into the nursing profession (Hoke 2006; Seago, Spetz, Alvarado, Keane & Grumbach 2006) and that the intention to leave nursing correlates positively with holding a negative image of nursing (Varaei et al 2012:551), there is need for the profession, in

particular, nurse educators to develop and use innovative strategies to enhance the image of nursing and to transform the negative image of nursing among student nurses. Appreciative inquiry was proposed in this study as a teaching strategy to establish and change student nurses' image of nursing.

1.3   THE RESEARCH PROBLEM

Research has shown that students enter nursing with a limited notion of the nursing profession and perceptions of nursing based on the stereotypical, inaccurate and idealized images much closer to what is portrayed in the media. These images evolve over years of education and training, enabling them to be professionally socialized into the nursing career. Promoting the positive aspects of the profession among future nurses and the public as well as maintaining the student nurses' interest in a nursing career is an ethical and professional responsibility of each and every qualified nurse, especially the nurse educators.

Despite the educational potential and effort to create and maintain a positive image of the nursing profession within student nurses through professional socialization, there is evidence of poor perception of nursing within the profession, especially among student nurses. As a nurse educator, the researcher was not clear about the effect and success of educational strategies pertinently focusing on enhancing the image and positive orientation towards the nursing profession as well as the possible educational success in creating appreciation of the profession and of student nurses as members of the nursing profession. The evidence of negative perceptions of nursing among student nurses in spite of the use of many professional socialization strategies prevalent in literature necessitates exploration and evaluation of additional innovative teaching strategies.

1.4   AIM OF THE STUDY

The main aim of the study was to explore the potential of appreciative inquiry (AI) as a teaching strategy to transform the image of among nursing student nurses. The second aim was to describe student nurses' experiences regarding their participation in the process of AI.

1.4.1 Purpose and objectives of the study

The purpose of the study was to explore and describe the use of AI as a process by which student nurses' perceptions of the image of nursing might be transformed departing from their initial existential baseline perceptions of nursing and to describe the student nurse's experiences of being involved in AI. In order to accomplish the purpose of the study, the following objectives were formulated, namely to:

- explore and describe the student nurses' baseline perception of the image of nursing;
- describe how AI inquiry process was used as a strategy that might transform the image of nursing among student nurses;
- explore and describe student nurses' image of nursing resulting from the use AI;
- determine if the appreciative inquiry process could bring about transformation in the student nurses' image of nursing; and
- describe the student nurses' experiences of being involved in AI.

1.4.2 Research questions

In line with the mixed methods research design chosen for this study, quantitative and qualitative research questions were developed. In the quantitative phase of the study, the following research questions were addressed:

- How did the student nurses describe their baseline perception of the image of nursing?
- How did the student nurses describe their perception of the image of nursing resulting from the implementation AI?

The research questions that guided the qualitative phase of the study included the following:

- How was AI process used as a strategy that might transform the image of nursing among student nurses? For the implementation of the 4-D cycle of appreciative inquiry process, the following sub- questions were formulated:

1) How did the student nurses describe their peak experiences of nursing?

2) How did the student nurses describe what they valued most about themselves and nursing?

3) What values did the student nurses identify as core values of nursing?

4) How did the student nurses describe their dreams of a desired future image of nursing?

5) What provocative propositions regarding the image of nursing did the student nurses develop?

6) What action plans did the student nurses identify to realize their shared and desired future image of nursing?

- How did the student nurses experience the appreciative inquiry process?

When the two sets of data were combined, the main research question that was addressed was:

- Did AI transform the image of nursing among student nurses?

1.5   SIGNIFICANCE OF THE STUDY

The quantitative strand of the study sought to explore and describe the student nurses' perceptions of the image of nursing before and following the use of AI. Knowledge generated through this study regarding the perceptions about the profession held by student nurses would help the nurse educators understand how the student nurses view the profession and to determine the student nurses' perceptions of nursing which need attention and improvement.

A literature search on the use of AI to advance new learning and teaching approaches pertinently designed to change perceptions and promote appreciation of nursing among student nurses yielded no results. The findings of the study have potential to contribute to the body of knowledge of nursing education regarding innovative teaching strategies pertinently designed to promote a professional image and appreciation of nursing among student nurses.

The image of nursing is an issue in recruitment and retention of student nurses. Evidence of recruitment barriers such as stereotypical, negative images of nursing and the high rates of attrition amongst pre-qualifying students was reported by Breier et al (2009:80), Cohen, Palumbo, Rambur and Mongeon (2004) and Brodie et al (2004:723). These reports suggest that the future of nursing is dependent on the promotion of a positive image of nursing within the profession and in the society, the successful socialization of all those who have chosen nursing and the ability to attract new people and to retain students in nursing programmes. The findings of the study are important in terms of providing new insights that may result in a new direction in addressing student nurses recruitment and retention issues.

The research responded to the challenge in the Nursing Strategy for South Africa (South Africa 2008:11) for the nursing profession to find effective strategies to restore the image of nursing by exploring the potential of AI as an intervention strategy to transform the student nurses' image of nursing. In promoting the positive and professional image of nursing among student nurses, the researcher fervently believes that the student nurses will portray and spread the positive image in their practice and every day. This belief is based on the assumptions that:

- change in a system starts with individuals and change begins at any level which in turn will affect the whole system; if the image of nursing can be changed among student nurses who are the future professionals, that change will affect the whole profession; and
- student nurses who have a positive image of nursing will be willing to combat the negative image of nursing and recommend nursing to young school leavers.

Research has shown that nursing students begin their nursing education with stereotypical, idealized and inaccurate images of nursing that change over years of education and training (Day et al 2005:4; Emeghebo 2012:7; Safadi et al 2011:4) but according to Bolan and Grainger (2009:775), most of the students maintain some traditional and idealistic beliefs from year one to year four of training. The importance of focusing on the transformation of the image of nursing among the third and fourth year student nurses was to address the negative perceptions of nursing that persisted among student nurses before the end of training and to retain the desired

perceptions gained through the years of training. This was based on the assumption that the application of the AI process to learning would produce nursing image change so that the student nurses enter the professional ranks with positive professional self-image and positive perceptions of the image of nursing; perceptions which will make them proud and appreciative of their profession as well as professionals who will ensure that the student nurses' interest in nursing is maintained by providing positive experiential learning for student nurses during ward placement.

1.6   DEFINITIONS OF KEY CONCEPTS

On completion of the literature review, the following key concepts were identified as central to this study

1.6.1 Appreciation

The term 'appreciate' means the act of recognition and the act of enhancing value (Whitney & Trosten-Bloom 2010:2). For the purpose of this study, appreciation meant recognising and valuing the student nurses' positive core experiences and their cultivated appreciative perceptions of the image of nursing resulting from the use of AI. It also referred to affirming past and present strengths, successes and potential for the conception of nursing and to enhance the value of the nursing profession. Contextually, it related to the resolution of the "tragic triage" through optimism and peak experiences (Frankl 1984:161; Pirtle 2012:61).

1.6.2 Inquiry

Inquiry refers to the act of exploration and discovery (Whitney & Trosten-Bloom 2010:3). Inquiry was used in this study when referring to the exploration of student nurses' peak experiences and their perceptions of the image of nursing before and after the implementation of AI.

1.6.3 Appreciative inquiry (AI)

AI is an action research methodology that employs an affirmative co-evolutionary approach to explore and create the best in people and organisations through the discovery of what gives life to a system when it is most energetic, most effective and most constructively capable (Cooperrider, Whitney & Stavros 2003:319). In this

study, AI referred to an inquiry guided by affirmative questions intentionally oriented to focus on the best aspects of the image of nursing in order to generate energy for creating a desired future image of nursing. AI was used as a research methodology and an intervention strategy to transform the image of nursing among student nurses.

1.6.4 Image

The Collins South African Dictionary (2004:426) defines image as a mental picture or representation of a real object, a more or less accurate likeness of something/ someone or the appearance which a group of people or organization presents to the public. In this study, image referred to the beliefs, views, opinions, impressions or concept of nursing that is held by the people (public and nurses) and how nursing was presented to the public by the nursing profession.

1.6.5 Peak experience

Connel (2009) cites Maslow's (1970) description of peak experiences as especially joyous and exciting moments in life, lasting from seconds to minutes, involving sudden feelings of intense happiness and well-being, wonder and awe, and possibly also involving an awareness of an "ultimate truth" and the unity of all things (as though perceiving the world from an altered, and often vastly profound and awe-inspiring perspective). In this study, peak experiences were used when referring to the most valued, meaningful and unforgettable positive nursing experiences, a real high point and a time when the participants felt most alive, successful and proud of their profession and themselves as nurses.

1.6.6 Perceptions

The Oxford dictionary (2011) defines a perception as an intuitive understanding and insight while Quinn (2007:63) defines perceptions as organized processes in which an individual selects cues from the environment and draws inferences from these in order to make sense of his or her own experience. In the latter sense, in this study, perceptions referred to the way in which the image of nursing was understood and interpreted by student nurses

1.6.7 Student nurses

A student nurse is defined as a person undergoing education and training in basic nursing at an accredited institution which has complied with the prescribed standards and conditions for education and training (South Africa 2008:5). For the purposes of this study, student nurses referred to the 3rd and 4th year student nurses registered for the basic programme of education and training leading to registration as a Nurse (general, psychiatric and community) and a midwife (R425, 1985; paragraph (ii) (South African Nursing Council 2008).

1.6.8 Nursing

Nursing is a caring profession practiced by a person registered under sections 31 and 32 of the Nursing Act, 2005 (Act No 33 of 2005) which supports, cares for and treats a health care user to achieve or maintain health and where this is not possible, cares for a health care user so that she lives in comfort and with dignity until death (South Africa 2005). As an academic field of specialisation, nursing entails empirical, personal, ethical, aesthetical and emancipatory patterns of knowing (Chinn & Kramer 2011:258).

1.6.9 Nursing education institutions (NEIs)

Nursing education institutions were defined as post-secondary educational institutions offering professional nursing education at basic and post-basic level where such nursing education has been approved in terms of section 42(1) of the Nursing Act of 2005 (Act No 33 0f 2005). In this study, NEI's referred to nursing colleges and departments of nursing at universities offering the basic programme of education and training leading to the obtaining of a qualification which confers on the holder thereof the right to registration as a nurse (general, psychiatric and community) and a midwife (R425, 1985 paragraph 1(iii), as amended).

1.6.10 Transformation

Transformation is a complete change in appearance or character of something (Collins South African School Dictionary 2004:903). In this study, transformation referred to a positive change or a shift in student nurses' perception of the image of nursing or in the manner in which the profession was presented to the public. In this

sense, transformation relates to the transformative act, and expression of aesthetic knowledge (the appreciation and 'beauty' of nursing) and knowing that is integrated with all dimensions of nursing (Chinn & Kramer 2011:258).

1.7   FOUNDATIONS OF THE STUDY

Lincoln and Guba (1994:116) cited in Morgan (2007:62) maintain that no researcher should go about the business of inquiry without being clear about what paradigm informs and guides his or her approach. This is because a paradigm plays an important role of directing research efforts and organising core ideas, theoretical framework and research methods (Feilzer 2010:7; Neuman 2007:41). Morgan (2007:50) identified four different meanings or versions of the term paradigm, all of which treat paradigms as shared belief systems that influence the kinds of knowledge researchers seek and how they interpret the evidence they collect. A paradigm has been described as shared beliefs among a community of researchers, a worldview with various philosophical assumptions associated with that point of view and as model example of good research (Creswell & Plano Clark 2007:21; Green 2007; Holloway & Wheeler 2010a:24; Polit & Beck 2008:506; Teddlie & Tashakkori 2009:84). Green's (2007) opinion is that a paradigm is essentially philosophical in nature and may be specified by its ontological, epistemological, axiological and methodological tenants.

The five worldviews as identified by Feilzer (2010:6) and Morgan (2007:50) are positivism, post-positivism, constructivism, transformative and pragmatism. Positivism and post-positivism are typically associated with quantitative research while constructivism is normally associated with qualitative research. Neither of the two paradigms is accommodative of mixed methods research (MMR). The appropriate paradigms for MMR, according to Mertens (2009) and Morgan (2007), are pragmatism and transformative paradigm.

In order to justify the use of mixed methods in the current study, it was important to choose an appropriate paradigm on which to base the study. Following the recommendations by mixed methods researchers (Feilzer 2010; Johnson & Onwuegbuzie 2004; Morgan 2007), pragmatism was chosen as a more suitable philosophical stance for this mixed methods research.

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1.7.1 Pragmatism

Pragmatism is defined by Creswell and Plano Clark (2007:20) and Feilzer (2010:8) as a philosophy in which the world is viewed as having singular and multiple realities that are open to empirical inquiry, oriented towards to solving practical problems in the world rather than on assumptions about the nature of knowledge. According to Holloway and Wheeler (2010:270), pragmatists' view of the world relates closely to an existential reality with different elements or layers, some of which are objective or subjective and others a mixture of the two. In addition, the two authors describe pragmatists' view of the world as a reality of diverse experiences.

Morgan (2007) summarizes a pragmatic perspective as drawing on employing 'what works' using diverse approaches, giving priority to the importance of the research problems and questions and valuing both subjective and objective knowledge. Pragmatism is flexible in that it focuses on the outcome of the research and not on the adherence of the method to a particular world view (Onwuegbuzie & Leech 2005:377); meaning that it is not concerned about which methods are used as long as the methods chosen have the potential of answering the research questions (Feilzer 2010:14). Green (2007:28) supports this view by stating that the implication for pragmatism is *"the best we can do to gather evidence is always good enough"*. It therefore advocates adoption of elements of other paradigms, since the holistic sense to pragmatism is to do what is best for the research.

The use of pragmatism allows the researchers to be free of mental and practical constraints imposed by 'forced' choice between positivism and constructivism thereby offering the researchers an opportunity to produce a properly integrated methodology in which the value of qualitative and quantitative research methods is acknowledged (Creswell & Plano Clark 2007:27). Furthermore, Holloway and Wheeler (2010:270) corroborate this by stating that "pragmatists are by no means a-theoretical".

As indicated in the previous paragraph, pragmatists get at truth by testing things out to see what works in practice. However, the critics of pragmatism state that it is difficult to determine what 'works'. The criticism levelled against it is that pragmatism in MMR assumes that the 'workability' of any particular mixed methods design can be known in advance whereas the issue of whether or not a mixed methods design

works can only be decided when the research aims and objectives have been achieved. What the current research envisioned as "that which works" relates to a research design that indicate whether pre- and post-tests of nursing students on the image of nursing would be influenced by the intervention of an appreciative inquiry (AI) session.

The decision to opt for pragmatism in this study was based on the purpose of the study, research questions and the recognition of a link between the pragmatic approach and mixed methods research as identified by Morgan (2007) and Green (2007). The same authors identified the following as opportunities that pragmatism offers for mixed methods researchers:

- Pragmatism provides a rationale for combining methods from diverse paradigms and it promotes the use of research approaches to best answer diverse research questions (Creswell & Plano Clark 2007; Feilzer 2010:13; Green 2007).
- It uses empirical and practical consequences to judge the merit and worth of combining the methods (Feilzer 2010:13; Green 2007).
- Pragmatism does not set aside paradigms embedded within methods but attends to transactions and interactions to the consequential, contextual and the dynamic nature of knowledge; to knowledge as action and to the intertwinement of values with inquiry (Green 2007:28).

1.7.2 Philosophical grounding

The meta-theoretical perspective of the qualitative strand of this research resided in Frankl's existentialism which was chosen as the philosophical stance which formed the basis for this this study. Frankl's existentialism is in accordance with the humane, humanistic and caring paradigm of nursing. The main avenues of arriving at meaning in life as proclaimed by Frankl's logo-therapy include creative values, experiential values and attitudinal values relate to the current research pertinently. It is the researcher's view that appreciation and meaning are inseparable. In addition, the concept of tragic optimism directly relates to the context of nursing and health care as it implies remaining optimistic despite the tragic triage of pain, guilt and death (Frankl 1984:161; Pirtle 2012:61). A detailed description of Frankl's existentialism is presented in chapter 2 of the study.

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In order to effectively use mixed methods research, a good understanding of quantitative and qualitative paradigms is required. In the paragraphs that follow, a discussion of quantitative and qualitative paradigms is presented.

- **Quantitative/positivist paradigm**

Positivism is based on a belief in universal laws and an objective reality (Halloway & Wheeler 2010:22; Parahoo 2006:49). Positivists believe in the existence of a social and physical reality 'out there' (realist ontology) that is driven by natural laws (objectivist epistemology) as well as the appropriate ways of going about finding knowledge (methodology). Its methods rely heavily on quantitative measures, with relationships among variables commonly shown by means of statistics. Researchers using positivism are concerned about facts, measurable behaviour as well as cause-and-effect.

The strategies of inquiry used in quantitative research include experiments, surveys and predetermined instruments that yield statistical data (Creswell 2009:18). Parahoo (2006:50) explain that the quantitative paradigm adopts a deductive approach to research and the research process is objectively constructed and its findings are replicable and generalizable.

The strengths of the quantitative research are in control and precision, achieved through sampling, design and precise and reliable measurement of a phenomenon. Its strength is that through experiments, the causes that influence the outcomes can be determined (Creswell 2009:7). However, the critique against quantitative paradigm is its scientism and lack empirical observations leading to an understanding of human phenomenon. Scientism is defined as the belief that only the scientific method can produce hard evidence worthy of being called science and that other ways of producing knowledge are inferior (Parahoo 2006:57). Furthermore, it is reductionist in that it intends to reduce the ideas into small, discreet set of ideas to test (Creswell 2009:7) thus losing out on integrated narrative description and deep understanding of human experience.

The quantitative strand of the study sought to explore and describe the student nurses' perceptions of the image of nursing before and after the implementation of AI using descriptive surveys.

- **Qualitative/ constructivist paradigm**

The constructivist paradigm has its roots in philosophy and the human sciences (Halloway & Wheeler 2010:25). It acknowledges the existence of many socially constructed, subjectively-based realities that consist of stories or meanings grounded in natural settings (Hesse-Biber 2010:455). It is centred on the way in which human beings make sense of their subjective reality and attach meaning to it. Constructivists do not subscribe to the existence of a social and physical reality 'out there' separate from the individual. They emphasise the relationship between socially engendered concept formation and language and believe that understanding human experience is as important as focusing on explanation, prediction and control (Halloway & Wheeler 2010:25). The constructivist paradigm contains qualitative approaches.

Qualitative research is a method of inquiry that seeks to gather in-depth understanding of human experience, perceptions, motivations, intentions and behaviour (Parahoo 2006:63). The goal of qualitative research is to develop a rich understanding of a phenomenon as it exists in the real world and as it is constructed by individuals in the context of that world (Polit & Beck 2008:220) as well as an understanding of how people think and of their behaviour as individuals or as part of a group (Parahoo 2006:63). The researcher can only understand perceptions and actions from the participants' own perspective, stated in their own words and in the context in which they live and work.

Qualitative research relies on methods that allow the researcher into the personal and private world of participants through the use of flexible, creative and varied strategies. It draws on flexible and reflexive data collection methods such as interviews (individual or groups), observations, and the analysis of video recordings, diaries and other documents (Parahoo 2006:66). In qualitative research, the researcher is open to ideas that can emerge out of listening, observing people and examining or re-examining her own perspective on the subject during and after data collection. This is an inductive approach (Parahoo 2006:65). In addition, the researcher is an instrument of data collection because he/she has to apply cognitive strategies such as questioning and eliciting a discussion to get as close a view as possible of the perceptions, experiences and behaviour of participants (Polit & Beck

2008:219). According to Parahoo (2006:65), qualitative researchers use intuition to decide when to continue, to stop or to steer the interview in other directions.

A small number of participants is used because qualitative research does not presume to represent the wider population. The reports are presented in a descriptive and narrative style (Polit & Beck 2008:60). The advantage of qualitative research is the richness, individuality and the subjective nature of the respondents' perspective which are not amenable to scientific criteria. The critique usually levelled against it is that it is not empirical and that the methods used in qualitative research have not been shown to be valid and reliable (Parahoo 2006:78).

The qualitative component of the current study sought to explore and develop a rich understanding of the participants' positive core experiences, cultivated appreciative perceptions of the image of nursing resulting from the implementation of AI as well as the experiences of the student nurses regarding their participation in the process of AI.

1.7.3 Assumptions on which the research was founded

Assumptions refer to basic principles that are accepted as being true based on logic or reason without proof (Polit & Beck 2008:748), self-evident truths, statements or axioms, the truth of which are self-evident to those who hold them regardless of their objective status, meaning or truth value (Leedy & Ormrod 2005:5). Because all research is inevitably based on assumptions, it was important for the researcher to clarify assumptions to enable the readers to understand the basis on which the research was being conducted. The meta-theoretical (philosophical) and foundational tenets derived from the broader existential underpinnings of the study yielded the following assumptions on which the study was founded.

1.7.3.1 Ontology

Ontological assumptions are concerned with what we believe constitute reality. They allow the researcher to state whether the social reality that he or she is describing should be understood from the outside or by means of the words, thoughts and arguments that the researcher creates in his or her own individual mind (Maree, 2008:31). These two positions are referred to as the "realistic" position (which claims to be objective in nature), and the "nominalist" position which claims to be able to

create significant truths from the use of words and arguments alone. The ontological assumptions on which the study is based include the following:

- Life-world is constituted moment-to-moment and accordingly, the image of nursing among student nurses changes over the period of training.
- A positive core of experiences exists among student nurses to co-construct the image of nursing.
- Learning produces attitudinal changes.
- Change in organisations is a social reality and that reality is co-constructed.
- Change in a system begins at any level; because the system starts with individuals, a change in individuals affect the whole system.

1.7.3.2   Epistemology

Epistemology is the theory of knowledge concerned with the question of what counts as valid knowledge (Holloway & Wheeler 2010:21). De Vos (2001:242) states that the accuracy and success of quantitative researchers depend on being able to achieve a total disengagement or epistemological distance from the subjects of their research so that the data that they collect from them will be truly objective. The opposite is, however, true of qualitative researchers who need to engage with the subjective worldviews and life situations of the participants in a study by means of the kind of intense personal interactions that produce the necessary information that will become the source of the data that constitutes the raw material for analysis, interpretation and conclusions. The qualitative researcher will thus construct texts or narratives about the world of her or his participants, categorise, analyse and interpret all the information contained in these narratives before coming to any conclusions about the meaning and significance embedded in the personal experiences of these participants. This approach to the experience and situations of other individuals is interpretive, "softer", transcendental and anti-positivist in nature (Flick 2006:85). The study was based on the following epistemological assumptions:

- Qualitative research yields information, when abstracted sufficiently, that meets the requirement of rigorous science and scientific knowledge.

- The envisioned developmental process implied by appreciative inquiry can sufficiently be abstracted from narrative accounts to allow for the crystallisation of a model of such development.

- The participants are autonomous people who will share information willingly and will give honest responses to the questions during interviews.

1.7.3.3 Methodology

Methodological assumptions refer to the way researchers obtain knowledge. The study was based on the following methodological assumptions:

- AI would elicit the data sought to answer the current research question.

- Participants will collaborate to create a shared vision regarding the image of nursing via appreciative inquiry.

1.7.3.4 Axiology

Axiology is the study of value or goodness (Hardman 2002).); it involves both the ethical and the aesthetical. Axiological assumptions are about the role of values in research and that each research paradigm has an embedded set of values (Hardman 2002). Positivism values the lack of bias and assumes that science is value free while the interpretivist assumes that knowledge is value laden and that there will always be bias brought about by the various actors in the research process. The study was based on axiological assumptions that:

- some aspects of the image of nursing are experienced negatively by the student nurses;

- student nurses who have positive professional images will be willing to combat negative images of nursing;

- a pre-reflective axiological self-understanding exists (Frankl 1984:170); and

- an appreciative image of nursing related to both the aesthetics and the ethics of nursing.

1.7.3.5   Rhetoric

Rhetorical assumptions refer to the language of research (Hardman 2002). The positivist approach uses formal, impersonal, defined language and places much emphasis on quantification and statistical analysis while the interpretivist paradigm focuses on rich description and the language of comparison and distinctiveness. The study was based on the rhetorical assumption that existential philosophy and the qualitative research paradigms independently provide specific terminology that pertinently illuminates phenomena studied within the realm of these constructs.

1.8   RESEARCH DESIGN

After conducting a review of the literature on research designs and methods, mixed methods research (MMR) was found to be the more appropriate design for addressing the study objectives and for answering the research questions. Conducting MMR involves incorporating components of quantitative and qualitative paradigms in a single study or a series of studies to achieve a comprehensive understanding of evidence together with human experience (Creswell & Plano Clark 2007:5; Johnson, Onwuegbuzie, & Turner 2007). Mixed methods research designs use strategies of inquiry that involve collecting data concurrently, sequentially or by means of transformational techniques (Holloway & Wheeler 2010a:271; Leech & Onwuegbuzie 2009; Ngulube, Mokwatlo & Ndwandwe 2009:107).

A sequentially embedded MMR design was conducted through AI thus making the study applied research. However, it can also be argued, depending on the point of emphasis that it is a contextual explorative - descriptive and quasi-experimental MMR design. Dominance was given to the qualitative data collection and analysis. In this study, the sequential data collection and analysis was conceptualized as having five stages as illustrated in figure 1.1.
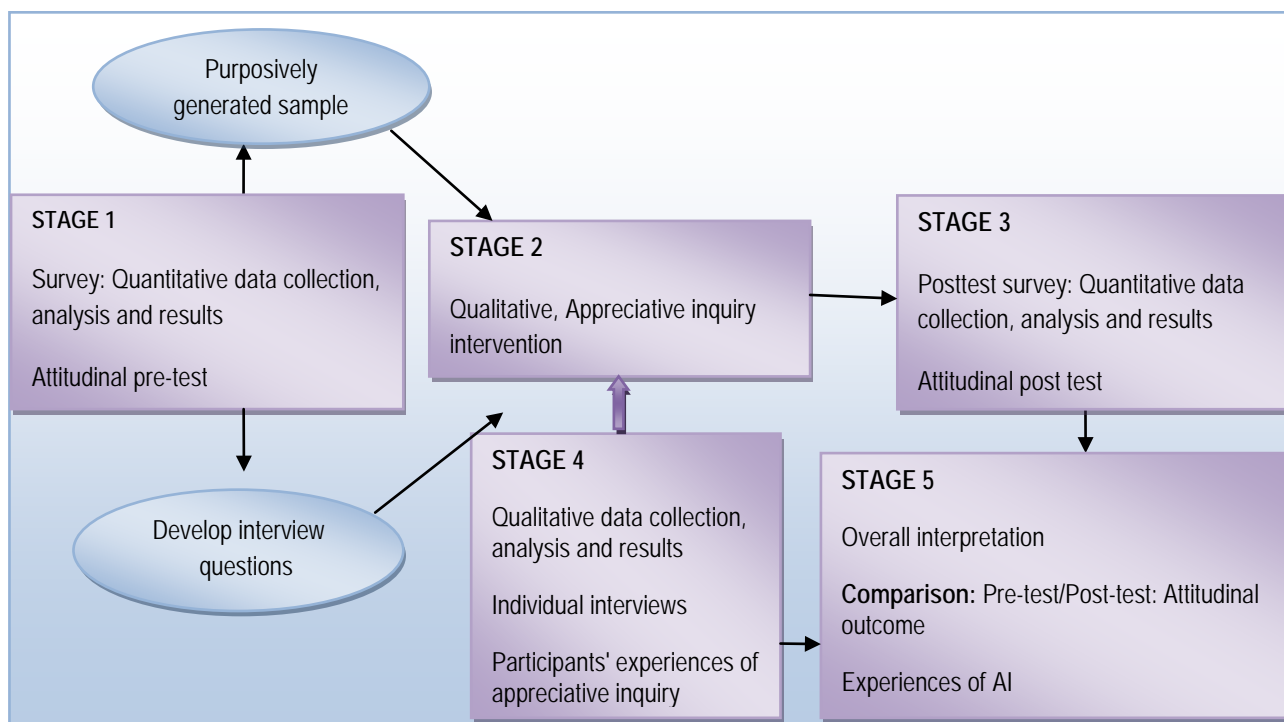
Figure 1.1   Sequentially embedded mixed methods research design

(Adapted from Ivankova et al 2006:16)

1.9   RESEARCH METHODS

The research methods included the description of the population selected for the study, sampling techniques, the specific methods used for data collection and the data analysis procedures. The research setting is applicable to all stages of the study and its description in this section is followed by the research methods as applied to the five sequential stages of the MMR used in this study.

1.9.1   Research setting

This study was conducted in the natural setting of respondents and participants, at the nursing departments of the selected universities and a public nursing college in the city of Tshwane.

1.9.2   Stages of the study

As indicated in paragraph 1.8, the study comprised five stages and the research methods applicable to each stage of the study are outlined in table 1.1.

TABLE 1.1: STAGES OF THE STUDY

Stage	Paradigm	Aims	Population and sampling	Data collection, data analysis and outcome
Stage 1	Quantitative	Establish and describe the baseline perceptions of the image of nursing among student nurses	A convenience sample of 3rd and 4th year student nurses from 4 randomly selected NEI's in the Gauteng province of South Africa.	Descriptive survey using a self-designed questionnaire to collect data on aspects of the image of nursing.
		Select the participants for the second stage of the study		Data analysis was done by means of SPSS V/20.
		Develop an interview guide to use during the second phase		*Outcomes:* Baseline perceptions of the image of nursing among student nurses
				A contrived purposive extreme case sample
				Interview guide
Stage 2	Qualitative	Introduce AI as intervention strategy or 'treatment' to transform the image of nursing among student nurses. The aims of this stage were to	Purposive sampling was used to select the second sample comprising two extreme cases groups labelled group A and group B	Appreciative interviews
				Thematic analysis of appreciative interview data
		implement and record the process of appreciative inquiry	A contrived extreme case sample of student participants included those student nurses who fell outside of the average variability of scores in the pre-test administered in stage 1.	*Outcomes:* Description of peak experiences, dream of the desired future image of nursing, provocative propositions and action plans
		collect qualitative data during the process of appreciative inquiry on the development of appreciation of nursing and the envisaged change in the perception of participants on the image of nursing		
Stage 3	Quantitative Descriptive survey	To measure quantitatively whether the group of students (sample) who participated in the intervention in stage 2 showed a difference with regard to their perception of the image of nursing as determined during the first stage	The same sample that participated in the second stage that was willing and available for participation in the third stage.	The pre-test questionnaire was administered as a post test.
				SPSS V/20 used for data analysis.
				Outcomes: Post-appreciative inquiry perceptions of the image of nursing among student nurses
				Comparison of the scores of the pre-test and post-test of the two groups (groups A and B)
Stage 4	Qualitative	To describe participants' experience of the appreciative inquiry intervention	The same sample for stages 2 and 3.	Data was collected by means individual interviews.
				Thematic analysis done
				Outcomes: Integrated description of participants' experience of appreciative inquiry
Stage 5	Qualitative	To integrate the quantitative and qualitative findings from stages 3 and 4 of the research	The sampling in this section is theoretical in nature, sampling items from the questionnaire, categories from the qualitative data supported by literature.	The researcher as main instrument in interpreting the data
				Outcome: An integrated description of student experiences appreciative inquiry in altering their perception of the image of nursing in such a manner as to answer the research question.

A detailed discussion of data collection and analysis is presented in chapter 4.

Consistent with MMR, quantitative and qualitative methods were integrated at various stages of the research process. Integration refers to the stage(s) in the research process where the interaction between the quantitative and qualitative methods takes place (Ivankova, Creswell & Stick 2006:11). In sequential MMR, researchers typically connect the two phases while selecting the participants for the qualitative phase based on the results from the first phase (Creswell & Plano Clark 2007; Teddie & Tashakorri 2009). The same strategy was used for integration of data in this study. The second connecting point was the use of results from the stage 1 survey to develop appreciative interview questions for use in the second, qualitative stage. Further integration occurred in stage 5 where the data and findings from stages 3 and 4 were integrated into an encompassing description of the data (findings).

1.10 LITERATURE REVIEW AND CONTROL

A review of literature pertaining to the student nurses' perceptions of the image of nursing was done. It applied mainly to the quantitative component of the study. For the qualitative strand of the study, literature control was done after data analysis had been completed and themes and categories had been identified. The aim of literature control was to present a critical analysis of the relevant literature and to verify the results.

1.11 MEASURES TO ENSURE VALIDITY, RELIABILITY AND TRUST-WORTHINESS

The concept of validity or the truths of claims made by the researchers differ between quantitative and qualitative research. In quantitative research, validity is derived from the assumption that there is only one reality, which can be viewed objectively, controlled and manipulated (Dempsey 2005:74). Validity and reliability are used for quantitative data. Polit and Beck (2008:768) define validity as the extent to which the instrument measures what it is intended to measure and reliability as the degree of consistency with which the instrument measures the target attribute (Polit & Beck 2008:452).

Trustworthiness in qualitative research refers to the methodological soundness and adequacy of the research (Holloway & Wheeler 2010:302 Statistical Package of Social Sciences (SPSS) version 20.0.

1.12   ETHICAL CONSIDERATIONS

The ethical protocols that were observed included ethical clearance, permission to conduct the study from higher degrees committee of the University of South Africa and authorities of the research sites, voluntary and informed consent, privacy, confidentiality, justice, beneficence and non-maleficence as well as scientific integrity. A full description of the stated ethical issues as well as the measures taken to address each of the issues are discussed in chapter 4

1.13   ORGANISATION OF THE THESIS

The thesis would be organized into chapters as shown in table 1.2.

TABLE 1.2: ORGANIZATION OF THE THESIS ACCORDING TO CHAPTERS	
Chapter 1	Background information, the research problem, purpose and objectives of the study as well as research questions. An overview of the research design and methods and outline of study chapters.
Chapter 2	Philosophical and theoretical foundations of the study.
Chapter 3	Literature review pertaining to the quantitative component of the study.
Chapter 4	Research design and the specific methods used for data collection and the data analysis procedures
Chapter 5	Analysis, presentation and interpretation of the quantitative, pre-test survey results
Chapter 6	Analysis, presentation and interpretation of the qualitative research data (appreciative inquiry) and literature control.
Chapter 7	Analysis, presentation and interpretation of the quantitative post-test data, comparison of the pre-test and post-test results as well as qualitative data findings of the participants' experiences of AI
Chapter 8	Discussion of the findings, reflections on the research process, limitations of the study, implications for future research, recommendations and a summary and conclusion of the study.

1.14   CONCLUSION

This chapter provided a broad overview of the study. The context and the background of the study, research questions, the research design and methods were introduced as well as the reflections on the significance of the study and ethical

considerations. Lastly, an outline of the structure of the chapters of the thesis was presented.

In the next chapter, the theoretical foundations of the study are presented.

CHAPTER 2

PHILOSOPHICAL AND THEORETICAL FOUNDATIONS

2.1   INTRODUCTION

The purpose of this chapter is to present the theoretical foundations of the study. The discussion of the theoretical foundations focuses on two theoretical perspectives which form the basis of the study. The chapter begins with a discussion of Frankl's existentialism which was the theoretical construct in which the conceptualization of the research is primarily rooted. Frankl's existentialism supported the qualitative strand of the mixed methods research used in this study. The application of this theoretical construct to the study is discussed and integrated with each section in the exposition of Frankl's existentialism.

The second section of the chapter deals with appreciative inquiry (AI) which was used as a theoretical research perspective and a strategy to transform the student nurses' image of nursing. The researcher believes that AI accommodates and practically illustrates Frankl's perspective on the meaning of life as well as the three values open towards the meaning of life. In the last part of the chapter the interface between AI and Frankl's existentialism is discussed.

The use of the word man was not intended as a 'gender insult' but it was used philosophically and traditionally.

2.2   FRANKL'S EXISTENTIALISM

The meta-theoretical perspective of the qualitative strand of this research resided in Frankl's existentialism. As an existential psychologist, Viktor Emil Frankl's (1905-1997) philosophy and psychotherapy were predicated upon the existential questions of human existence (meaning of life, life purpose, death, despair, etc.) and they emphasized the human capacity for authenticity and freedom. Frankl founded a meaning-centred psychotherapy he called logotherapy which refers to the practice of helping people find meaning and purpose in life no matter what the life circumstances are (Smith & Liehr 2003:125). He described logotherapy as existential

and phenomenological because of its focus on the meaning for human existence, man's search for such meaning and on understanding the way in which an individual experiences the world (Frankl 1984:121).

Although the principles of logotherapy might be instrumental in the successful implementation of AI, the sceptic reader is reminded that logotherapy does not equate with psycho-analysis (Frankl 1984:177). So, Frankl's existential stance and the logo-therapeutic techniques have relevance with the research topic, design and method but this study was not intended to be therapeutic.

2.2.1 Concepts of Frankl's theory

The major concepts stemming from Frankl's existentialism that were found relevant to this research include the will to meaning, freedom of the will as well as meaning of life and human suffering (Smith & Liehr 2003:125).

2.2.1.1 *The will to meaning*

The central concept of the theory is the *'will to meaning'* which is defined by Smith and Liehr (2003:125) as that which one may feel called and to which one is committed, or, a summary of reasons for one's existence. According to Frankl (1984), each individual possesses the 'will to meaning' which refers to the need to search for meaning which will offer a purpose for existence. In addition, the will to meaning is a desire to understand the purpose of our own lives. The importance of a search for meaning and having a meaning in life is to have a reason to continue living. However, it necessitates personal responsibility and accountability for finding our way and persisting within it once found (Eddington & Shuman 2006:11). Bellin (2012:4) further explains that striving to find meaning in one's life is the most powerful motivating and driving force in human beings.

Smith and Liehr (2003:130) bring to attention the fact that life purpose flows from the uniqueness of the person and the singularity of the situation. This means that the meaning of life differs from one person to the other and it is specific to a person's life at a given moment because it can only be fulfilled by an individual alone; only then does it achieve the significance that will satisfy his/her own will to meaning (Frankl 1984:121). The researcher's argument is that having a positive image of nursing and finding meaning in nursing are reciprocal.

2.2.1.2 Freedom of the will

Freedom of the will refers to the freedom to choose and it is defined by Smith and Liehr (2003:132) as the process of selecting among options over which one has control. Frankl described the 'freedom of the will' as the freedom to choose one's reaction to the tragic triad and not the freedom from it (Frankl 1969:16). According to Frankl, the tragic triad refers to those situations or conditions of life from which no human being can escape; conditions which may be circumscribed by pain, guilt and death. Moreover, Lukas (1984) introduced the idea of fate and freedom to expand the understanding of one's freedom to choose by indicating that there are two areas in life that confront human beings, namely, an area of fate and that of freedom. The area of fate is an area in our life over which we have little or no control over and therefore, no responsibility because there is limited freedom. It is an area that applies to our genetic makeup, our upbringing and the events of fate such as accidents and our current situations. The author further explained that the area of fate is complemented by the area of freedom which includes what one can do when confronted with a situation. The area of freedom applies to the depth of our spirit where we can choose the attitude with which to respond to the area of fate (Frankl 1984:89). It might appear that the issue of being a nursing student having a negative image of nursing might be far removed from the "tragic triad", literature abounds with reports on nurses' anguish and despair because of either their own poor image of nursing or their awareness that nursing might be held in low esteem (Varaei et al 2012:551; Valizadeh et al 2008:1079).

Frankl (1984) observed that there was a fluid boundary between the area of freedom and the area of fate. He pointed out that the area of freedom may sometimes be big with many opportunities to actualize values and at other times it may be very small but it is never reduced to zero (Frankl 1984:176). This position presents an unconditionally positive view of life referred to as 'the tragic optimism' which means remaining optimistic despite the tragic triad of pain, guilt and death (Frankl 1984:161). The tragic optimism expresses Frankl's belief in human capacity for freedom *"that everything can be taken from a man but one thing; the last of the human freedoms – to choose one's attitude in any given set of circumstances, to choose one's own way"* (Frankl 1984:86); implying that people have the power and freedom to decide their outcomes. With regard to choosing a positive attitude and

perception on the image of nursing among student nurses, the AI as discussed later seemed a plausible technique to foster and assist such positive meaningful attitude.

The current nursing situation (an area of fate), in many instances is characterized by negative media reports and perceptions about nursing, poor image of nursing and the high rates of attrition of student nurses and newly qualified nurses (Varaei et al 2012:551; Hoke 2006:95). In South Africa, the increased disease burden as a result of HIV/AIDS and tuberculosis, heavy workloads, lack of equipment, work dissatisfactions, inequities in terms of nurse distribution have contributed to nursing shortage as many nurses leave the profession and few people choose nursing as a career (Breier et al 2009:31; Mkhize & Nzimande 2007:17; Pillay 2009). The concept of tragic optimism directly relates to the context of nursing, implying that student nurses can remain optimistic despite the current fate of nursing. In the current nursing situation, the student nurses' area of freedom may be very small but they still have the power and freedom to decide their outcomes. The student nurses could invoke attitudinal values by choosing an attitude with which to react to the situation or by taking a stand towards those circumstances (Frankl 1984:153). In order to exercise the freedom to choose, Smith and Liehr (2003:132) suggest the use of the following questions when confronted with situations:

- *Where are my areas of freedom?*

Contextually this may relate to the positive aspects of the image of nursing or peak experiences or the most valued aspect of nursing.

- *What possible choices do I have?*

This may be related to the decisions to either leave the profession or stay committed to it in spite of the current situation in nursing or do something to improve the image of nursing within the profession and in the public.

- *Which one do I actually want to actualize?*

This is about making a choice from the possible choices stated in the previous paragraph**.**

2.2.1.3 Meaning of life and human suffering

Human suffering is a subjective experience, unique to individuals and varies from transitory discomfort to extreme anguish and despair. Frankl (1969:75) cited in Smith and Liehr (2003:139) states that suffering is part of human experience. Frankl was opposed to the idea that human beings are shaped by external forces and are dominated by the physical environment, no matter how oppressive (Eddington & Shuman 2006:12) but he admitted that man can never be free from biological, sociological or psychological conditions.

In Pirtle's (2012:61) view, the experiences of pain, guilt and death (tragic triad) are parts of human experience and unavoidable manifestations of suffering. In essence, Pirtle (2012:62) contends that life does not guarantee happiness but it offers opportunities to find meaning and that man is capable of overcoming and rising above the unavoidable sufferings that inevitably come with life and the tragic triad (Pirtle 2012:62). In addition, the author explained that in life undeserved, unexplainable and unavoidable suffering happen to people and when it does, people should not look for meaning but meaning comes with the stance they take towards suffering.

The tenets that represented Frankl's basic principles of logotherapy applied at this point are that:

- Life has meaning under any and all circumstances, even the most unpleasant ones;
- Meaning in life is something to be found rather than to be given, discovered rather be invented (Frankl 1969 cited in Smith & Liehr 2003:130); and
- People have the freedom to find meaning in what they do and what they experience or in the stand they take when faced with situations of unchangeable suffering (Frankl 1984:176).

Frankl (1984:176) asserts that each person must discover his/her own meaning in any situation. For example, a professional working with a person who has experienced loss of a limb cannot tell the person how to look for meaning but can help guide the person to find new avenues of meaning through shifting views and to separate themselves from their symptoms in order to tap into the resources of their

spiritual dimension to arouse the power of the human spirit (Smith & Liehr 2003:142). One of the stances that can be taken towards suffering is self-transcendence, defined as by Frankl (1969) cited in Smith and Liehr (2003:142) as getting outside the self for a cause greater than self. Transcendence is distancing from oneself and once that happens, a different view of the situation comes to light. Transcendence is also related to life purpose (Smith & Liehr 2003:149). During the current research, AI was applied to guide student nurse participants to a more meaningful experience of nursing by opting to create a positive stance and attitude towards the image of nursing.

2.2.2 Avenues to meaning

Frankl postulated that meaning in life always changes but never ceases to be. In accordance with the humane, humanistic and caring paradigm of nursing, the three main avenues of arriving at meaning in life as proclaimed by logotherapy, stemming from Frankl's existentialism, relate to the current research. These are, arriving at meaning in life (appreciation) by creating a work or doing a deed, experiencing something or encountering someone as well as taking a stand against fate or toward life's circumstances which are beyond control and cannot be changed (Amber 2010:215) thereby growing beyond oneself (Frankl 1984:170). Frankl stated that the most fundamental way of discovering meaning in any present moment is through the awareness of creative, experiential and attitudinal values (Frankl 1984:133).

2.2.2.1 Creative values

The realization of creative values help individuals discover meaning through what they give to the world in terms of their creative works and deeds. Creative values refer to using one's talents, creating tangible products or ideas to make a meaningful difference in the life of another person or by serving others (Pirtle 2012:63). Life's purpose is about making a contribution and nursing would fall in this category. Frankl (1986:105) states that it is not the work/ deeds that counts, but the manner in which the work is performed. For example, a nurse may find meaning by providing caring nursing, sophisticated technical care and by making sense of his/her work (Hutchinson 1984 cited in Harrison 2006) or by becoming an activist of the nursing image or taking extra time with a struggling student nurse. These are all examples of doing something that makes a difference in other people's lives and becoming aware

that one's actions make a meaningful difference in the life of another can lead to discovering one's own meaning of the moment.

The emphasis of logotherapy on meaning discovery is closely aligned with the thought of uniqueness of the individual which is central to all expressions of existentialism. Since each person is unlike any other in the world, each individual has the ability to contribute to the world in a way that is unique and irreplaceable (Frankl 1986:75). The responsibility of each nurse and every nurse is therefore to use his or her uniqueness to fulfil their specific vocation of serving and helping others to cope with unexpected life events that threaten their life purpose. In this way, responsibility (the ability to respond) transforms into responsibleness (the act of being responsible). According to Frankl (1986:75), this responsibleness is the very "essence of existence".

2.2.2.2 Experiential values

Experiential values help individuals discover meaning through what they take from the world in terms of experiencing values and through loving the world and everything in it. In this avenue, the meaning of life is discovered through encountering a person or experiencing something such as goodness, truth and beauty (Frankl 1984:135). Experiential values involve receiving intense life experiences from the world, manifested by enjoying or contemplating on the beauty of creative values. Nursing's epistemology as described by Carper's (1978 in Chinn & Kramer 2011:1-23) original four patterns of knowing pertinently provide for this in the aesthetic pattern of knowing in nursing as an art.

According to Frankl (1984 135 cited in Marshall 2011:61), when people review their lives with regard to their experiences, it may be like a series of ups and downs like mountains. Marshall (2011:61) point out that mountains are not estimated by the number of the peaks, but by the tallest peak which he compared with that unique experience/ peak experiences in our life for which we can say life was worth living.

According to Yalom (1980 cited in Pirtle 2012:13), engagement in deep experience constitutes meaning. Nursing offers student nurses opportunities to encounter many people (patients and their families, nurses in the ward, community members) and to experience situations which may be intensely meaningful, highly significant and

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unforgettable (peak experiences) often accompanied by feelings of fulfilment. In order to use experiences as a means of finding meaning, nurses have to become aware and be appreciative of these experiences (Pirtle 2012:63).

Through exposure to the clinical area during the period of training, the student nurses are given the opportunity to discover their meaning of life by providing care to the patients. It is important to note at this point that, according to Harrison (2006:257), care is beneficial for both the giver and the recipient. Incorporating an ethic of caring into nursing practice (creative values) and deriving satisfaction from that create meaning in the lives of nurses. The ethic of caring in nursing derives from existential philosophy and meaning attribution. In addition, while providing caring nursing, they may discover meaning through experiencing choices of attitude that patients make when faced with suffering, attitudes such as courage, dignity, truth and etcetera. For example, nurses often encounter patients subjected to suffering as a result of cancer yet retaining the attitude to face that fate with courage. Smith and Liehr (2003:142) posit that it is the attitude of the sufferer that drives the behaviour and not the actions of the persecutor.

In order to help student nurses discover meaning in their life as nurses, nurse educators need to expose them to positive role models in the clinical areas to teach by example the caring philosophy and behaviours to student nurses. In addition, the strategies such as mentoring, buddy system and possibly AI are advocated. Bolan and Grainger (2009:778) stress the importance of exposing student nurses to situations where a positive image of nursing is reinforced.

2.2.2.3   Attitudinal values

The realization of attitudinal values is considered to be the highest form of meaning-finding because these values are available to everyone, even when access to creative and experiential values has been limited or denied by life circumstances. Attitudinal values refer to the attitude or the stand that people take against fate or toward life's circumstances which are beyond control and cannot be changed (Amber 2010:215; Frankl 1984:153).

Attitudinal values do not need the ability to create or experience something but they are expressed as accepting our fate, having the courage to bear our suffering and

displaying dignity in the face of disaster. Attitudinal values give meaning to life when one is confronted by situations in which one is powerless to change or avoid the fate (Frankl 1984:171). They include the change of attitude for example from 'why did it happen to me?' to 'what is life asking of me in my present condition?' (Pirtle 2012:64).

It may not be possible to escape some situations, such as those involving Frankl's "tragic triad" of unavoidable suffering such as chronic illness or irretrievable loss (for example, death of a loved one) and guilt as a result of a poor decision made in the past (Frankl, 1984:161). However, logotherapy asserts that individuals always have a choice as to how to respond to these unchangeable situations through a change in attitude. For example, the people who have experienced pain may choose to view their experience with pain as a tool that can be used to help others heal, as it is often the case with breast cancer survivors who offer support to and teach the newly diagnosed people about breast cancer and its treatment. Because attitudinal values are accessible in all circumstances, Frankl (1985:12) describes them as the "last of human freedoms". If there is no alternative to our suffering, it is always possible to find an attitude of human dignity by enduring the harsh conditions we may be exposed to.

Student nurses may find that some of the conditions in the current nursing situation are beyond their control; for example, attitudes and behaviour of registered nurses that portray a negative image of nursing but they can take a stand against them and choose to counteract the negative image and stereotypes by conveying a positive and professional image of nursing in their practice and everyday lives.

- **Personal reflection**

I was faced with one of the situations involving Frankl's "tragic triad" of unavoidable loss of loved ones (deaths of my mother and brother) in one year during the data collection and analysis phases of this study respectively. It was my fervent belief that even though my area of freedom was very small at that specific time in my life, it was not reduced to zero and that I still had the power and freedom to decide my outcomes. I chose self- transcendence as a stance and an attitude with which to react to the adversity I was up against and tapped into the resources of my spiritual dimension. Although my spirit was crushed, through self-transcendence, the power of

my spirit was aroused. As soon as that happened, I began to experience a different view of the situation and consequently, meaning and purpose of my life were created at that time. This stance resulted in strength and courage to carry on with the study focusing on its completion.

2.2.3 The existential vacuum

In Frankl's (1984:128) view, people live in an existential vacuum when they cannot realize meaning and purpose in their lives, a state resulting from the frustration or repression of the will to meaning. Existential vacuum is characterized by a sense of meaninglessness and purposelessness and its manifestations include boredom, apathy and a feeling of emptiness (Frankl 1984:123). In addition, the people who live in the existential vacuum may attempt to fill it with activities which may further suppress the will to meaning and result in what Frankl (1984:152) called collective neurosis, which he viewed as deriving from fear of responsibility and the escape from freedom.

Marshall and Lewis (2011:12) are of the opinion that existential vacuum characterizes the modern world (including nursing) in which previously held values and traditions no longer guide people regarding what to do, a world in which people do not know what they wish to do. The same authors state that people in such a situation may end up just doing what others do (conforming) or doing just what they are told to do.

There is evidence that some situations in nursing have the potential to create an existential vacuum in nurses especially in student nurses as a result of loss of values such as caring, respect, warmth and support with resultant lack of direction. Several researchers identified discordance between the nursing philosophy of caring and the reality in practice evidenced by uncaring attitudes of staff towards patients and student nurses, dysfunctional team interactions, unprofessional behaviour and ward politics (Breier et al 2009:124; Pearcy & Elliot 2004:382; Ranse & Grealish 2006:182). The findings of the studies by Crow, Hartman and McLendon (2009) and Price (2009) revealed that disillusionment and cognitive dissonance follow when the nursing philosophy of caring is not applied in the practice of nursing in the clinical setting. Crow et al (2009:317) reported that being disillusioned with nursing was one

of the reasons that student nurses decided that nursing was not for them because they could not realize the meaning and purpose of nursing in their lives.

Furthermore, nursing has the capacity to counteract existential vacuum. Nurse educators can utilize strategies pertinently focusing on values education and clarification, development of a sound personal philosophy, moral and character or virtue education and exposure to positive professional role models as well as socialization of student nurses into nursing profession's philosophy, values and traditions. In addition, the nurse educators have an obligation to provide the learning opportunities which support individual achievement alongside a commitment to service for others (Miers et al 2007). In the current research, introducing AI can be seen as an attempt at countering the formation of an existential vacuum within individual student nurses. The objective of the current study is precisely to determine whether AI improves perceptions of student nurses' image of nursing.

2.3   APPRECIATIVE INQUIRY (AI)

Appreciative inquiry was used in this study as a data generating process and an intervention teaching strategy to transform the student nurses' image of nursing. In this section, AI method is discussed with specific reference to the theoretical bases informing its guiding principles, critique and its relevance to the study. The implementation of AI in this study is discussed in chapter 4.

2.3.1   Theoretical background of AI

AI was introduced by Dr.David Cooperrider and his associates in the 1980s while studying the practice management group at the Cleveland Clinic, where a group of professionals trained in medicine with no training in management but had invented a particularly successful form of democratic management. As a consequence of his study, Cooperrider learned that organizations are products of the human interactions that occur within them, and as such, are constantly being recreated as conversations continue (Cooperrider, Barrett & Srivastva 1995:157 cited in Thibodeau 2011). Cooperrider studied the factors and catalytic forces of organizing that served to create, save and transform the institution in the direction of its highest potential for a participatory system and concluded that each organization and its members have

strengths that work towards giving the group 'life' and a sense of purpose for the future (Cooperrider, Whitney & Stavros 2005).

AI is a process of organizational change and transformation operating on the belief that human systems move in the direction of their shared image and idea of the future; the change based on intentional and positive inquiry into what worked best in the past (Bushe 2007). Because Cooperrider's study focused on the 'positive', it created appreciation and enthusiasm among the doctors in the practice management group, who subsequently became excited participants in these conversations about peak moments of membership (Thibodeau 2011:17).

Cooperrider was opposed to the negative pre-occupation with problem-solving in action research (Cooperrider & Srivastva 1987) arguing that problem-solving implies that there is an empirical reality of "what should be" that needs to be restored through intervention by an outside force. He also regarded the focus on problem-solving in action research as a deficiency mode of thinking concerned only with restoring the status quo to organizations rather than generating theories that could, in turn, generate new ideas and actions. The Cleveland Clinic experience taught Cooperrider that appreciative ways of knowing are constructively powerful and proposed AI as an alternate methodology for action research within organizations. He contended that, as an action research inquiry process, AI

1) places participants in a fundamentally different and positive stance, helps people identify their achievements and assists people to think deeply about their human potential (Cooperrider et al 2003:319; Speziale & Carpenter 2007:327). This links on to Frankl's view of assisting others to take a positive stance and creating a positive meaningful attitude in the face of the tragic triad;

2) focuses on positive change by recognizing and valuing the importance and impact of language on the inquiry process, data collection methods and how the results are reported all of which are also components of action research (Preskill & Catsambas 2006; Bushe & Kassam 2005:161; Elleven (2007:451); and

3) promotes learning and innovation through attending to dysfunctional aspects of the organization (Roberts 2010:15).

In addition, Cooperrider proposed AI as force for innovation guided by the principles of appreciation of whatever is working in an organization based on the assumption that in every organization, something works right and the creation of provocative images of "what might be" to generate realistic developmental opportunities for the organization (Cooperrider & Srivastva 1987).

2.3.2 Characteristics of AI

There is a plethora of literature on the definition and meaning of AI (Alfred & Shohet 2011; Bushe & Kassam 2005; Calabrese, Hummel & San Martin 2007:275; Gilmore 2007; Havens, Wood & Leeman 2006; Richer, Ritchie & Marchionni 2009; Serrat 2008:3; Whitney & Trosten-Bloom 2010:6). From the many definitions of AI by various authors, the following were identified as many of its characteristics.

Appreciative, co-evolutionary, affirmative and strengths-based; AI focuses the attention of an organization on its most positive potential known as the positive core. It unleashes the energy of positive and sustainable core for transformational success. AI seeks to use the positive core of the organization or groups and as foundation for future growth (Bushe & Kassam 2005:161; Gilmore 2007:100; Havens et al 2006:464; Whitney & Trosten-Bloom 2010:6). Its emphasis is on the power of focusing on capacity and resourcefulness rather than on deficits and its focus is on what goes well in organizations and teams to determine the forces that "give life" to them. AI is an alternative to deficit-based problem solving approaches (Bushe & Kassam 2005:161; Cooperrider et al 2003:319; Gilmore 2007:100; Havens et al 2006:464). Calabrese Peters, Hummel, Kruskamp, San Martin and Wynne (2007:5) add that AI is designed to strengthen and build human potential and organizational capacity as a means of increasing an organization's positive potential.

Collaborative and participative: AI occurs from a collaborative and participative form of inquiry of discovering, understanding and fostering generative advances in the organization's function, structure and processes. AI always involves the whole organization, groups or a representative cross section of members so that all voices of the stakeholders are heard and groups can create a vision for themselves based on affirmations from their past. Furthermore, AI seeks to enhance relationships and communications while building enthusiasm, ownership, commitment, and a sense of

purpose (meaning) which is shared within and outside an organization. Moreover, AI process relies upon mutually respectful relationships amongst stakeholder groups. It can be used in a community, in small groups, in a situation, a relationship, or with an individual (Alfred & Shohet 2011:57; Cooperrider & Whitney 2005:19; Serrat 2008:3). The intent AI for any setting is to generate a positive view of strengths that build on a shared vision through collaboration, inclusiveness and caring interactions (Johnson & Leavitt 2001:129; Serrat 2008:4).

Provocative, applicable and generative: People are invited to take some risks in the way they imagine the future and take actions to bring about the desired change. With the security and energy gained from all that is positive about the organization/ community or group, people feel empowered to respond with provocative propositions about the future (Serrat 2008:3). AI is applicable because it is based on stories of what actually happened in the past. AI advocates that in every organization/ community or teams there are untapped, rich and inspiring stories that have the potential to serve as the basis for generative growth (Calabrese et al 2007a:2; Serrat 2008:3) of enriching attitudinal values in terms of Frankl's theory.

Transformational and empowering: AI focuses on changing how people think rather than changing what they do and changing the organization rather than the people. It is also associated with letting go of control in planned change efforts and nurture a more improvisational approach to the action phase in action research (Bushe & Kassam 2005:176; Richer et al 2009:948). It empowers individuals and systems, encouraging self-reliance and self-confidence. In addition, AI is solution centred rather than problem centred (Boyd & Bright 2007:1033). In terms of Frankl's attitudinal values, the student nurses can take a stand and take action (conveying a professional image of nursing in their practice) despite the negative image of nursing portrayed by ward staff. Members often feel that they are collectively in control of the organization's destiny when AI is implemented (Boyd & Bright 2007:1031).

Accelerate learning: AI enhances learning by building on positive ideas and images emerging from collaboration of individuals or groups working towards developmental changes in a system, thus appreciative inquiry fosters learning and promotes

emergence of innovative ideas (Richer et al 2009:950). It stimulates creativity and enhances people's capacity for change.

2.3.3 Assumptions of AI

According to Cooperrider et al (2003:319), appreciative inquiry works from the following assumptions:

- In every society, organization or group something works right.
- What we focus on becomes our reality.
- The act of asking questions of an organization or group influences the group in some way.
- Reality is created in the moment and there are multiple realities.
- People have more confidence and comfort to journey to the future (the unknown) when they carry forward parts of the past (the known).
- If we carry forward parts of the past, they should be what were best about the past.
- The language we use creates our reality.

2.3.4 Principles of AI

Literature on the principles of AI abounds (Bushe & Kassam 2005; Calabresse et al 2007b; Keel 2008; Whitney & Trosten-Bloom 2003; 2010). These authors identified and described the core principles that underpin AI and those principles are summarized in table 2.1.

TABLE 2.1: FOUNDATIONAL PRINCIPLES OF AI

Principle	Description
Constructionist Principle: **Words create worlds**	• Positive stories revealed through questions are used as foundations for the conception and construction of change.
Simultaneity Principle: **Inquiry creates change**	• Inquiry and change occur at the same time; the organization is different from the moment the question is asked.
Poetic Principle **We can choose what we study**	• Organizations are dynamic and change is happening all the time. When AI is conducted, organizations are viewed as open sources of information continuously available for study. We can choose what we study, but our choice of what we study determines what we discover (Cooperrider et al 2003:319).
Anticipatory reality principle **Image inspires action**	• Organizational change occurs through collective imagination and projection of the future.
The Positive Principle; **Positive questions lead to positive change**	• Organizations move towards what is studied. Positive questioning creates energizing momentum toward change (Cooperrider, Stavros, & Whitney 2008).
Wholeness principle: **Wholeness brings out the best**	• Involving as many members of the organization as possible in large group forums stimulates creativity and builds collective capacity.
Enactment principle: **Acting 'as if' is self-fulfilling**	• Positive change occurs when the process used to create change is a living model of the ideal future, meaning that to really make a change, we must ' be the change we want to see'.
Free choice principle: **Free choice liberates power**	• People perform better and are more committed when they have the freedom to choose how they what they want to contribute.

2.3.5 The appreciative inquiry process

The first and essential step in any AI is the selection and definition of a topic on which AI will focus. The main difference between AI and the traditional problem-solving is the focus of inquiry and the type of questions asked. In problem-solving approach, people collect data to identify obstacles/problems, make a diagnosis and find ways to 'fix' it whereas in AI the data that are collected are about what is already good and right about the team and/or organization using positive questions. Whitney and Trosten-Bloom (2003; 2010) describe the choice of topics as "fateful"; reiterating the notion that human systems move toward what they study.

2.3.5.1 The affirmative topic

According to the poetic principle of AI, the choice of what is studied determines what is discovered. AI yields results based on the direction of the inquiry; meaning that a change of direction of the inquiry will yield different results (Cooperrider et al 2003:319). When defining the focus of the inquiry, it should not be based on

problems but on what the organization wants to create more of (Cooperrider et al 2003; Whitney & Trosten-Bloom 2003:134; 2010). In a typical AI process, a group of people that represents the whole system chooses the topic and identifies the focus of the inquiry. According to Barrett and Fry (2005:75), if the chosen topic is worded in affirmative terms, it generates a sense of positive anticipation, meaning that even topics that are problem-focused can be reframed in words that point to the possibility of desired outcomes. The affirmative topics therefore inform the questions that will guide the discovery conversations (Zandee & Vermaak 2012:12).

In this study, the researcher used the results of the survey in stage 1 for the selection and definition of a topic on which AI focused. The focus of the inquiry was changed from negative, problem-based to affirmative topics. Instead of focusing on the problem (negative perception of nursing as a profession that was not respected and appreciated), focus was placed on creating the image of nursing as a respected and appreciated profession. The affirmative topics for appreciative interviews in this study are discussed in chapter 4.

2.3.5.2   *Phases of AI*

The change process of AI comprises four or five iterative phases that occur in sequence, the 4-D cycle representing the phases of discovery, dream, design and destiny or the 5-D cycle representing the phases of definition, discovery, dream, design and destiny (Cooperrider & Whitney 2005:16). The 4-D cycle was adopted for the current study following the selection of the affirmative topics on which the AI would focus. The stages of the 4-D cycle of AI are shown in figure 2.1.
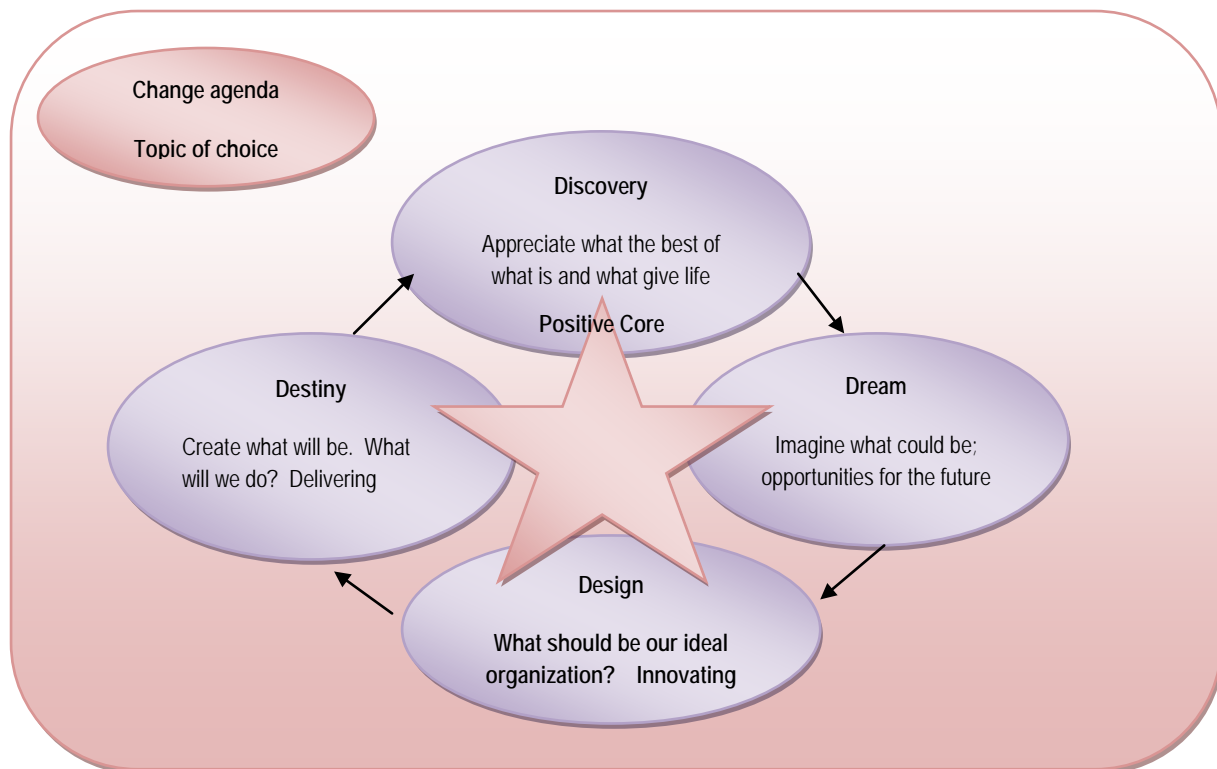
Figure 2.1   The appreciative inquiry 4-D cycle

(Adapted from Whitney & Trosten-Bloom 2010:6)

- ***Discovery phase***

This is a diligent and extensive search to understand 'the best of what is' and 'what has been' concerning the object of inquiry. The focus during this phase is appreciation of what exists and the best of what has been (Dunlap 2008:26; Shariff, Van Gramberg & Foley 2010:124; Lehner & Hight 2006:143). The discovery phase involves a data collection and narrative exploration, beginning with the process of revealing the positive, the successful and the prideful experiences of the individual and collective through carefully developed interview questions based on the affirmative topic. The affirmative language of the questions determines the direction of the inquiry as well as the results.

The participants are usually requested to reflect on and share positive stories of their most memorable/peak experiences and accomplishments in the area of focus to catalogue the signature strengths of the organization (Ludema, Whitney, Mohr & Griffin 2003) and to build on them. By building on past positive ideas and images from the collaboration of individuals or groups working towards a change, AI fosters

learning and promotes emergence of innovative ideas (Elleven 2007:451; Chapman & Giles 2009:298; Schutt 2007:27; Bushe & Kassam 2005:161). Unlike data or lists, positive stories stir imaginations and generate excitement about the organization and what it is capable of accomplishing in the future. In this study, the discovery phase was about discovering and valuing the positive aspects of the image of nursing.

- ***Dream phase***

The dream phase is an energizing exploration of *'what might be'*, a time for people to explore their hopes and dreams for their work and a stage where participants learn from their successful experiences and associate them with their dream to discover new ways of '*what should be*'. This phase involves the creation of innovative strategic visions that bring to light the collective aspirations of participants that emerged in the discovery phase (Bushe & Kassam 2005:161; Chapman & Giles 2009:298; Shariff et al 2010:14; Richer et al 2009:948; Sullivan 2004:224). The dream phase challenges the status quo and helps participants envision more valuable and vital futures. According to Whitney and Trosten-Bloom (2010:8), the activities of the dream stage results in alignment around creative images of the organization's most positive potentials and strategic visions as well as an elevated sense of purpose. During this phase, participants are asked to dream /imagine their group, organization or community at its best and attempts are made to identify the common aspirations of system members and to symbolize this in some way (Bushe 2005, 2011). Small and large groups are often used for the dream phase and the ways in which people are encouraged to dream are multiple, including silent reflection, role-plays, poetry and song (Whitney & Trosten-Bloom 2003; 2010).

In this study, the dream phase involved the creation of desired future image of nursing and the possibilities for change of their image of nursing based on common values. The dream phase often results in something more symbolic, like a graphical representation (Bushe & Kassam 2005:163).

- ***Design phase***

The phase is characterized by a set of provocative propositions which are defined by Whitney and Trosten-Bloom (2010:9) as statements that describe 'what should be' the ideal organization. The provocative proposals should be written in the affirmative and should expand the organization's image of itself. A picture should be painted of how things will be when the organization's positive core is alive in all its function. Typically small or large groups are used.

- ***Destiny phase***

This is the final phase which is characterized by the initiation of a series of inspired actions that support on-going learning and innovation. During this stage, '*what will be'* is created (Bushe & Kassam 2005; Shariff et al 2010:14). The provocative propositions from the previous phase are examined and then written at a micro level, very detailed. The focus is on ways forward and the result is arrays of changes throughout organizations. The participants make self-chosen, personal commitments to take action consistent with any design element; everyone is authorized to take those actions they believe will help bring the design to fruition. The focus of this study is on changes in the student nurses' perception of the image of nursing and obstacles that need to be removed are identified (Schutt 2007:14).

According to Stavros and Torres (2005:114), the main messages in the destiny phase include *'live the principles*, *stay awake, change, improvise, be open and flexible, practice the principles and engage in supportive intrapersonal and interpersonal relationships.'* AI, through all its phases, is about learning from past successes and using the experience to generate new ideas for the future (Preskill & Catsambas 2006). Details regarding the implementation of 4-D cycle of AI are discussed in chapter 4.

2.3.6 Appreciative inquiry interviews

According to Whitney and Trosten-Bloom (2003; 2010), appreciative interviews are essential for the successful implementation of AI because they bring out the best in people and organizations and they provide opportunities for people to speak and be heard. The same authors further explain that appreciative interviews ignite curiosity and the spirit of learning and in doing so enhances organizational knowledge and

wisdom. In addition, appreciative interviews enhance the organization's positive core by surfacing stories that illuminate the distinctive strengths and potentials and they bring positive possibilities for the future to life (Whitney & Trosten-Bloom 2003:147).

The researcher personally conducted appreciative interviews; taking the participants through the stages of AI of discovery, dream, design and delivery. The findings of appreciative interviews are reported in chapter 6.

2.3.7 Various approaches and formats of AI

For more than a decade, AI has become a widely used innovative method for organizational development and change, used around the world by families, schools, businesses, governments and non-governmental organizations (Judy & Hammon 2006:6). In a typical AI process, a summit and a group of trained interviewers are used in large organizations to reach as many people as possible. A summit is defined by Whitney and Trosten-Bloom (2010) as a large-scale meeting designed to cover the 4-D cycle in two to four days.

In some AI studies, a core group was trained to participate alongside the researchers in the analysis of the interviews while others have used mass –mobilized interviews at AI summits. According to Bushe and Kassam (2005:169), some of the AI practitioners have suggested that action plans, steering committees and other common components of the destiny phase should be dropped in order to facilitate sustainability. Instead, the first three D's of the AI should create a set of images and ideas that are so compelling to system members that they voluntarily find ways to transform their social and work processes.

In this study, there was no trained core group or a steering committee. The researcher underwent a four day AI facilitator training and conducted appreciative interviews using one-on-one, face-to-face interviews and small groups.

2.3.8 Relevance of AI to the study

The study set out to explore the potential of AI as a teaching strategy to establish and transform the student nurses' image of nursing. Most of the characteristics,

assumptions and principles of AI are consistent with the principles of learning and teaching. They include:

- **Active participation** by all members in the process; this is in line with the wholeness principle of AI which postulates that involving all members of an organization stimulates creativity and builds collective capacity. When using AI as a teaching strategy, all the students take part as individuals, in pairs and in groups. Each student gets an opportunity to tell a positive story from her experience and to learn from positive stories of others. How these stories are acknowledged, celebrated and experienced by student nurses is critical to the transformative possibilities (Battelle for Kids (BFK) 2009). AI would enable the students to appreciate their clinical experiences. In addition, each student is provided with the opportunity to conduct a one-to-one interview, documents the interview verbatim and check with the interviewee if he/she captured the correct information from the interview. This has the capacity to build self-confidence in student nurses as well as listening and reporting skills.

- **Collaborative learning**; by building on positive ideas and images emerging from collaboration of individuals or groups working towards developmental changes in a system, AI fosters innovation, learning and promotes emergence of innovative ideas thereby stimulating creativity and enhances people's capacity for change (Richer et al 2009:950; Richer & Ritchie 2007). The intent of AI for any setting is to generate a positive view of strengths that build on a shared vision through collaboration, inclusiveness and caring interactions (Serrat 2008). In addition, when using AI the student nurses might feel that they are collectively in control of their destiny; meaning that AI promotes ownership of the process and the result of learning (Bushe 2007). Mutually respectful relationships, communication and a sense of purpose (meaning) shared among student nurses might be enhanced.

- **Teaching from the 'positive' known to the unknown**. One of the assumptions from which AI works is that people have more confidence and comfort to journey to the future (the unknown) when they carry forward parts of the past (the known) but if they carry forward parts of the past , they should be best about the past.

Battelle for kids (2009) researchers conducted a qualitative study on highly effective teaching practices with the aim of uncovering practices that facilitate high levels of student academic growth. The study was guided by AI and some of the main themes that emerged from the highly effective teachers' reflections and stories included *instructions that support and engages all students* as well those *that cultivate student ownership in learning and classroom management;* taking active roles as learners and members of the classroom community. AI meets the stated criteria of a highly effective teaching strategy.

In relation to nurse educators, they can use AI for reflecting on their practices, philosophy and values (De Lautour 2009). The nurse educators can use the 4-D cycle as a tool for encouraging individuals or groups in a team to be the best teachers they can be. The discovery phase will help identify strengths and positive aspects of their teaching practice or markers of best practice from their own stories and reflections as well as from students, dream or envision possibilities, design or develop propositions in the form of structured goals that appear attainable through the lens of AI and realize these propositions in a fulfilling manner (Cooperrider & Whitney 2000).

According to various teachers who used AI, the affirmative propositions added new vigour to their teaching practice and challenged them to explore dynamic teaching strategies to empower all members in the teaching-learning process leading to positive growth (BFK 2009; De Lautour 2009). Within AI process, opportunities to utilize a variety of teaching strategies such as group discussions, brainstorming sessions, question and answer technique (using positive questions), values clarification, guided imagery and silent reflections are created. Another area of practice that nurse educators can consider through the lens of AI is research. Using AI as a formal evaluation tool in which students respond anonymously to a questionnaire on their teaching, the positive feedback from students enhances and affirms a variety of teaching practices.

AI was found suitable for the study because of its focus on the positive. The researcher operated from the belief that a positive core of experiences exists among student nurses and the use of AI as a teaching strategy would result in learning by producing attitudinal changes in student nurses regarding their perception of the

image of nursing. From the positive core of experiences, an appreciative and a preferred image of nursing would be co-constructed by the student nurses.

2.3.9 Criticism levelled against AI

AI has been criticized by various authors for a number of reasons, that it is unbalanced because of its emphasis on the positive (Alfred & Shohet 2011; Patton 2003) and that it may gloss over potential problems (De Lautour 2009). Jones (2010) mentions that AI is falsely encouraging, raising hopes than delivering the results because there is no clear cut criterion for evaluating its successes. The same author identified many grey areas with its use; that AI data are difficult to verify scientifically and situations where AI is most relevant and appropriate as a methodology have not been specified. Richer's (2007) criticism is that innovative ideas can be generated through AI but they cannot be implemented.

In contrast, Michael (2005) identified some concerns when she developed an AI interviews schedule for research on African NGOs. When faced with a series of positive questions she wondered if interviewees would think that she was naïve about their reality, only wanting to hear good news, and/or downplaying the difficulties they faced. However, she found that these reservations were not upheld during the interviews themselves. The advocates of AI deny that a blind eye is turned to the negative and difficult experiences that are a part of all organizational experiences. They state that issues and their potential solutions do not negate the problems but the focus is shifted towards a more positive outcome or perspective (Michael 2005:223). When using AI, the problems are reframed and the focus is changed to 'positive' one based on the question *'What do we want more of?'* Jones (2010) regards the emphasis on looking at the positive rather than the negative as a powerful change agent and an effective way to bring about the best in people. The researcher aligns herself with the stated reasons for using AI.

Researchers who have used AI in the health care sector contend that AI is more than a management fad (Reed 2006; Sherwood 2008; Michael 2005). The same authors defended their stance by stating that AI practitioners are skilled at group facilitation and they are able to work with groups to create a vision for the future. They argue that the essence of AI intervention is that the outcomes are case dependent and cannot therefore be stipulated in advance. According to Reed (2006) and Sherwood

(2008), there is extensive formal literature reviews on AI and adequate formal studies that examined AI. Lastly, AI can be applied to clarify complicated processes and change negative attitudes through new views of the situation.

In summary, the appreciative approach involves collaborative inquiry based on the interviews and affirmative questioning to collect and celebrate the good news stories of an organization or community; those stories that enhance cultural identity, spirit and vision. Appreciative inquiry is a way of seeing that is selectively attentive to and affirming of the best and highest qualities in a system, a situation or another human being (International Institute for Sustainable Development, 2000). While there is criticism against AI from some researchers, there is consensus among others that AI shows sufficient potential to be regarded as suitable for empirical investigation and as a change management tool.

2.4   INTERFACE BETWEEN FOR AI AND FRANKL'S EXISTENTIALISM

The two theoretical perspectives used in this study, Frankl's existentialism and AI were found to be complementary and the interface between the two is presented in table 2.2.

TABLE 2.2: INTERFACE BETWEEN FRANKL'S EXISTENTIALISM AND AI		
	FRANKL'S EXISTENTIALISM	**APPRECIATIVE INQUIRY**
Aim	To assist people to take a positive stance and to create a positive meaningful attitude (attitudinal values)	AI places participants in a fundamentally positive stance, help people identify their achievements and assist them to think positively about their potential
Meaning discovery Concepts and principles	**The will to meaning** • Focus: man's search for meaning and purpose in life **Meaning of life** Meaning in life changes but never ceases to be. People have the freedom to find meaning in what they • do (creative values), • what they experience; peak experiences (experiential values) in the stance they take when faced with situations of unchangeable suffering (attitudinal values)	**Positive core** • AI draws from the positive core to create shared meaning **The positive principle of AI** The positive principle supports the exploration and appreciation of peak experiences and values • Peak experiences are used as a means of finding meaning Peak experiences result from moments when people's choices and actions are in line with their values
Loss of meaning and purpose in life	**Existential vacuum** • Repression of the will to meaning • People's choices and actions not guided by their values	**Disillusionment and cognitive dissonance** Core nursing values not applied in practice
Human freedoms and choices	**Freedom of the will** • Freedom to choose one's attitude/ reaction in any given set of circumstances • People have the power and freedom to decide their outcomes	**The free choice principle** • Freedom and power to choose how to contribute **The poetic principle** • Freedom to choose what to study

2.5   CONCLUSION

This chapter presented a discussion of Frankl's existentialism and AI, and the two theoretical perspectives were found to be complementary and relevant to the study. In the next chapter, literature review pertaining to the quantitative component of the study is presented.

CHAPTER 3

LITERATURE REVIEW

3.1   INTRODUCTION

In this chapter, the findings of a review of literature pertaining to the student nurses' perceptions of the image of nursing are presented. The literature review applied mainly to the quantitative strand of the study which sought to describe the student nurses' perceptions of the image of nursing before and after the implementation of appreciative inquiry (AI). The purpose of the literature review was to identify, summarize and synthesize research previously carried out on the student nurses' perception of the image of nursing, place the study in the context of what is already known about the student nurses' image of nursing (Parahoo 2006:129), verify the significance of the problem and to determine the most appropriate research methods, including the research instruments (Polit & Beck 2008:107).

3.2   SCOPE OF THE LITERATURE REVIEW

A computer-assisted search was conducted in the Cumulative Index of Nursing and Allied Health Literature (CINAHL), the National Library of Medicine PubMed service (PubMed) and Ovid Medline databases using the keywords: image of nursing, perceptions of nursing, nursing values, career choice, nursing students, nursing profession and socialization. The reference lists from retrieved studies were manually searched. The reviewed literature comprised research conducted globally including the country of the study, South Africa ranging from 2002.

3.3   THE IMAGE OF NURSING

According to Cohen and Bartholomew (2008:2), the image of nursing is composed of many components that specify something about nursing as a healthcare profession. The same authors further explain that the education, skills, conduct of nurses in public and private, their dress code, appearance, who the nurses associate with and what the nurses communicate about themselves all paint a picture that creates an image of the nursing profession. It therefore follows that the nursing image is

conveyed through the way nurses present themselves in every setting (NASA 2011:2) and that the nurses portray a professional image to others observing them by their actions in situations which may or may not be within a professional context (Stanley 2004). The image of nursing is affected by the stereotypical views of the public, the media and the nurses' own professional self-image (Malchau 2007:292; Darbyshire & Gordon 2005:70).

The public image of nursing comprise views or opinions that the society have about the nurses and the nursing profession as well as the general impression of nursing that nurses presents to the society. The public's image of nursing is affected by images of nursing that people experience as patients (personal experience with nurses), family members, members of a community and by the exposure to the media (Darbyshire & Gordon 2004:70; Donelan, Buerhause, DesRoches, Dittus & Dutwin 2008:145).

The nurses' professional self-image is defined as a set of beliefs and images nurses hold to be true about themselves based on their specific socialization and environmental feedback (Strasen 1992 cited in Fletcher 2007:208). Nurses' professional self-image influences the behaviour, actions and performance of nurses in the workplace. Milisen, De Busser, Kayaert, Abraham and Casterle (2010:689) conducted a cross-sectional survey on the evolving professional nursing self-image of students in a baccalaureate programme and identified educational preparation, tradition, socialization, media perceptions, doctor-nurse relationships and the maintenance of nurses' traditional roles as factors that shape the student nurses' professional self-image. This finding was consistent with Fletcher's (2007:214) view that nurse image is shaped by thoughts, experiences, heredity, environment, reference groups and gender socialization.

3.3.1 The significance of the image of nursing

Research has provided adequate evidence of the importance of the image of nursing in the society and within the profession. According to Malchau (2007:289), the public image of nursing is an indicator of the status the society accords nursing and the important measure of the political, social and the economic value of nursing. In addition, the image of nursing has been identified as an important factor in choosing nursing as a career because, according to Wallace et al (2007:45), the choices about

a career are mainly driven by the overall image of that career. Evidence from a number of studies suggest that a positive image of nursing reflects high quality of nursing (Tzeng 2006:755), enhances the status and prestige of nursing and that it has the potential to attract new recruits/ students into the nursing profession (Darbyshire & Gordon 2005:74; Hoke 2006:96; Malchau 2007:289; Seago et al 2006:96; South Africa 2008:11). Furthermore, the importance of a positive and professional image of nursing among nurses is emphasized by Roberts and Vasquez (2004), that it might grant the nurses expert power derived from skills, knowledge and credibility because the community would recognize nurses for their expertise. The same authors argue that it might also increase access to better pay and benefits and that a stronger focus on the expertise required to save lives based on the application of science would help improve the image of nursing and attract the students with the requisite cognitive and interpersonal skills necessary to the nursing profession.

According to Fletcher's (2007:214), the stereotypical images, inaccurate and negative perceptions of images distort the public's concept of nursing, affect the quality and number of people who enter nursing and undermine nurses' self-confidence. Regan (2005:210) adds that the negative portrayal of nursing especially by the media diminishes nursing's professionalism, reduces the social value of nursing, misrepresents the role of nurses and devalues nurses in the public eye, especially the families of prospective student nurses. Negative perceptions of the image of nursing have been associated with a decline in interest among school leavers resulting in inadequate numbers of young people entering the nursing profession. In addition, intention to leave nursing correlates positively with holding a negative image of nursing (Varaei et al 2012:551).

3.3.2 The student nurses' image of nursing

The student nurses' image of nursing was investigated by a number of researchers at different points in a four year nursing programme. The majority of the researchers used qualitative approaches (Apesoa-Varano 2007:249; Bowden 2008; Day et al 2005; Mhlaba 2011; Mooney, Glacken & O'Brien 2008:385; Stott 2007; Wilson 2005). Qualitative research may yield rich data and understanding of a phenomenon and it may focus on specific cases but the findings may not be generalizable or

representative of other cases or populations (Holloway & Wheeler 2010). In the current mixed methods study, a combination of quantitative and qualitative approaches was used to meet the study objectives.

The student nurses' beliefs and conceptions of nursing were explored at entry to nursing programmes (Bolan & Grainger 2009; Day et al 2005; O'Brien, Mooney & Glacken 2008:1843), shortly after the student nurses had completed their most recent clinical practice (Pearcey & Draper 2008; Mhlaba 2011) and just before graduation (Mackintosh 2006; Gidman et al 2011:351). Prospective longitudinal studies were conducted to define and to understand changes in student nurses' perceptions of nursing occurring over time (Bolan & Grainger 2009; Day et al 2005; Mooney et al 2008:385) and these studies revealed different ways in which the nursing students' perceptions evolved.

Several studies have provided insights into the student nurses' perceptions of nursing as an occupation, a career and a profession (Breier et al 2009; Buerhaus, Donelan, Norman & Dittus 2005a; Dockery & Barns 2005; Dimitriadou-Panteka, Lavdaniti, Sapountzi-Krepia, Psychogiou, Konstadinidou-Stafkou & Benos 2008; Hoke 2006; Miller & Cummings 2009; Rhodes et al 2011; Valizadeh et al 2008). Some of the studies focused on the student nurses' professional self-image, gender in nursing, public image of nursing and the effect of student nurses' image of nursing on motivation to become nurses while others provided evidence of the evolving perceptions of nursing among student nurses from entry to graduation in a four year nursing programme (Bolan & Grainger 2009; Day et al 2005; Keogh & O'Lynn, 2006; Sridevy 2011; Seago et al 2006). In one study, attributes of an ideal career was compared with those of nursing as a career (Palumbo et al 2008:9).

Although positive images perceptions of the image of nursing were found in the reviewed literature, they were counterbalanced by the negative ones.

3.3.2.1 Student nurses' perceptions of the nurses and the nature of nursing

Studies investigating student nurses' perceptions of nurses and nursing showed that at the beginning of a nursing programme, the students nurses held some idealistic views of nursing that encompass concepts such as caring, nurturing, comforting, healing, empathy, angelic patience, good humour, physical and emotional strength,

nurses as caring Christians called to nursing as well as compassion beyond 'normal 'endurance (Bolan & Grainger 2009; Breier et al 2009:14; Mackintosh 2006; Prater & McEwen 2006; Safadi et al 2011). The sentimental and idealized images of nurses and nursing based only on the virtues of nurses as angels of mercy, selfless heroines, caring and compassionate workers do not accurately portray the academic rigour required to become a nurse. The challenge for nurse educators is to provide a realistic and not a romantic view of nursing because in promoting the idealized image of nursing, the profession failed to challenge the stereotypes of a nurse as a trained worker as opposed to that of learned professional (Fealy 2004). As a result, the teaching of student nurses should focus more on the expertise required to save lives based on the application of science rather than idealized and romantic views.

In addition, positive perceptions were reported that student nurses attributed to nurses the characteristics such as being caring, kind and compassionate (Breier et al 2009:14; Bolan & Grainger 2009; Prater & McEwen 2006:63; Rhodes et al 2011; Stott 2007), being responsible, efficacious and neat (Sousa & Hortense 2006), being advocates for patients in health care setting (Dimitriadou-Panteka et al 2008:90), being competent health professionals with great responsibility who are proud of their job (Siebens, Casterle, Abraham, Dierckx, Breas & Darras 2006; Rhodes et al 2011) as well as being respected and trusted professionals (Bolan & Grainger 2009; Clancy 2007).

However, stereotypical images, negative and traditional perceptions of nursing that remained prevalent among student nurses were reported in a variety of studies. They included views of nurses as sex objects and unintelligent women wearing white uniform following physician's orders without question (Fealy 2004:654; Neilson & Lauder 2008:685; Regan 2005:211; Gordon 2006; Safadi et al 2011) and male nurses as being effeminate or gay (McMillan et al 2006:100; Neilson & Lauder 2008:684). Generally, the nurses were not recognized as professionals who were science-driven, technically skilled and independent in their practice (Takase et al 2006:340; Regan 2005:211).

3.3.2.2 *Student nurses' perceptions of nursing as a career and a profession*

In a survey conducted by Buerhaus et al (2005a) in the United States of America (USA) to assess the student nurses perceptions about a career in nursing, it was

found that most of the young students (under the age of thirty) were enrolled in 4 year baccalaureate nursing education programmes, suggesting that younger students viewed nursing more as a professional career with improved opportunities for continuing their education and for obtaining employment in positions that require a minimum of a bachelor's degree. Other findings in the same study showed that the majority of student nurses who participated in the survey perceived nursing as a good career for people who were academically in the top one fifth of their high school class or who were good in science. The findings of studies by Hoke (2006), Miller and Cummings (2009), Summers and Summers (2011) and Rhodes et al (2011) support the view that nursing requires intelligence and high level education at colleges and universities.

Dimitiadou-Panteka et al (2008) found that perceptions of nursing among Greek student nurses were related to the level of education and that the high educational level (post-graduation studies) influenced and changed perceptions about nursing among nurses. This was consistent with the findings that associate degree students had a more positive perception of nursing than baccalaureate students (Safadi et al 2011). The findings of the study by Raines (2010:1) found that the second degree/ career students had a more positive perception of nursing than students doing a baccalaureate degree as a first degree.

The results of a number of studies showed that the student nurses' perceptions of nursing differed significantly from first year to the fourth year of training (Bolan & Grainger 2009; Day et al 2005; Jeffreys 2007b) depending on whether nursing was their first, second or not a choice of career (Breier et al 2009; Safadi et al 2011). The findings of these studies revealed that students for whom nursing was the first choice of career demonstrated more positive perceptions of nursing; giving evidence of the importance of selection criteria for nursing. Similar findings emerged from Ahmad and Safadi's (2009) study that choice to study nursing based on interest and preference predicted that the students were more likely to stay in nursing programmes than those who did not choose nursing as a priority.

Nursing was perceived as a good and noble career that offers flexibility, job security, income potential and mobility within the nursing profession, opportunities such as travel (Bolan & Grainger 2009; Buerhaus et al 2005a; Rhodes 2011; Seago et al

2006) and a worthwhile profession providing opportunities for serving and helping others (Mooney et al 2008; Rognstad, Aasland & Granum 2004; Stomberg & Nilsson 2010). The negative perceptions of nursing among student nurses were reported in many studies, views of nursing as a feminine, subordinate profession with limited career advancement opportunities and no high level of cognitive aspects related to it (Bartfay, Bartfay, Clow & Tu 2010; Hoke 2006:95; Rhodes et al 2011; Seago et al 2006; Wallace et al 2007). In addition, the students in the same and other studies indicated that their view of nursing was that of a disrespected and undervalued profession by society, a profession having a low social status and low academic standards (Abdel El-Halem et al 2011:621; Breier et al 2009:33; Brodie, et al 2004:722; Clark 2010:43; Mkhize & Nzimande 2007:17; Nielson & Lauder 2008:688; Pillay 2009; South Africa 2008:11; Woods 2004:13). These stereotypes and negative images have been linked to the young people's decisions to enter the nursing profession, to continue in or withdraw from nursing programmes (Grainger & Bolan 2006). They were also found to contribute to the student nurses' lack of intent to pursue a career in nursing upon qualification (Breier et al 2009:80; Brodie et al 2004; Pillay 2009).

3.3.2.3 Student nurses' perceptions of nursing as an occupation

Nursing was perceived as an occupation that offered security, income potential and mobility within the nursing profession. It was also viewed as a worthwhile job providing opportunities for serving and helping others (Mooney et al 2008; Rognstad et al 2004; Stomberg & Nilsson 2010) as well as a means of achieving happiness in the provision of care and from interactions with patients (Dockery & Barns 2005; Bolan & Grainger 2009). Rhodes et al (2011) noted that often student nurses possessed a limited view of the complexities and many unpalatable experiences such as death and dying that nursing entails. This finding suggests that the nurse educators must provide an accurate and objective view of nursing. Palumbo et al (2008:9) and Tzeng (2006) support the view that accuracy of the student nurses' perception of nursing is important for making choices about career directions.

Negative and stereotypical images of nursing as a subordinate, high pressure occupation with high risk of occupational injury and infection such as HIV were reported in a variety of studies. In addition, the student nurses identified long hours of

work, low salary, heavy workloads, shortage of staff and equipment in the workplace as factors that make nursing a stressful and physically challenging job (Abdel El – Halem et al 2011:621; Breier et al 2009:33; Brodie, et al 2004:722; Clark 2010:43; Mkhize & Nzimande 2007:17; Nielson & Lauder 2008:688; Pillay 2009; South Africa 2008:11; Woods 2004:13).

3.3.2.4 *Student nurses' perceptions regarding the nurses' own professional self-image*

A professional self-image is described by Arthur (1992 cited in Kelly and Courts 2007:332) as the attitudes that develop from experiences that promote a professional identity. The same authors go on to explain that professional self-image evolves from self–concept. In the context of nursing, professional self-image refers to an aggregate of various thoughts, beliefs, principles, perceptions, expectations and experiences of nursing held by individual nurses (Varaei et al 2012:552). Nurses' professional self- image has a strong influence on how nurses think and act (Fletcher 2007:210). According to Tzeng (2006), the nurses' self-image is partially responsible for the public's perception of nursing; meaning that if nurses hold a negative image of themselves, the image that they project to the public and especially to the prospective student nurses will be equally negative (Roberts & Vasquez 2004).

Milisen et al (2010:689) conducted a study on the evolving professional self-image of students in a baccalaureate programme and found that the majority (95.5%) of nursing students were proud of becoming a nurse; about 83% of them would recommend nursing to others; and they would choose nursing again as their field of higher education. However, these findings were different from those of Varaei et al (2012:551) and Mkhize and Nzimande (2007:13) which indicated that some nurses did not have a positive professional self-image. According to Varaei et al (2012), only 20% of the nurses indicated that they would recommend nursing to others. The same findings were reported by Buerhaus et al (2005a) and Baumann, Blythe, Kolotylo and Underwood (2004:13) who respectively found that only 36% and 25% of the student nurses they surveyed stated they would recommend nursing to others. The majority of student nurses in the same studies indicated that they would 'actively discourage someone from going into nursing'. The South African student nurses whose parents

were registered nurses stated that their parents discouraged them from choosing nursing as a career (Mkhize & Nzimande 2007).

The qualified nurses have the greatest influence on the development of the student nurses' professional role as well as a responsibility to develop and maintain the student nurses' interest in a nursing career. Andrews (2003) described how practicing nurses interacted with students in ways that conveyed a derogatory or hostile portrayal of the nursing profession. Bolan and Grainger (2009) and Breier et al (2009:114) reported that some of the practicing nurses in the wards ran the profession down by criticizing the student nurses' choice to become nurses and discouraged them from pursuing a nursing career. Forty (40%) of SA registered nurses who participated in a study by Mkhize and Nzimande (2007:13) stated that they would not recommend nursing as a career to high school or college students. Fletcher (2007) posits that the nurses' self-image drives the social value of nursing and that if many nurses were able to enhance their professional self-images, then the collective image of the entire profession would reflect a change.

3.3.2.5 *Student nurses' perceptions of gender in nursing*

Studies investigating student nurses' perceptions of gender in nursing reported both positive and negative findings. Student nurses in a number of studies perceived nursing as a profession suitable for both men and women (Bolan & Grainger 2009:775; Buerhaus et al 2005a:75; Cetinkol & Yavuz 2007; Sridevy 2011:3; Varaei et al 2012:551). The stereotypical view of nursing as a female-only job was prevalent in several studies (Evans 2004:321; Ozdemir, Akansel & Tunk 2008:156; Summers & Summers 2011). The student nurses who participated in a study by Seago et al (2006:96) perceived women to be better suited to nursing than men. Similar findings were reported by Keogh and O'Lynn (2007:256), Mooney et al (2008:389), Ozdemir et al (2008:153) and Stott (2006:330).

Wilson (2005) conducted a phenomenological study to investigate the experiences of Australian undergraduate male students during a Bachelor of Nursing degree where the findings revealed that the male students reported feelings of role conflict as having a negative effect on their progression with the course. In another study by Stott (2006:329), some male participants described the inner turmoil they felt regarding their ability to carry out a behaviour typically associated with nursing and

being female; the caring aspect of nursing. Other salient findings from the same study by Stott (2007) indicated that:

- the challenge of being a male in a female dominated profession gave rise to self-doubt and feelings of ambivalence in terms of suitability of choosing nursing as a career;
- nurse educators had a tendency to isolate and exclude male nurses from the academic and clinical perspective; and
- there was a need to expose male nursing students to positive male role models both in the academic and clinical context. This finding was supported by Wilson (2005) who added that the exposure would motivate them to consider nursing as a career.

Keogh and O'Lynn (2006) found that gender-based barriers for men in nursing such as a historical exclusion of male nurses, the assumption that nurses should be female and general insecurity among male nurses regarding the appropriate use of touch during caring interactions provided reasons for male nurses to feel discouraged to undertake general nursing as a career. The male nursing students who participated in that study found it difficult to reconcile their desire to undertake general nursing with so many mitigating factors against entry to the profession.

The image of male nurses is often perceived negatively because of the perception that only women are suited to nursing. Roth and Coleman (2008:152) observed that the cultural and social understandings of acceptable sex roles that allow women into male dominated professions such as engineering do not express the same tolerance towards males who wish to become nurses. According to Cohen (2007), as more men enter the nursing profession, they will become role models and other men will look at nursing as they do other career options such as policemen or fire fighters.

Sridevy (2011:3) conducted a survey in India to assess the effect of males on the image of nursing. Significant differences were found between the female and male students' perceptions regarding the effect of males on the image of nursing. Ninety (90%) of the male student nurses agreed compared to 54% of female students that men improve the image and status of nursing. There is a need therefore to promote

the nursing professional image to enhance its status particularly for males (Abdel El–Halem et al 2011:615). Mooney et al (2008:391) point out the need for innovative strategies to address the concerns that emerged from the literature regarding gender in nursing.

3.3.2.6   *Student nurses' perceptions of their clinical learning experience*

Effective socialization of student nurses into the profession depends upon the attitude of qualified nurses towards student nurses, in particular the acceptance and approval of student nurses by qualified nurses in the clinical areas. A number of studies into the perceptions of nursing students of their clinical experiences were conducted and the findings presented a fairly consistent picture that the student nurses' interest in nursing as a career was directly influenced by their observations of trained nurses and their attitude towards them as students (Gidman et al 2011:351; Mhlaba 2011:29; Pearcy & Elliot 2004:382).

A phenomenological study into the perceptions of nursing students of their clinical experiences was conducted by Papp, Markkanen and von Bonsdorff (2003:262). The researchers reported that the appreciation and support students received from staff, the quality of mentoring and good patient care observed by the students were factors which promoted students' clinical learning experience. Similar findings were reported by Arries (2009:147), Ranse and Grealish (2006:177), Knight, Corbett, Smith, Hardy & Gerr (2012) and Molassiotis (2011:202) that clinical staff and lecturers that treated students with dignity and respect enhanced the students' perceptions of being valued members of the healthcare team, encouraged the student nurses to stay in the Bachelor of Nursing programme and complete their studies. Jefferys (2007a:161) and Bowden (2008:45) wrote that if students perceived that they were in a caring environment with helpful staff and institutional support, they were more likely to seek help when needed and persist to attain course completion.

The nurses who participated in a study on healthy workplaces for new generation of nurses by Lavoie-Tremblay, Wright, Desforges, Gélinas, Marchionni and Drevniok (2008:290) emphasized the importance of creating a stable environment where new nurses can work with the same team members to promote socialization and to deliver safe care. The correlational findings of that study showed the influence social support from colleagues and superiors as well as the nurses' decision latitude had on

the levels of psychological distress; the more nurses perceived social support and decision latitude, the less they reported psychological distress. These findings identified avenues for intervention to improve work environments so that nurses remain committed to the ideals of caring that led them to the nursing profession in the first place (Lavoie-Tremblay et al 2008:296; Mhlaba 2011). Miers et al (2007:1196) identified the provision of learning opportunities which support individual achievement alongside a commitment to service for others as a challenge for nurse educators.

In a qualitative study by Ranse and Grealish (2006:176) to explore the nursing students' perceptions of learning in the clinical setting of a dedicated education unit, incidents of students feeling unwelcome by the ward staff were found; students stating that they were ignored and spoken to in an abrupt and disrespectful manner. These findings were consistent with those of an earlier study on the student nurses' impressions of clinical nursing by Pearcy and Elliot (2004:382) that the majority of students had not experienced the clinical environment as being warm and supportive, they felt that they were undervalued, felt saddened that after four years of clinical experience, and their most powerful images were the negative ones. According to the researchers, these findings were a total surprise to student nurses who expected that trained nurses teaching them to care for patients would demonstrate caring to them.

It was shown that negative behaviours and attitudes of qualified nurses towards student nurses threaten the student nurses' progression and retention within nursing programmes, made students to develop feelings of incompetence and insecurity which compromised their learning experience and socialization into the profession. Wells (2003:230) wrote *'nurses need to stop eating their young and help prepare a strong, competent workforce for the future.'* It is therefore important that the student nurses' experience of nursing be improved positively, aligned with their humanistic ideals and that efforts should be made to ensure that the student nurses identify with the nursing profession otherwise they will eventually leave (Hathorn, Machtmes & Tillman 2009:227).

The students who participated in a study by Brodie et al (2004:721) identified dysfunctional team interactions, unprofessional behaviour, ward politics, racism, low

morale as well as discordance between the nursing philosophy of caring and the reality in practice as factors that formed and reinforced negative perceptions of nursing and discouraged student nurses from staying in the profession. These findings were congruent with those of Breier et al (2009:124) that the South African students for whom nursing was the first choice of career entered nursing with positive perception of nursing but they were disappointed and disillusioned by unprofessional behaviour, uncaring attitudes of staff towards patients, lack of equipment, work dissatisfaction and heavy workloads they experienced in the ward. MacKintosh (2006:953), Pryjmachuk et al (2009:149), Price (2009:11) and Crow et al (2009:317) also reported that being disillusioned with nursing was one of the reasons that student nurses decided that nursing was not for them. According to Crow et al (2009) and Price (2009:11), disillusionment and cognitive dissonance follow when the nursing philosophy of caring and the actual practice of nursing in the clinical settings are incongruent.

3.3.2.7   The student nurses' perceptions of the social status of nursing

A qualitative study into the perceptions of the nursing profession among bachelor's degree nursing students was conducted by Valizadeh et al (2008) using grounded theory. The researchers reported that the students perceived the occupational status and prestige of the profession as lower than nursing's real value. Similar findings were reported in a quantitative survey by Julaii (2007) that a small percentage (18%) of nursing students who were surveyed had a positive viewpoint towards the social status of the profession. In the same study by Julaii (2007), more than half of the students who participated in the study had decided to give it up while 63.6% had decided to change course. The reasons stated for giving nursing up, in order of priority were low social status of nursing, negative viewpoints of medical team members towards nursing, unsuitable working environments and low income of nurses.

Brodie et al (2004) conducted a mixed methods research into the changing perceptions of the nursing profession among students already enrolled in nursing education and found that their experiences reinforced their own image of an underpaid, overworked profession that lacks respect and has low morale. Other researchers also found that student nurses' perception of the social status of nursing

was negative and that the status of nursing continued to fall significantly behind other health professions such as medicine. The negative perceptions included that there was inadequate respect and recognition for nurses (Buerhaus et al 2005a), inadequate compensation for the work nurses do (Bolan & Grainger 2006; Varaei et al 2012), low morale, low status, a sense of being undervalued and lack of respect for nurses by medical staff (Breier et al 2009:95; Brodie et al 2009; Pillay 2009); an attitude related to the perception of nursing as a woman's occupation and a subordinate occupation (Seago et al 2006). It must be noted that the public image and status of occupations relate strongly to the financial remuneration, job opportunities and security (Varaei et al 2012:558) as well as the number of women in that job. According to Breier et al (2009:127), professions lose status and the earning power when they start to attract significant numbers of women or a majority of women because the society associates women with weakness, dependence and powerlessness (Neilson & Lauder 2008:688). The poor image and low status of nursing have been identified as some of the reasons that most of the learners in SA are not attracted to a career in nursing anymore (Breier et al 2009:33; DoH 2008; Mkhize & Nzimande 2007:17 ; Pillay 2009; South Africa 2008:11).

3.3.2.8   *The student nurses' perceptions of the public image of nursing*

The student nurses' perceptions of the public image of nursing were investigated by Wallace et al (2007:29). According to their findings, the majority of student nurses viewed the public image of nursing as positive. This finding is incongruent with the findings of the studies by Ozdimer et al (2008:156) and Valizadeh et al (2008:1081). The majority of nursing students who participated in those studies considered nursing as a profession which had a negative image in the public. The available evidence suggests that nurses rated highly with the public in national surveys on trusted professions, honesty and ethical standards of the professions but nursing was rated low in respect of decision-making, leadership , financial viability and power (Van Tonder & Van Wyk 2011:124; Meiring 2010:114).

The student nurses' perceptions of the public image of nursing and the extent to which these perceptions affected their self-concept and academic performance in nursing school were investigated by Wallace et al (2007). According to the findings, the majority of student nurses viewed the public image of nursing as positive and

they indicated positive self-concepts. The findings also suggested that the public image of nurses and nursing have a critical impact on nurses' self-concept and the potential impact on whether nursing would be chosen as a career as well as the effective functioning of nurses in a variety of situations. It follows therefore that whatever improves and enhances the public image of nurses and nursing should be embraced and fully utilized.

The National Association of Student Nurses (2010:2) urges student nurses to lead the way in changing society's views of the importance of nurses and nursing, many possibilities the profession offers and the impact that nurses have worldwide. The association proposed that student nurses must be encouraged to counteract the negative stereotypes in nursing by not reacting to them, rather by spreading the positive image in their practice and everyday lives. However, it will not be possible for student nurses to project a positive image of nursing to the public if they hold negative and faulty image of themselves as nurses and the nursing profession, hence the focus on determining whether or not AI would be effective in bringing about a positive image or orientation among student nurses.

3.3.3 The need for change of the image of nursing

There is adequate evidence in research of the need for the image of nursing to undergo a positive change (Fletcher 2007:214; Natan 2009:9; NASA (2012). The strategies suggested in literature to change the image of nursing would be effective if nurses start to deal with societal and professional issues as suggested by Fletcher (2007:214). Based on the premise that image influences action and behaviour, a positive image of nursing among student nurses would enable the nurses spreading the positive image in their practice and everyday lives as suggested by NASA (2012) in support of the need to reshape the image of nursing and go on to suggest that it is the student nurses who should be in the lead by spreading the positive image in their practice and everyday lives. Professional nurses and nurse education need to increase efforts to change the image of nursing among student nurses by creating different environments, participating in and developing new experiences for student nurses as well as applying dynamic teaching strategies. Rhodes et al (2011) and Ward et al (2003) noted the importance of retaining students in nursing programmes and nurses in the workforce, because failure to do so might impact negatively on the

supply of registered nurses required for the provision of appropriate health care in a wide range of settings. The same authors maintain that the nursing profession can retain students in educational programmes if the issues related to the image of nursing are addressed and the profession makes means to market the positive and professional image of nursing.

3.3.4 The evolving perceptions of nursing among student nurses

The available research evidence indicated that some students come into nursing with inherent lay beliefs of nursing, misconceptions and stereotypical images of nursing while others evolve over years of education and training enabling them to be professionally socialized into the nursing career (Day et al 2005:4; Emeghebo 2012:7; Safadi et al 2011:4). According to Brodie et al (2004), as the student nurses progress with their studies, they begin to recognize the knowledge, skills, responsibilities and many career pathways and opportunities in nursing. These newly acquired positive perceptions among nursing students could motivate them to practice in a manner congruent to their positive conception of nursing, thereby conveying a positive image of the profession and changing the public' s views of the importance of nursing. A number of research reports bring to attention the following about the evolving student nurses' image of nursing:

- Nursing students' perceptions of the image of nursing develop over a period of 4 years of education (Safadi et al 2011) and can be modified and reshaped according to perceptions of experience.
- Negative perceptions of nursing are formed during the time many nursing students are learning how to practice their profession (Buerhaus et al 2005a).
- The perceptions of nursing change over time as student progress through their pre-registration course into employment depending on the quality and nature of support the student nurses received (Brodie et al 2004).
- Perception of one's professional identity changes over a course of the 4 years of the nursing programme (Safadi et al 2011). Changing the nurses' professional self-image is the first step in changing the image of nursing within the society and the profession. Individually, each nurse has the power to shape the image of nursing but the nurses must also work

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together to change the systems that perpetuate negative stereotypes of nurses' image (Fletcher 2007).

- Negative attitudes and behaviours of nurses in the clinical area towards student nurses impede their learning and threaten student progression and retention within nursing programmes and if student nurses do not identify with the nursing profession, they will eventually leave (Wells 2003).

- The practicing nurses have a considerable influence on the decisions of individuals to become nurses, and once they are student nurses, in shaping their attitudes and expectations of nursing that may endure through their career.

- Nurse educators are responsible for the development of student nurses perceptions of nursing.

- Desired perceptions and values gained through the years 2, 3 and 4 year should be retained and ultimately displayed in practice.

In summary, the implementation of change interventions and some teaching strategies resulted in changes in the image of nursing among student nurses.

3.3.5 Strategies to transform the image of nursing among student nurses

Research has provided adequate evidence of the possibility of transforming the negative perceptions of nursing among prospective nursing students (high school learners) and nursing students by means of a variety of interventions including teaching strategies designed to enhance positive orientation towards the nursing profession and the image of nursing. A summary of nursing educational teaching strategies pertinently focusing on enhancing the student nurses' image of nursing and positive orientation towards the profession as well as creating appreciation of the profession were identified, investigated and recommended in the literature reviewed. These include:

- mentoring (including clinical and peer mentoring) (Mhlaba 2011; Pera & Van Tonder 2011; Price 2009; Secrest, Norwood & Keatly 2003);
- exposure to positive professional (male and female) role models during the years of study which contributed to enhanced professional role identity professionalism (Secrest et al 2003);

- precept and example, role modelling (Pera & Van Tonder 2011; Price 2009);

- modules on nursing ethics, introduction to nursing and nursing history with specific reference to nurses of distinction (Karaoz 2004; Pera & Van Tonder 2011); and

- values clarification (Pera & Van Tonder 2011).

A phenomenological study by Hathorn et al (2009) explored the lived experiences of nurses who worked with student nurses to describe the attitudes nurses had toward student nurses and how negative attitudes were developed. The researchers pointed to the need for strategies to reduce negative attitudes towards student nurses and to promote positive, professional socialization behaviours of nurses toward student nurses in the clinical environment because if efforts are not made to ensure that the student nurses identify with the nursing profession, they will eventually leave.

Nurse educators are responsible for the development of nursing students' perceptions and they are urged to use innovative teaching strategies to guide the progression from 'a personal identification as a caring person' in student nurses to a 'professional identity of caring' and to improve the personal image of nursing (Benner, Tanner & Chelsea 2009).

3.4   CONCLUSION

A literature review was conducted to identify, summarize and synthesize research previously carried out on the student nurses' image /perception of nursing and to determine the most appropriate methods, including the research instruments to use in the study. The literature reviewed on student nurses image of nursing revealed that qualitative approaches were utilised in most of the studies (Apesoa-Verano 2007; Day et al; Secrest et al 2003), thereby highlighting the need for more quantitative or mixed methods research approaches to study the perceptions of nursing among student nurses.

A mix of positive and negative perceptions of the image of nursing among student nurses was identified. The review also highlighted the awareness of issues that need the attention of the profession, in particular nurse educators. These issues include

negative professional self-image and perceptions of nursing among student nurses and exploration of innovative strategies designed to transform the image of nursing among student nurses.

In the following chapter, a description of the research design and methods utilized in the study to achieve the objectives of the study is presented.

CHAPTER 4

RESEARCH DESIGN AND METHODS

4.1   INTRODUCTION

In this chapter, the research design and methods used in the study are discussed. The chapter begins with a discussion of the research design followed by a description of the population selected for the study, sampling procedures, the specific methods used for data collection, treatment and analysis. The details regarding the ethical considerations related to the study are included.

4.2   THE RESEARCH OBJECTIVES

As indicated in chapter 1, the aim of the study was to explore the potential of AI as a teaching strategy to transform the image of among nursing student nurses and to describe student nurses' experiences regarding their participation in the process of AI. The research objectives were to:

- explore and describe the student nurses' baseline perception of the image of nursing;
- describe how AI inquiry process was used as a strategy that might transform the image of nursing among student nurses;
- explore and describe student nurses' image of nursing resulting from the use AI;
- determine if the appreciative inquiry process could bring about transformation in the student nurses' image of nursing; and
- describe the student nurses' experiences of being involved in AI.

4.3   THE RESEARCH QUESTIONS

The research questions that guided the study were:

4.3.1 Quantitative research questions

- How did the student nurses describe their baseline perceptions of the image of nursing?

- How did the student nurses describe their post-appreciative inquiry perceptions of the image of nursing?

4.3.2 Qualitative research questions

- How was the AI process used as a teaching strategy that might transform the image of nursing among student nurses? For the implementation of the 4-D cycle of appreciative inquiry process, the following sub-questions were formulated:
    1) How did the student nurses describe their peak experiences of nursing?
    2) How did the student nurses describe what they valued most about themselves and nursing?
    3) What values did the student nurses identify as core values of nursing?
    4) How did the student nurses describe their dreams of a desired future image of nursing?
    5) What provocative propositions regarding the image of nursing did the student nurses develop?
    6) What action plans did the student nurses identify to realize their shared and desired future image of nursing?

- How did the student nurses experience the appreciative inquiry process?

4.3.3 Mixed methods research questions

The main research question that was addressed when the two sets of data were combined was:

- Did AI transform the perceptions of the image of nursing among student nurses?

4.4   RESEARCH DESIGN

Polit and Beck (2012:58) define the term research design as the overall plan for obtaining answers to the questions being studied and for identifying strategies to minimize bias during the research process. As noted by Burns and Grove (2005:11), the research design specifies as clearly as possible the plan to be followed in order to answer the research question and to maximize control over the factors that could interfere with the validity of the findings. Mixed methods research (MMR) design was conducted through an appreciative inquiry process to address the study objectives and to answer the research questions stated in 4.3. The design was explorative - descriptive, quasi experimental and comparative in nature.

4.4.1 Mixed methods research designs

Mixed methods research (MMR) designs are defined as those that combine quantitative and qualitative approaches in a single or a multi-phased study for the purposes of breadth and depth of understanding and corroboration of the phenomenon (Johnson et al 2007; Tashakorri & Creswell 2007:207). Creswell and Plano Clark (2007:5) describe MMR as a design with philosophical assumptions that guide the direction of data collection and analysis and the mixture of qualitative and quantitative approaches in many phases in the research process. According to Leech and Onwuegbuzie (2009:273), MMR comprises the following five specific designs; sequential studies, parallel/simultaneous studies, equivalent status designs, dominant-less dominant designs and designs with multilevel use of approaches wherein researchers utilize different techniques at different levels of data aggregation. Creswell (2014:219-220) differentiates among six basic MMR designs namely: convergent, parallel, explanatory sequential, exploratory sequential, embedded, transformative, and multiphase mixed methods. The latter three are classified as advanced MMR and the former as basic MMR (Creswell 2014:218).

The literature on the goals and rationale for the use of MMR designs is plethoric. O'Cathain, Murphy and Nicholl (2008:93) and Teddlie and Tashakkori (2010:5) state that MMR is not just an outcrop of mixing different methods but a purposeful and powerful blend intended to increase the yield of empirical research. Other researchers maintain that the goal of mixed methods research is not to replace qualitative or quantitative approaches but to draw from the best of both (combine the

strengths of both) and to minimize their limitations in order to create a holistic research design capable of achieving a better and deeper understanding of research problems than either approach alone (Cameron 2011:96; Creswell, Klassen, Plano Clark & Smith 2011:4; Caruth 2013:113; Hesse-Biber 2010:456; Holloway & Wheeler 2010:270; Johnson et al 2007; Leech & Onwuegbuzie 2009:274; Truscott, Swars, Smith, Thornton-Reid, XZhao, Dooley, Williams, Hart & Matthews 2010:317). The same authors recognize that MMR designs provide the researchers with opportunities to view the problems from multiple perspectives, to have one database that build on another and to develop a more complete understanding of a problem. Holloway and Wheeler (2010a:270) observed that social reality has many dimensions and people's lives and life experiences happen on both macro and micro level. It is for this reason that social life cannot be determined by either quantitative or qualitative approaches. The use of MMR provides alternative ways of viewing and interpreting different aspects of reality rather than depicting one or the other as correct or incorrect (Creswell 2009:211; 2014:215).

Hussein (2009:2), Johnstone (2004:264), Polit and Beck (2012:610), Venkatesh, Brown and Bala (2013) identified triangulation, complementarity, expansion, completeness, developmental, corroboration, compensation and diversity as main purposes for MMR. Triangulation is defined as the use of more than one method to collect and interpret data about a phenomenon in the same study with an aim of achieving convergence, corroboration and correspondence of results from different methods (Hussein 2009:3; Niewenhoud 2009; Polit & Beck 2012). Complementarity, on the other hand, is intended to ensure that researchers gain a fuller understanding of the research problem or clarity of a given research result (Johnson et al 2007:122; Johnstone 2004:264; Venkatesh et al 2013). The same authors assert that complementarity enables researchers to develop a complementary picture to compare, validate, or triangulate results, or, examine processes/experiences along with outcomes. Expansion means that the use of MMR adds scope and extends the breadth and range of inquiry. Compensation is used in MMR to counter the weaknesses of one method by employing the other while diversity is intended to obtain different viewpoints of the same experiences or associations (Venkatesh et al 2013). According to Johnstone (2004:264) and O'Cathain et al (2007:147)

triangulation, complementarity, corroboration, compensation, diversity and expansion add rigour and credibility to a mixed methods study.

Ivankova et al (2006:10) and Teddlie and Yu (2007:85) point out that in any MMR designs, issues of implementation, priority and integration of quantitative and qualitative approaches are important. Implementation refers to the order in which the researcher collects quantitative and qualitative data. Basically, a sequential MMR design was followed in this study. However, the sequence was also multiphase and included elements of embedded actions (Creswell 2014:220-221). Quantitative data were collected and analyzed first in stage 1 before the qualitative data collection and analysis in stage 2 commenced. Both the quantitative and qualitative data collection and analyses were resumed in stages 3 and 4 respectively as shown in figure 4.1.

Priority means that researchers need to decide which paradigm (quantitative or qualitative or both) will have more emphasis, dominance, weight or attention throughout the data collection and analysis process in the study (Ivankova et al 2006:9; Johnson & Creswell 2006:2; Leech & Onwuegbuzie 2009:267). In this exploratory, sequentially embedded study, the qualitative paradigm was given dominance as shown in the notation (quan⇨[QUAL]⇨[quan+QUAL]⇨QUAL); the arrow designating the sequence, that quantitative data collection and analysis came first in the sequence and the upper case letters suggest major emphasis or dominance (Creswell 2014:229). The decision to put emphasis on the qualitative data was influenced by the study purpose, objectives and the scope of qualitative research questions. In addition, the depth of qualitative data analysis was enhanced by the use of designs such as MMR guided by AI and individual interviews which involved extensive data collection from different sources. This made the qualitative component of the study the methodological focus.

In any MMR design, quantitative and qualitative data may be integrated by means of connecting, merging or embedding (O'Cathain, Murphy & Nicholl 2010:87). Connecting data is possible in sequential mixed methods where data are collected and analyzed in phases and each phase emphasizes one type of data. The results are then used to inform or support the next phase. In the current study, connecting the quantitative and qualitative approaches was achieved in the participant selection

phase as described in chapter 1. The second connecting point was the use of results from the survey to develop the appreciative interview schedule for use in the second qualitative stage. The database of secondary priority was embedded within a larger primary design by collecting data on the participants' experience of the AI intervention (Creswell et al 2011:6).

The decision to use MMR design was influenced by Tashakorri and Teddie's (2010:818) recommendation to use the design when researchers anticipate that MRR would provide better answers to the research questions. Therefore, it was the researcher's conviction that to answer the study research questions required methods that utilized a combination of quantitative and qualitative approaches, thus making triangulation possible. In addition, combining the elements of both quantitative and qualitative paradigms in the current study accommodated multiple realities (subjective and objective); a feature which is consistent with the pragmatism paradigm upon which the study was based. It was anticipated that the data that would be collected and analyzed using a range of quantitative and qualitative methods would provide sufficient knowledge to resolve the research problem and lead to a better and deeper understanding of the study phenomenon (Johnson et al 2007; Teddlie & Yu 2007:88). Furthermore, a combination of quantitative and qualitative paradigms would compensate for the inadequacies and benefit from the advantages of both quantitative and qualitative paradigms (Creswell & Plano Clark 2007).

A visual representation of the sequentially embedded MMR design used in this study in figure 4.1 shows the sequence of data collection and analysis activities, the points at which the quantitative and qualitative data were connected and embedded as well as the integration that occurred at the data analysis and interpretation of findings stages of the research process (Ivankova et al 2006:16; Plano Clark & Creswell 2008).
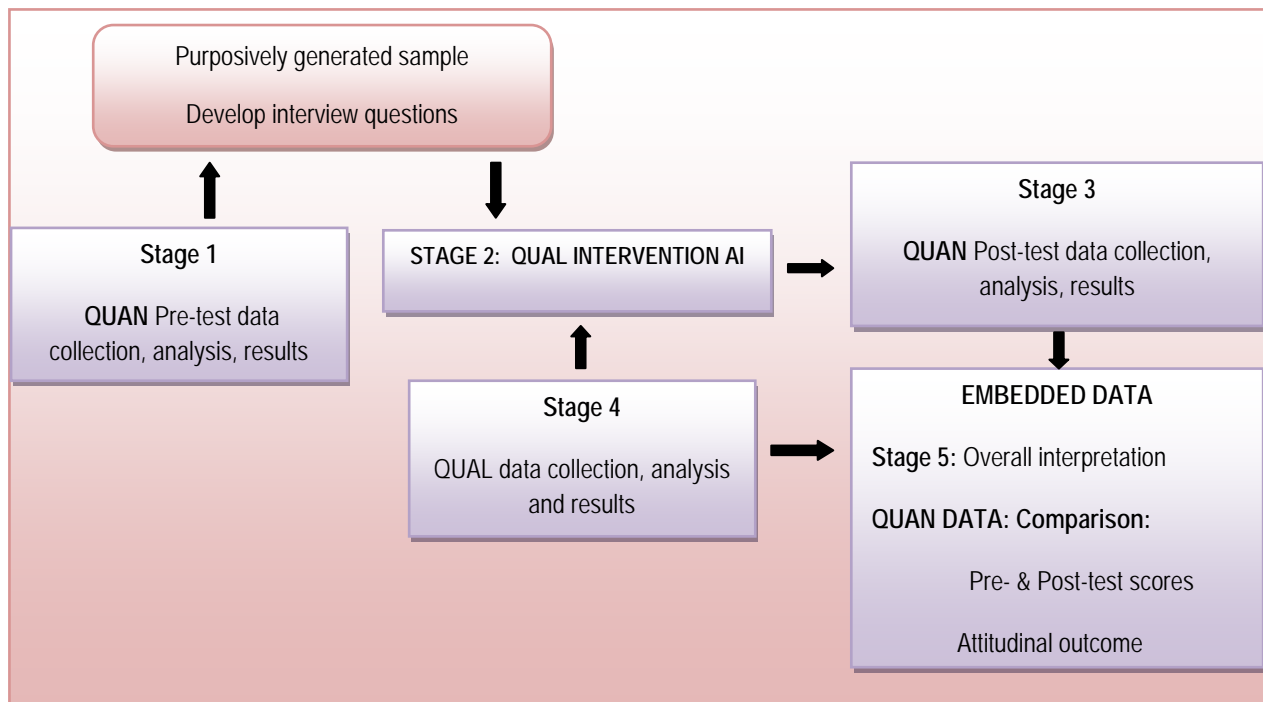
Figure 4.1   Sequentially embedded mixed methods research design
(Adapted from Ivankova et al 2006:16)

Creswell and Plano Clark (2007) and Venkatesh et al (2013:115) point out the strengths and weaknesses of mixed methods when they argue that the inclusion of the quantitative phase in MMR makes qualitative approach more acceptable to quantitative biased research readers. Additionally the same authors assert that mixed methods can handle a wider range of research questions because they are not limited to one research design, they can offer enhanced validity through triangulation and that they can increase the capability to generalize results compared to using only qualitative study designs. In relation to weaknesses, MMR designs are expensive and time-consuming because of multiple forms of data collection and analysis. Additionally time and resources are required to implement multiple steps involved in MMR (Ventakesh et al 2013:115). However, Tashakkori and Teddlie (2010:818) argue that *'if there is a strong possibility that researchers might get unsatisfactory and incomplete answers*, *then the shorter, less expensive paths that provide such answers are not desirable'.*

The main challenge posed by the chosen design for the researcher as a doctoral student was that it took longer to implement and to complete the study. As the

findings of one stage had implications for the next, the design by necessity had to be sequential.

A delay in one stage logically delayed the next. Getting the respondents together for the two stages of the quantitative phase as well as getting data analyzed before the next stages of the qualitative phase proved to be especially time consuming.

Some of the disadvantages of MMR prevalent in literature were identified by the researcher; for example, inadequate knowledge in one or both qualitative and quantitative research methods as well as the collection and analysis of two complete but separate sets of data simultaneously or sequentially (Tashakkori & Teddlie 2010:818; Maree 2008; Venkatesh 2013). Prior to undertaking the study, the researcher attended courses provided by the employer, University Of South Africa (UNISA) on qualitative and quantitative research methods, a 3-days workshop on mixed methods research, introduction to SPSS and writing for publication. UNISA provided access to SPSS. The financial support and study leave were provided by UNISA and the National Research Foundation (NRF) of South Africa.

4.4.2 Characterising the current research design

As indicated previously, the current design is a qualitatively dominant and sequentially embedded (quan⇨[QUAL]⇨[(quan+QUAL]⇨QUAL) with explorative – descriptive and quasi-experimental features within a MMR design. Because of the fact that the main emphasis was on the qualitative paradigm, the quasi experimental design was not the main focus of the study.

4.4.2.1 *Explorative – descriptive design*

Researchers use exploratory research when little is known about the topic of interest or when the subject of the study is relatively new (Babbie & Mouton 2006:79). Welman, Kruger and Mitchell (2005:201) explain that exploratory research is useful for clarifying concepts and for enabling researchers to compile a list of possible answers and solutions to predefined questions. The study explored the potential of AI as a teaching strategy to transform the student nurses' perception of the image of nursing. An extensive literature review pertaining to appreciative inquiry and the student nurses' perception of the image of nursing was conducted to enhance exploration of the concepts related to the research topic.

According to Jackson (2009:87), descriptive research is mainly done to describe a set of observations or the data collected in order for the researcher to gain a better understanding of a topic. It does not draw conclusions from that data or determine cause and effect. Welman et al (2005:201) observed that when exploratory research is used in combination with descriptive research, it becomes a valuable tool for increasing the understanding of the questions, situation or events that the researcher is striving to comprehend. It therefore follows that exploratory research must happen first for descriptive research to be effective. The latter organizes the data found during the exploratory process.

Explorative – descriptive research was used in the quantitative component of the study to establish and describe the student nurses' baseline perceptions of the image of nursing as well as their perceptions of the image of nursing after the implementation of AI while descriptive and experiential research methodology were used in the qualitative component to develop a rich understanding of the participants' positive core (peak) experiences, cultivated appreciative perceptions of nursing and experiences of the process of AI.

4.4.2.2 *Embedded quasi-experimental design*

Quasi-experimental study is a type of evaluation which aims to determine whether a programme or intervention has had the intended effect on a study's participants (Muij 2011; Shuttleworth 2008:1). In quasi-experiments, the "independent variable" cannot be manipulated by the researchers and no causal conclusions can be drawn from them. The typical steps involved are the pre-test, the intervention and the post-test (Muij 2011) as diagrammatically illustrated in figure 4.2.
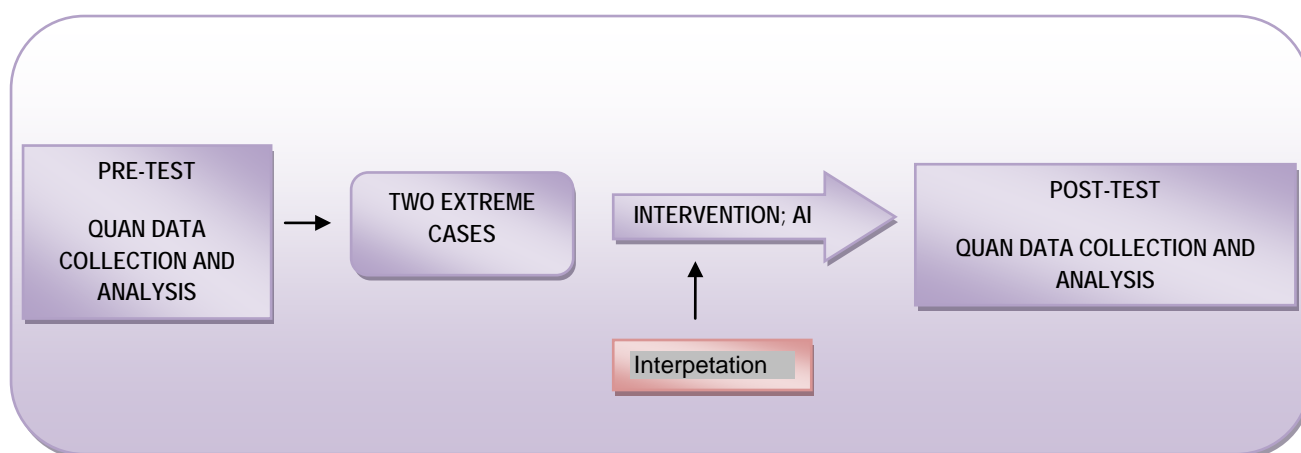
Figure 4.2   Steps in the quasi-experimental aspect of the study design

(Adapted from Creswell & Plano Clark 2007)

The researcher followed the same steps in which two non-equivalent groups received the same treatment after which their post test scores were compared (Burns & Grove 2009:257; Polit & Beck 2012:217). In this study, the two extreme cases were subjected to AI (intervention) and the intended effect was measured thus refining a quasi-experimental design as indicated in chapter 1.

4.4.2.3   *The intervention: Appreciative Inquiry*

The typical phases and activities of the AI process prevalent in literature are summarized in table 4.1. Not all the elements of AI process were applicable to this study. The pre-inquiry and inquiry phases' activities that were applied to the study are highlighted.

TABLE 4.1: COMMON PHASES AND ACTIVITIES OF APPRECIATIVE INQUIRY

PRE-INQUIRY INQUIRY	INQUIRY	POST-INQUIRY
- Executive support - Leadership team - Appreciative Inquiry training - Outside facilitation - Invitation from President	- Collection of positive stories - Peer interviewing - Positive topic statement - Structured model 4-D) - Motivating vision of future - Action-oriented projects - Positive metaphor, slogan or theme created	On-going project teams - On-going communication of results - Allocation of resources to support projects - Improvisation and adaptation encouraged - Structured follow-up events

(Adapted from Bushe & Kassam 2005)

In the pre-inquiry phase, I underwent a four-day Appreciative Inquiry Facilitator Training (AIFT) which was presented by the Centre of Appreciative Inquiry in August 2012. The training equipped me with skills to plan, design and deliver appreciative inquiries and to conduct appreciative interviews. The AIFT enabled me to formulate and to use affirmative questions during the AI interviews. I also had the opportunity to personally experience AI process as a participant (interviewee) and as a facilitator. As a result of this exposure, I was more convinced that AI has potential to change attitude and perceptions of student nurses regarding the image of nursing if used as an intervention, teaching strategy. The verification of AIFT is attached as Annexure M.

The inquiry element activities listed in the middle column of table 4.1 were implemented as described in paragraph *4.6.3.2*. The post-inquiry activities were not included because they were not in line with the objectives of the study. However, I intend to pursue those in post-doctoral studies.

4.5   THE CONTEXT AND RESEARCH SETTING

De Vos (2001:281) explains 'context' as the study of people in their natural setting in order to understand the dynamics of human meanings as full as possible. The study setting, according to Polit and Beck (2012:743), refers to the physical location and conditions in which data collection takes place. The study was conducted in the nursing education setting at one public college of nursing and two universities' nursing departments located in the City of Tshwane in the Gauteng province of South Africa. The nursing college and nursing departments of the selected universities had to meet the inclusion criteria described in chapter 1. The setting was natural as the study was conducted at the respondents' respective institutions. The place and time allocated for the study was within the teaching/learning timetable in a classroom.

4.6   RESEARCH METHODS

According to Polit and Beck (2008:15), research methods give a logical process to be followed during the application of scientific methods and techniques when a particular phenomenon is investigated. The research methods applied in this study

comprised the description of the population selected for the study, procedures and strategies for data collection and analysis. These are described in the paragraphs that follow:

4.6.1 Population

A research population is a set of objects or elements to be studied. Rowe, Dancey and Reidy (2012:124) explain that those elements could either be persons, events, or substances in a specified target group of interest to the researcher. It is also described by Creswell and Plano Clark (2007:112) as a group of people who possess specific characteristics and from which a sample is drawn to determine the parameters or characteristics.

Holloway and Wheeler (2010:137) distinguish between 'target' and 'accessible' populations. The target population has the particular experience or knowledge of the phenomenon which the researcher is seeking to explore. Burns and Grove (2006:266) point out that it may not always be possible to manage the target population because of its size, location, distribution and other practical challenges hence the use of accessible population. The target population should therefore be clearly defined in terms of place, time and other factors relevant to the study. The target population is the aggregate of cases that meet the inclusion criteria and are available for the study while the accessible population represents the group from which the sample (sample frame) is taken and it provides a sample that generalizes to the target population (Holloway & Wheeler 2010:137; Polit & Beck 2012:744).

The study populations comprised the nursing education institutions (NEIs) and the student nurses in South Africa. The eligibility criteria, target population and accessible populations for both sites and participants are shown in table 4.2.

TABLE 4.2: THE STUDY POPULATION

	Site population	Participant population
Population	All NEI's in SA.	All student nurses registered for the programme of education and training leading to registration as a nurse (general, psychiatric and community) and Midwife (R425, 1985; paragraph (iii) as amended).
Eligibility criteria	All NEIs offering the programme of education and training leading to obtaining a qualification which confers on the holder thereof the right to registration as a nurse (general, psychiatric and community) and Midwife (R425, 1985; paragraph (iii) as amended.	• 3rd and 4th year male and female student nurses, • Studying at NEI's that meet the eligibility criteria for a diploma or a bachelor's degree • Registered for the academic year 2012
Target population	All NEI's meeting the eligibility criteria which are located in the Gauteng province of South Africa; N=10	• Student nurses who meet the eligibility criteria • Studying at NEI's in the Gauteng Province
Accessible population	NEI's meeting the eligibility criteria which are located in the city of Tshwane, Gauteng province, SA N=5	• Student nurses who meet the eligibility criteria • Studying at NEI's which are located in the city of Tshwane; Gauteng Province • Who were willing to participate in the study

4.6.2 Sample and sampling procedures

A sample is a selected subset of the accessible population to represent the entire population in a study while sampling refers to a process of drawing a representative sample from a population (Rowe et al 2012:124; Polit & Beck 2012:742). Consistent with an implied multiphase MMR design, the study had more than one sample selected at various phases of the research process. The types and sizes of the samples were dependent on the research questions, from large number of units in the first quantitative phase based on well-defined populations to small carefully selected number of cases in the qualitative phases (Teddlie & Tashakorri 2009:183; Teddlie & Yu 2007; 85). The procedures used for site (NEIs) and participant sampling are described in the paragraphs that follow:

• **Sampling of NEI's**

A site sample with a large pool of students was required because the sample selection of participants would be greatly depleted by the generated sampling

technique. From the accessible site population (n=5), four (4) NEIs were randomly and conveniently sampled but only three (3) could be used because permission to conduct the study in one was refused. The study was therefore conducted at two nursing departments of selected universities and one public college of nursing in the City of Tshwane.

- **Sampling of student nurses**

Sequential quantitative-qualitative sampling was used, achieved through the sequential use of convenience and purposive sampling (Collins, Onwuegbuzie & Jiao 2006). Probability sampling technique would have been preferred for the first stage of quantitative data collection but the researcher found that the use of an unadjusted convenience sample was practical to obtain a large sample required for stage 1.

The student nurses from each of the selected NEIs were invited to participate voluntarily in the study and only those that met the eligibility criterion stated in table 4.2 were included in the in the pre-test in the form of a survey. The samples and sampling procedures used for all phases of this study are summarized in table 4.3.

TABLE 4.3: STUDY SAMPLES AND SAMPLING PROCEDURES			
STAGES	SAMPLING PROCEDURE	SAMPLE	DATA COLLECTION ACTIVITIES
STAGE 1	Convenience sampling	Willing to participate in the study	Pre-test survey
STAGE 2	Non- probability purposive sampling	Extreme cases • Group A • Group B	Appreciative Interviews
STAGE 3	Convenience sampling	Same sample as in phase 2	Survey post-test
STAGE 4	Purposive sampling	Same sample as in phase 2	Individual interviews
STAGE 5	Theoretical (explained in chapter 1)	Researcher	Data analysis and interpretation

As shown in table 4.3 the information from the first sample derived from convenience sampling procedure was used to draw the second sample (extreme cases) derived from a purposive sampling procedure (Collins et al 2006; Teddlie & Yu 2007). The third and fourth samples were conveniently and purposively sampled for participation in the post-test survey and individual interviews respectively. The eligibility criteria for

participation in stage 2 included those student nurses who took part in the survey and their selection was based on their performance in the questionnaire. Two extreme cases (Groups A & B) were computer generated, selecting those students who fell outside the average variability of student nurses' performance; namely the student nurses with extreme outcomes (outstanding performance and very poor performance in the questionnaire). According to Polit and Beck (2012:518), identifying extreme cases is a sampling strategy that occurs within the context of and in conjunction with other sampling strategies. This approach provides opportunities for learning from unusual or extreme informants based on the assumption that extreme cases are information- rich because they are special in some way. Researchers seek out extreme cases in order to develop a richer, more in-depth understanding of a phenomenon.

The eligibility criteria for participation in the third and fourth phases of the study included those student nurses who took part in the appreciative interviews and were willing and available for the study.

Exclusion criteria: the first and second year student nurses as well as the 3rd and 4th year student nurses who did not give consent were excluded from the study.

The class registers of 3rd and 4th year student nurses registered for the programme, at the selected NEI's was used as sample frame. The total number of the student nurses at selected NEI's was 495 as shown in table 4.4. For the purposes of anonymity, the NEI's were reported as Nursing College (NC), University A (UA) and University B (UB).

TABLE 4.4: THE ACCESSIBLE RESEARCH POPULATION (N=495).				
	Nursing college	University		Total
		UA	UB	
Third year student nurses	197	35	49	281
Fourth year student nurses	150	29	35	214
TOTAL	347	64	84	495

- **Sample size**

The sample size was not determined in advance because of the use of non-random sampling techniques. However, the minimum requirements for both quantitative and qualitative research were adhered to. In quantitative research, the aim was to get a large representative sample in order to generalize findings to the population while the goal of qualitative research was not to generalize beyond a sample to the population (Onwuegbuzie & Leech 2007:117). While it is accepted that in qualitative research the sample size is typically small, it should not be too small that it is difficult to achieve saturation and not too large that it is difficult to undertake a deep case oriented analysis.

Table 4.5 gives an overview of the sample sizes as the research progressed.

TABLE 4.5: SUMMARY OF SAMPLE SIZE FOR DIFFERENT STAGES OF THE RESEARCH				
	STAGE 1 Quantitative	STAGE 2 Qualitative	STAGE 3 Quantitative	STAGE 4 Qualitative
Target population size	495	40	40	15
Number selected		35 (met the inclusion criterion)		10 (information redundancy)
Return response	350 (70%)			
Number not usable	130			
Final sample size	220	28 (willing)	28 (willing)	10

Stage 1: As shown in table 4.5, 350 students participated in the survey, resulting in the response rate of 70.7%. Some of the student nurses had not attended class on the days data were collected while others chose not to participate in the study. According to Johnson and Christensen (2004:112), responses rates of 70% and higher are acceptable while Teddlie and Yu's (2007:84) opinion is that at least 50 questionnaires need to be returned to allow for basic statistical analyses and to establish representativeness. Some of the returned questionnaires were not used because they were incomplete while others had more than one response per Likert item. The final sample size for the survey in the first stage was 220.

Stage 2: Of the 350 student nurses who participated in the survey, forty (40) student nurses agreed to participate in appreciative interviews if they met the inclusion criteria of belonging to 'extreme cases'. Based on the performance in the questionnaire, only 35 of the 40 student nurses met the inclusion criterion. The final

sample comprised of 28 students nurses who met the criterion and were willing to take part in AI interviews. The number is consistent with the typical small sample size in purposive sampling (usually 30 or fewer participants).

Stage 3: Twenty eight (28) student nurses who took part in the appreciative interviews agreed to take the post-test survey.

Stage 4: Fifteen (15) of the 28 student nurses who participated in the appreciative interview agreed to take part in individual interviews on their experiences of AI. The principle of information redundancy (data saturation) was adhered to. Data collection continued until information redundancy occurred when there was no new data generated during the individual interviews (Polit & Beck 2012:742; Teddlie & Tashakorri 2009:183; Teddlie & Yu 2007:86). In this study information redundancy was reached after ten individual interviews.

4.6.3 Data collection

Data collection entails precise and systemic gathering of information relevant to the research purpose or the specific objectives or questions (Burns & Grove 2005:735). In MMR, data collection involves gathering both numeric and text information so that the database represents both quantitative and qualitative data (Teddlie & Yu 2007:85). Different strategies were used for data collection. Quantitative data were generated by means of a survey while interviews were used to generate qualitative data. In the following section, the data collection process as it occurred in stages is described.

4.6.3.1 *Quantitative data collection*

The quantitative strand of the study involved a pre- and a post-test data on the student nurses' perceptions of the image of nursing before and after the implementation of appreciative inquiry respectively. A descriptive survey was used as a method of data collection using a questionnaire as a data collection instrument.

- **Survey**

According to Polit and Beck (2012:744), surveys collect information on peoples' actions, knowledge, beliefs, intentions, opinions, attitudes, preferences and values via direct questioning. A survey consists of asking questions of a representative cross-section of the population at a single point in time. The questions are often mailed to members of the target population, asked through personal face-to-face interviews, asked over the telephone, distributed electronically or handed out to self-contained groups such as students in a classroom, to answer and return. The latter method was used in this study to ensure that data are collected within a short period of time and the return rate was enhanced. Polit and Beck (2012:265) and Parahoo (2006:188) point out the strengths of surveys. Firstly, a great deal of information can be obtained from large representative samples or the entire population in a fairly economical manner. Secondly, the surveys have the potential to generalize to large populations provided that appropriate sampling design and proper methods were implemented.

- **Questionnaire**

A structured self-administered questionnaire was used for collecting quantitative data (pre-test and post-test data). A questionnaire is a document used to gather self-report data via self-administration of questions. The respondents complete the instrument for themselves on a paper -and-pen instrument or directly onto the computer (Polit & Beck 2012:265). Questionnaires are used to gather more information from a large number of participants that can be easily quantified and analyzed. The paper-and-pen questionnaire was used in this study.

The researcher developed the questionnaire (Annexure E). The questions that were formulated were guided by the objectives of the study outlined in the first chapter of the study as well as the literature review presented in chapter 2. In developing the questionnaire, the researcher followed Creswell's (2008:401) guidelines that the questions should be clear; there should be no jargon or unnecessary words. The questionnaire comprised the following sections:

(i)   Information given to participants

The purpose, the nature, the process and the activities of the study were explained to the participants in a letter that accompanied the questionnaire. The participants were informed that participation in the study was voluntary and that they had the right to decline to participate in the study or to withdraw from it at any point without explanation or consequences even after they had already signed a consent form (Polit & Beck 2012:158; Tangwa 2009:1). Consent to participate in the study was sought from the student nurses, all of whom were 18 years and above. In stages 1 and 3 (survey pre- and post-test), the participants were not required to give a written consent. Response to the questionnaires implied voluntary consent to participate in the study. The covering letter requesting the student nurses' participation in the study and the consent form are included as Annexure D.

(ii)   Section A: Biographical data

This section contained five (5) questions which sought biographical information such as gender, age, registration status with the South African Nursing Council (SANC), study programme and the level of training. The purpose of eliciting such information was to ensure that the participants met the inclusion criteria and to secure a descriptive profile of respondents so as to ensure a basis for data analysis in relation to other sections of the questionnaire as per objectives of the study.

(iii)   Section B: Student nurses' perceptions of nursing

This section contained sixty three (63) items designed to elicit the information about the student nurses' perceptions of the image of nursing. This was in line with the objectives of the study. The items were grouped into seven subscales; *the nature of nursing work* (15 items), *nursing as a career* (10 items), *characteristics and qualifications required for entry* (7 items), *working conditions* (4 items), *perceptions about nurses* (12 items), *gender in nursing* (4 items) and *the meaningfulness of nursing* (12 items). A four-point Likert scale with 1 representing ''strongly agree'' and a score of 4 representing ''strongly disagree'' was used to determine the strength of opinions and attitudes with regard to the statements contained in the questionnaire. It was assumed that all the respondents would perceive 'strongly agree' as expressing great favour towards the opinion statements and attitude. Some of the items were

stated positively while others were expressed negatively. This was to encourage the respondents to think carefully about each and every item.

- *The validity of the questionnaire*

In quantitative research, validity is derived from the assumption that there is only one reality, which can be viewed objectively, controlled and manipulated. Due attention was paid by the researcher in the development of the questionnaire to ensure that the items included were representative of what needed to be elicited in accordance with the objectives of the study. The procedure to establish content related validity as suggested by Polit and Beck (2012:723) was followed. The procedure included exhaustive literature review, consultation with experts and representatives of the relevant population.

The questionnaire was developed following an extensive study of the relevant literature and this assisted the researcher to determine the boundaries of the study. The draft questionnaire was submitted to the supervisors of the study at the University of South Africa (UNISA) and a statistical consultant who examined the questionnaire to determine whether all the component elements of the variable were measured (Araoye 2003:153). In order to calculate the content validity index (CVI), the draft questionnaire was sent for review to seven (7) content experts, consistent with recommendations made by Polit and Beck (2012:723). The experts comprised South African nurse leaders including heads of departments of nursing at universities and nursing colleges as well as the nurse educators to determine the face and content validity as well as its construct validity as measured against standard professional codes of practice, the caring ethic and appreciation of nursing in general. The experts were requested to evaluate whether individual items were relevant and appropriate in terms of the construct and whether the items adequately measured all the dimensions of the construct. The feedback from four (4) content experts who responded to the questionnaire led to modifications of some items. All the items were regarded as valid, with the content validity index of 0.90. According to Polit and Beck (2012:337), a scale should be judged as having acceptable content validity if the average of the overall scale CVI is 0.90 or higher. The content validity questionnaire is included as Annexure F.

Before the questionnaire was administered to the participants, it was subjected to a pre-test on a convenience sample of fifteen (15) 3rd and 4th year college and university student nurses, none of whom participated in the actual study. Each student was asked to critically analyze all aspects of the questionnaire and to comment on the wording, order and clarity of questions, redundant questions, length of the questionnaire, the time required to complete the questionnaire and inadequate or confusing response categories (Polit & Beck 2012:337). The critical comments from the pre-test study were used to improve the questionnaire.

- *The reliability of the questionnaire*

According to Rowe et al (2012:544) and Polit and Beck (2012:337), reliability exists in degrees and it is indicated as a correlation coefficient, typically measured by using the Cronbach's alpha. It is most commonly used with multiple Likert questions in a questionnaire that form a scale to determine if the scale is reliable. As this was a newly designed instrument with many items, reliability was calculated once the data had been gathered. The Cronbach's alpha reliability coefficient was used as an estimate of the internal consistency of the whole questionnaire which was deemed acceptable at 0.770. Rowe et al (2012:337) indicate that a Cronbach's alpha of > 0.70 is sufficient for research instruments to be considered reliable.

4.6.3.2 Qualitative data collection

Qualitative data was collected by means of interviews. Yin (2003:86) points out two important factors to consider in the interview process. Firstly, a line of inquiry should be followed, and in this study AI was used as a line of inquiry. Secondly, the actual questions should be asked in an unbiased manner appropriate to the line of inquiry. Consistent with AI, affirmatively worded questions were formulated for the interview schedule. The rationale for selecting interviews as a data collection method and the qualitative data collection process are discussed in the paragraphs that follow.

- **The rationale for using interviews**

The qualitative strand of the study sought to explore and describe the student nurses' positive core (peak) experiences regarding the image of nursing, cultivated appreciative perceptions of the image of nursing following the use of AI as well as

their experiences of being involved in the AI process. Interviews were therefore the most appropriate to use because they enabled the researcher to obtain from the participating student nurses both the information and insights about the study phenomenon (image of nursing) as well as a better and deeper understanding of the student nurses' experiences of AI than would be obtained from the survey questionnaire only. According to Denscombe (2003:165), interviews are relevant as a data collection method when the data needed is based on personal and privileged information such as participants' experiences, visions and insights this study sought to explore and describe.

Appreciative interviews and individual face-to-face interviews were used to collect qualitative data in the second and fourth stages of the study respectively. In the paragraphs that follow, appreciative data collection and individual interviews are discussed.

4.6.3.2.1   *Appreciative inquiry interviews*

The participants were recruited for appreciative interviews by means of an invitation letter accompanying the questionnaire and the invitation was discussed with the participants on the days when quantitative survey data was collected (Annexure G). As shown in table 4.5, 25 student nurses signed the consent and took part in appreciative interviews. The researcher ensured that all the participants were given the necessary information regarding the dates, times and venues for the interviews.

A favourable, non-threatening and relaxed environment was created when the researcher introduced herself to the participants, explained the process of appreciative inquiry and especially briefed them about the focus of the interviews. Each participant was requested to write her/his initials or pseudonym instead of their names on the sheet of paper that was set up in front of them to ensure that anonymity was maintained when the collected data was recorded. The participants were seated in groups, each group in a circle so that each participant had a full and equal view of others (Burns & Grove 2005:189; Stephens 2009:96).

The researcher facilitated two interview sessions of 13 and 15 group members on different days and guided the participants to engage in the activities designed to

enable them to experience each of stages of the 4-D cycle of AI. Consistent with appreciative interviews, different qualitative data collection methods and instruments were used including structured paired interviews, small and large group activities. The researcher gave guidance and directions about how each participant should use the appreciative interview schedule to collect data and the interview summary sheet to document the data gathered.

The student nurses participated in the activities of the phases of the 4-D cycle of AI and the first step was the selection of a topic.

(i)   The selection of the affirmative topic

In a typical AI process, the chosen affirmative topic informs the questions that guide the discovery conversations (Zandee & Vermaak 2012:12). The student nurses who participated in this study were not directly involved in the selection of the topic. The researcher selected the topic based on the results of the survey. The affirmative topic for the study was created by using one of the suggestions by Barret and Fry (2005:75) of reframing or reversing a problem into a positive statement describing what the participants want to see happen as a result of the inquiry. Details regarding the selection of the affirmative topic are discussed in chapter 6.

(ii)   Appreciative interview schedule

The AI interview schedule for this study was constructed based on the quantitative results of the survey in phase 1 and Cooperrider et al's (2003:36) suggested foundational questions for AI. Typically, those foundational questions are used in any generic AI interview format but they can be modified to meet the objectives. The researcher adapted (modified) the generic AI interview schedule based on the results of the survey in order to meet the objectives of the current study.

The modified AI schedule consisted of affirmative and open-ended questions and its content was grounded in the results of the survey done in stage 1 of the study and the selected affirmative topic. It also complied with the requirements of three types of questions including 1) the introductory or stage setting questions, 2) appreciative inquiry questions and 3) the closing questions as shown in Annexure I. The modified AI interview schedule was reviewed independently by two (2) appreciative inquiry

experts from the Centre for AI who facilitated the AI training workshop that the researcher attended. They were requested to review and comment on the appropriateness of the language used and the selection of questions related to the research topic. The experts confirmed that the interview schedule appropriately captured the concepts of AI as well as its essential outcomes.

(iii)   Data collection as it occurred in phases of AI

The discovery phase involved a data collection and narrative exploration. The participants' response to the interview questions revealed the positive, successful, and the prideful experiences of the individual and collective referred to as peak experiences. The focus was to explore and enliven the stories that were shared through interviewing and the aim was to energize both the interviewers and interviewees as they shared their experiences, their values and wishes for the future image of nursing. Within this learning process, the frame of reference began to shift from problem-solving and/or deficit thinking to possibility of evolving preferred image of nursing.

The student nurses took turns to interview one another in pairs, inquiring into the most positive images they held of nursing or life-giving properties of nursing using the interview guide. They took notes about high points and quotable quotes, reflected on interview highlights and completed the interview analysis summary sheet. They checked with the partners if the highlights that mattered most were captured.

In groups, the participants shared two of the best positive stories from the interviews and created a brainstormed list of themes about high points. These were the themes they found most energizing and exciting that were present in the stories. These discussions grounded the student nurses in the most positive aspects of the image of nursing. From the brainstormed list, the student nurses identified life-giving themes that they found most energizing and exciting to include in their vision of a desired future image of nursing. Each person was given three stickers to place on the themes from the brainstormed list that were most important to include in their dream for nursing; one sticker in the separate theme. This activity resulted in the creation of a scatter-gram showing the most life-giving themes.

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In the dream phase, the participants worked together in groups to review the summary sheets from the interviews. They used one theme from the list of life-giving themes made in the discovery phase and collaboratively created a visual image of nursing or a metaphor based on common values, thus giving their imagined desired future image of nursing shape. According to Lackoff and Johnson (1980 cited in Bazeley 2010:1), a metaphor carries over or transfers meaning from one conceptual domain to another. Metaphors create images that facilitate understanding, communication and remembering through using something familiar to explain or describe something new or more difficult to comprehend (Bonner & Greenwood 2005). The visions of the ideal organization described what would be happening regarding the image of nursing five (5) years into the future.

The design phase*:* From the interviews in the discovery phase and the future images from the dream phase, the participants wrote provocative propositions which were affirmative statements that described the idealized future image of nursing as if it had already happened.

In the destiny phase, the student nurses created actions around the provocative propositions that emerged in the design phase and made personal commitment that would ensure that the provocative propositions from the design phase were realized.

In summary, by the end of the group session, the student nurses had been taken through all AI activities in the discovery, dream, design and destiny phases. They worked in pairs and groups to discover the positive core of the image of nursing, dream of the desired future image of nursing, design the images of a preferred image of nursing and articulate actions to empower the nurses to creatively implement change in the image of nursing.

In addition, the participants created documents such as interview summary sheets, record of notes taken during the paired interviews and graphic recordings (scatter-gram, visual images). The inclusion of participants' created documents served the purpose of additional records of the data collected during appreciative interviews and had the added advantage of removing researcher's interpretation of the data; thus ensuring the outcomes were entirely grounded in the group.

Given the positive focus of inquiry (methodological orientation) in this study, the aspects of the interviews stated in the paragraph above were regarded as supportive of the methodological assumptions made in chapter 1 of this study. Indeed the AI was capable of eliciting data that answers the current research question and therefore, chosen as a relevant method of data collection.

4.6.3.2.2 Individual interviews

The student nurses who participated in appreciative group interviews were invited to individual interviews on their experience of the AI process. Fifteen (15) student nurses agreed to participate in individual interviews but data saturation was reached after 10 of the participants had been interviewed.

The researcher ensured that all student nurses who agreed to take part in the interviews were given the necessary information regarding the interviews; venue, date and times for the interviews. The purpose of the interview was explained to participants before they signed consent forms. The participants were reminded of their rights to refuse to participate or to revoke their participation without explanation or consequence (Polit & Beck 2012:157). Once again, they were assured of confidentiality and anonymity.

With the permission of the participants, the individual interviews were audio-recorded and notes were written during the interview in order to capture the original accounts of the participants' responses and to verify their interpretations by referring back to the original responses. The interviews were conducted in English and in a private, quiet and comfortable classroom with adequate light and ventilation which contributed towards a relaxed and informal atmosphere. The duration of the individual interviews was 10 minutes.

One of the advantages of data collection through the use of individual interviews is that the interview focuses directly on the study topic and it is insightful. However, if the questions are not well constructed, there could be bias, inaccuracies due to poor recall or the participants may give what they think the researcher wants to hear. As noted by Boyce and Neale (2006:3), individual interviews can be time intensive, results not generalizable and require a certain level of expertise of the interviewer. I utilized AI facilitation skills and various communication skills such as paraphrasing,

listening and probing to enhance understanding and to guide the participants to elaborate on their responses. Prompts such as attentive lean, silence and reflective summary were used to get additional information where it was required. These skills enabled the participants to respond freely to open-ended questions using their own words; giving in-depth information regarding their experience of AI.

The individual interviews guide was used as a data collection instrument. The interview guides consist of questions written to guide the interviewer and to enable the research to cover all areas required (Polit & Beck 2012:731). Based on the study's methodological orientation discussed in chapter 1 of this study, the participants' accounts and constructions of their social world were regarded as the important data to be explored, thus ruling out an approach that is highly structured to make full exploration difficult. One central question was used for each participant as well as probing questions based on the participants' responses to the question. Open-ended questions were used to enable the participants to talk freely about their experience of AI. The individual interviews schedule is attached as Annexure K

During the interview, I became aware of the details that made up the interview context including confidence in answering questions, hesitations, the tone of participants as well as the shared experiences of researcher and participants. These observations and experiences were recorded in the researcher's reflexive journal and they formed part of the data.

4.6.4 Data analysis

Mixed analysis involves the analysis of quantitative and qualitative data which occur either concurrently or sequentially in various phases of the study (Holloway & Wheeler 2010:274; Onwuegbuzie & Combs 2011:2). Sequential mixed analysis was employed in this study with the quantitative analysis stages preceding the qualitative analysis stages in more than two stages as shown in figure 4.3.
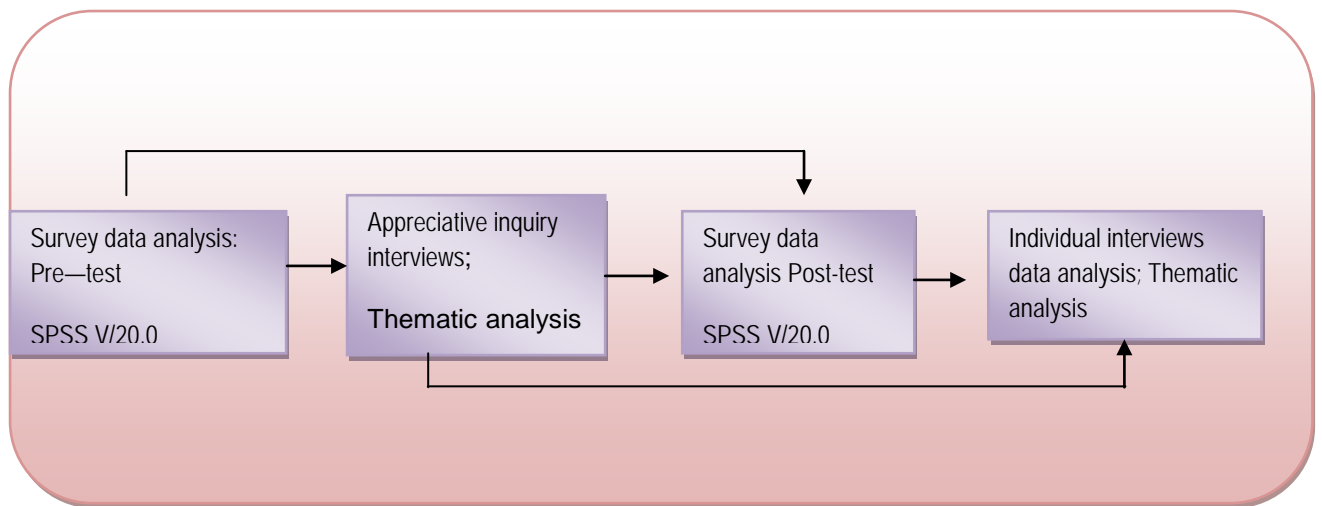
Figure 4.3   Sequential mixed analysis

The use of sequential mixed analysis in this study addressed the research objectives and questions as well as the rationale for mixing the phases (Johnson & Christensen 2008; Tashakkori & Creswell 2007). In the paragraphs that follow, the analyses of both strands of this mixed research shown in figure 4.3 are discussed.

4.6.4.1   *Quantitative data analysis*

The questionnaire was administered by the researcher to student nurses that met the initial eligibility criteria for participation in the research and collected it as soon as the respondents had completed them. The questionnaires were numbered as soon as they were received and they were kept safe. Data were entered into SPSS version 20.0. Prior to analysis, all variables were checked for accuracy of data entry. Missing values analysis (MVA) programme in SPSS was used to check if there were any data missing. Questionnaires that had no answer to one or more questions on those that had more than one response for one item were excluded from the analysis (Rowe et al 2012:197). For example, the questionnaires in which there were two responses for one item such as 'strongly disagree' and 'agree'. The data that had been analyzed were then summarized using frequency distributions in table and graphic presentations.

4.6.4.2 *Qualitative data analysis*

Many researchers agree that the analysis of data in qualitative research is a process that begins when data collection is initiated; implying that it is done simultaneously with data collection (Andrew & Halcomb 2009:188; Polit & Beck 2012:504; Terre Blanche, Durrheim & Painter 2006:322). Appreciative interviews data were collected, analyzed and the findings were documented during the phases of the 4-D cycle of AI by the participants and the researcher. At the end of the interviews, all the documents that were created by the participants were collected and analyzed by the researcher. The individual interviews were audio-recorded and detailed notes were hand written.

Data from AI and individual interviews were analyzed using thematic analysis which is a search across a data set (interviews, focus groups or a range of data) to find repeated patterns of meaning. It involves identifying, analyzing and reporting patterns or themes within data (Creswell & Plano Clark 2007:129; Polit & Beck 2012:745). Thematic analysis was chosen because it is recommended as a useful method for working within a participatory research paradigm with participants as collaborators (Braun & Clarke 2006:79) and it provides a flexible and useful research tool which can potentially provide a rich and detailed account of data. Holloway and Todres (2003) regard thematic analysis as a foundational method for qualitative analysis which can be used within different theoretical frameworks. An inductive approach was used whereby specific information was taken to reveal broader patterns.

For individual interviews, thematic analysis was done according to Van Manen (1990 cited in Polit & Beck 2012:567) using holistic and selective approaches. According to Van Manen (1990), thematic aspects of experience can be uncovered or isolated from the participant's description of the experience. In the holistic approach, the researcher reviews the text as a whole and tries to capture the meaning (Polit & Beck 2012:567). The process of data analysis went through the following series of phases which, according to Braun and Clarke (2006:77), researchers must follow in order to produce a thematic analysis:

Transcription of interviews: The audio recordings of individual interviews were transcribed verbatim into text as Microsoft file by the researcher. The transcript format made it easy to understand, manage and retrieve the data (Andrew & Halcomb 2009:188).

Immersion in the data; The transcribed data, participants' created documents and the notes made during the interview were then read and re-read several times to familiarize the researcher with data and to get a sense of the whole in search for meaningful segments or units. The audio recordings of interviews were listened to in order to verify and to ensure the accuracy of the transcription.

Literature on qualitative analysis suggests that being able to draw on an understanding of the interview context brings depth to data immersion and enables subsequent interpretation to fully account for the research context beyond interview transcripts (Holloway & Wheeler 2010:281; Stephens 2009:101; Terre Blanche et al 2006:322). Green et al (2007:4) state that data immersion brings about clarity of the part played by both the interviewer and the research participants and lays the foundation for connecting disjointed elements into a clearer picture of the issue being investigated. These authors recognize the added benefit of early immersion in the data; that it makes analysis more manageable rather than waiting to wade through large amounts of data at one time.

Coding: The next step was to generate codes. Coding refers to the process of examining and organizing the information contained in each interview and the whole dataset into meaningful groups. It is described by Terre Blanche et al (2006:324) as the breaking up of data into analytically relevant units. Coding was done manually. The researcher selectively highlighted and pulled out statements or phrases that seemed essential to the experience under study (Polit & Beck 2012:568). While reading the transcripts, notes were made of any thoughts, observations and reflections that occurred. Different sections of data were identified by means of codes based on the meanings that were attributed to them. The codes identified features of the data that the researcher considered pertinent to the research question and they were added to phrases, lines, sentences and paragraphs. The coding process required the researcher to move forward and back through the transcripts, drawing

on in-depth knowledge connected with the study. This resulted in refinement of some of the meanings of the codes and re-coding previously coded transcripts.

Creating categories and building themes: Categories were created by the linking of codes. The categories created in this study were illustrated by means of relevant quotes from the interviews. The themes were identified from within each section of the transcript. A theme captures something about the data in relation to the research question and it represents some level of patterned response or meaning within the data set (Braun & Clarke 2006:80). Themes are identified by linking the categories with social theory, until eventually an overriding explanation is arrived at which makes sense of the various patterns that have emerged at the descriptive level. Once the themes had been identified, they became the object of reflection and interpretation through follow-up interviews with participants (Polit & Beck, 2012:569). The main features of the themes from the experience and confirmed by the research participants were produced as tables with evidence from the interview and quotations which, the researcher felt, best captured the essence of the person's thoughts, and their emotions about the experience of the AI. The final step involved weaving the thematic pieces together into an integrated whole to provide an overall structure to the data. The researcher suspended her presuppositions and judgments in order to focus on what was actually presented in the transcript data by means of bracketing.

In summary, researcher coded and analyzed the data by grouping similar ideas into categories and themes, and elaborated on the data by breaking it down into smaller areas under the heading of sub-themes (Polit & Beck 2012:579). Lastly, the researcher interpreted and checked the data.

Details regarding data analysis and the findings of qualitative data (appreciative and individual interviews) are discussed in chapters 6 and the second part of chapter 7 respectively.

4.7   MEASURES TO ENSURE TRUSTWORTHINESS OF THE FINDINGS

Lincoln and Guba's model (1985 cited in Holloway and Wheeler 2010) model was used in this study to enhance trustworthiness.

4.7.1 Credibility

Credibility (comparable with internal validity) means that the participants are able to recognize the meaning that they themselves gave to a situation or condition and the 'truth' of the findings in their own social context (Holloway & Wheeler 2010:303). Credibility addresses the issue of 'fit' between respondents' views and the researcher's representation of them (Schwandt 2001).

In order to ensure credibility, researchers must ensure that the findings are at least compatible with the perceptions of the people under study and they need to demonstrate, in one or more ways, that the research was designed to maximize the accuracy of identifying and describing whatever is being studied, especially as judged by the groups of people being studied. In this study, credibility was demonstrated through the use of the following strategies:

- **Prolonged engagement**

According to Polit and Beck (2012:599), prolonged engagement is an important step in establishing rigour and integrity in qualitative research. Prolonged engagement involves investing sufficient time in the data collection process so that participants feel enough confidence and trust in the researcher to allow for adequate study of the cultural context and adequate checks for misinformation and distortions. Through prolonged engagement, saturation of important categories is ensured.

The researcher spent considerable time interacting with the student nurses during appreciative and individual interviews in order to develop a rich understanding of their positive core experiences, cultivated appreciative perceptions of the nursing profession and the participants' lived experiences of being involved in AI until data saturation. The time spent during data collection was sufficient to establish rapport with the participants.

- **Member checks**

Member checks involve the process of asking participants to review and react to study data, emerging themes and conceptualizations (Polit & Beck 2012:599). Through member checking, feedback is given to the participants and their reaction to

data and findings is obtained. The researcher can also obtain feedback regarding the participants' response to his/her interpretation of the data from them as individuals (Holloway & Wheeler 2010:305). According to Shenton (2004:68), the checks relating to the accuracy of data may take place on the spot and at the end of data collection.

During the discovery stage of appreciative interviews, the participants and the researcher checked the accuracy of the data on the spot and after the data collection. The participants interviewed each other and they were requested to check with partners if the highlights that mattered most to them had been captured. With regard to the individual interviews, the researcher gave the participants the interview transcripts to read and indicate if their words matched what they actually intended. In addition, they were given a summary of the researcher's own interpretation of their words to check and verify the accuracy of the reflection of the participants' recorded views.

- **Triangulation**

The purpose of triangulation is to overcome intrinsic bias that comes from single-method, single-observer and single-theory studies (Anderson 2010:141; Polit & Beck 2012:599). Denzin (1989 cited in Holloway and Wheeler 2010:308) identified several types of triangulation but for the purpose of this study, data and method triangulation were the forms of triangulation that were used to also enhance credibility.

Data triangulation refers to the use of multiple sources of data for validating conclusions. The three types of data triangulation involve time (collecting data on the same phenomenon at different times, day or year), space (collecting data on the same phenomenon in multiple sites for cross-site consistency) and person (collecting data from different types or levels of people). Method triangulation is described by Polit and Beck (2012:599) and Holloway and Wheeler (2010:309) as the use of multiple methods (two or more) to collect data about the same phenomenon in one study.

Data were collected in three nursing education institutions (multiple sites) on 3rd and 4th year student nurses who were studying nursing at diploma and bachelor's degree level. The researcher collected data on different dates and times allocated by the management of the nursing college and universities. This was done to minimize and

understand any differences/biases that might be introduced by the participants in each institution and to help examine the consistency of the data and interpretations over time.

In addition, the researcher opted to collect a blend of qualitative and quantitative data by means of various methods and techniques including questionnaires, interviews and participants' created documents. These enabled her to understand the phenomenon more comprehensively. Different techniques were also used to balance each other out; individual and group interviews as well as short engagement and long engagement when collecting quantitative and qualitative data respectively.

- **Audit trails**

An audit trail is a detailed report of the decisions made before and during the research process and a description of the research process (Holloway & Wheeler 2010:311). Through an audit trail, others can examine the researcher's documentation of data, methods, decisions and the findings. The researcher kept a paper trail of the description of the setting, location and people, decisions regarding research methodology and rationale, the changing context within which the research occurred and how the changes affected the way the research was approached, excerpts from interviews/ transcripts and the procedures for checking and rechecking the data throughout the study in order to examine the data collection and analysis procedures and also to make judgment about the potential for distortion or bias.

Central to the audit trail is reflexivity in which researchers keep a self-critical account of the research process, including their internal and external dialogue. The researcher reflected on her own preconceptions, actions, feelings as well as conflicts that were experienced and documented them.

- **Thick description**

According to Holloway and Wheeler (2010:310), thick description helps to establish the truth value of the research and it is linked to the audit trail. It involves a detailed description of the process, context and people in the research including the meaning and intentions of the participants' and researcher's conceptual developments (Holloway & Wheeler 2010:310). Shenton (2004:69) assert that without thick

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description of the phenomenon, it is difficult for the reader of the research to determine the extent to which the overall findings embraced the actual situation. Thick description necessitates prolonged engagement in the setting (Holloway & Wheeler 2010:311). Prolonged engagement in the setting and immersion in the data were discussed in the previous paragraphs.

In addition, the individual interviews were audio-recorded to document the findings and to serve as a backup method for the enormous amount of data that emerged during the discussions. Data from information-rich participants were collected until data saturation was reached. The researcher provided a detailed report of the rich description and explication of the research phenomenon in order to provide sufficient information to permit judgments about contextual similarity.

- **Debriefing sessions and peer review**

The researcher held debriefing sessions with the supervisors of the study during which alternative approaches were discussed and flaws in the proposed course of action were brought to the researcher's attention. These discussions widened the vision of the researcher and assisted her to identify own preferences and biases (Shenton 2004:67).

Peer review refers to the critical evaluation of the study design, data collection and analyses by a qualified outside researcher (Shenton 2004:67). The researcher presented written summaries of the data categories, the themes that had emerged and the interpretations of the themes that she had made for peer review.

4.7.2 Transferability

Transferability refers to the extent to which findings from the data can apply to other settings or groups (Polit & Beck 2012:599). It corresponds with the notion of external validity and it refers to the generalizability of inquiry; meaning that the research findings in one context can be transferred (generalized) to similar situations or participants. Qualitative researchers need to recognize that the comparable 'external validity' is substantially different in qualitative inquiry, as there is no single correct or 'true' interpretation in the naturalistic paradigm. Therefore, they have a responsibility to produce sufficient data that is conceptually representative of the people studied within a specific context and they need to account for contextual factors when data

are transferred from one situation to another (Ulin, Robinson & Tolley 2005:27). In this study, background information was provided to establish the context of the study and a detailed description of the phenomenon to allow comparisons to be made.

4.7.3 Dependability

Dependability corresponds with the notion of reliability. It refers to the stability of data over time and over conditions (Polit & Beck 2012:584). Dependability is also about whether the findings of the study would be consistent if the study was replicated with the same participants in a similar context. It involves accounting for all the changing conditions in whatever is being studied as well as any changes in the design of the study that were needed to get a better understanding of the context. Holloway and Wheeler (2010:302) indicate that dependability exists when the research findings are consistent and accurate. In addition, dependability is achieved when the research process is logical, traceable and clearly documented. Dependability was ensured in this study by means of an audit trail, reflexivity and multiple data gathering procedures (Tobin & Begley 2004:392).

4.7.4 Confirmability

Confirmability is the degree to which the results could be corroborated by others or the potential for congruence between two or more independent people about the accuracy, relevance and meaning of data (Polit & Beck 2012:585). It corresponds with the notion of objectivity or neutrality (Tobin & Begley 2004:392) and it is concerned with establishing that the data, its interpretations and the findings are not figments of the researcher's imagination, but are clearly derived from the data. Holloway and Wheeler (2010:303) state that findings of research are confirmable if the readers of the study are able to trace data to their original sources. The researcher used an audit trail, triangulation and thick description to authenticate confirmability.

4.8   ETHICAL CONSIDERATIONS

The study complied with the following key ethical issues:

4.8.1 Ethical clearance

The higher degrees committee of the Department of Health Studies at UNISA issued an ethical clearance certificate and granted the researcher permission to conduct the study following the submission of the research proposal that met the set ethical requirements (Annexure A).

4.8.2 Approval

A written request to conduct the study was made to the Gauteng Provincial Department of Health, the management of the selected nursing colleges and the management of nursing departments of the selected universities (Annexure B). Permission to conduct the study at two (2) universities and one nursing college was granted in writing (Annexure C). However, at one nursing college, permission to conduct the study was not given.

4.8.3 Informed consent

Welman et al (2005:201) define consent as that explicit permission given by the participants, indicating their agreement and willingness to take part in the study. The same authors further explain that the research participants can only make informed decisions regarding their participation in the study if they have sufficient knowledge and comprehension of the research activities. It was therefore my duty to ensure that participants received accurate (truth) flow of information regarding research activities and that the information was comprehensible and at the level of understanding of the participants (Polit & Beck 2012:158; Holloway & Wheeler 2010:55).

A detailed discussion of the specific information that was given to the participants regarding the study was presented in paragraph 4.6.3.1. All the student nurses who took part in the study gave informed consent and before the commencement of data collection at various stages of the study, the consent was reconfirmed.

4.8.4 Confidentiality and anonymity

Confidentiality means that the information that the researcher obtains about and from the research participants should not be divulged to other people without their permission. Anonymity, on the other hand, means that the researcher should ensure that no participant in the study can be identified from any of the responses that they

have given. According to Teddlie and Yu (2007:97), the research process is ethical if it takes into account issues such as assurance of confidentiality. However, the sequential MMR designs have specific ethical challenges such as the collection of identifying data from the participants because of the need to contact the participants for follow-up interviews. Because this was an intervention study using sequential mixed methods sampling, it was impossible to assure complete confidentiality and anonymity. Firstly, the participants were requested to write their initials or pseudonyms on the questionnaire instead of their names. This was necessary because some form of identification was needed to enable the researcher to compare pre- and post-test responses. Secondly, the researcher had to gather identifying information from the individual participants who were willing to be interviewed later if they met the eligibility criteria for the qualitative phase. In addition to their initials or pseudonyms on the questionnaires, they were requested to also write their contact details (telephone numbers or e-mail addresses) so that they could be contacted later when the analysis of quantitative data had been completed. Lastly, due to the fact that AI interviews were conducted in groups, there was a potential risk for breach of confidentiality. The researcher requested the participants to agree that that no information or discussion outside the group should take place to ensure confidentiality. The participants were assured that all information (opinions, views and images) they divulged with pertinent reference to any institution or person was treated with the necessary confidentiality and anonymity. Additional measures that were taken to ensure that the participants' rights to confidentiality and anonymity were protected included:

- The identities of participating nursing college and universities' nursing departments were protected and not disclosed in any way.
- The raw data were kept safe and confidential, locked up with no unauthorized access.
- Data were reported in a manner that did not identify or link the participants with the information.

I upheld confidentiality and anonymity throughout the study to the best of my ability.

4.8.5 Justice

According to Tangwa (2009:1), the research participants have the right to be treated fairly and equally unless there is reasonable justification to treat them differently. The principle of justice protects the vulnerable; meaning that the research strategies and procedures must be fair and just. In order to uphold this principle, the researcher made use of the predetermined eligibility criteria to select participants for the study to ensure proper representation in the research samples and respect for diversity in terms of age and gender (Holloway & Wheeler 2010:55). The researcher noted the potential vulnerability of all the participants because of their status as student nurses and the researcher being the qualified professional nurse and lecturer. Adequate information about the study was given including the participants right to withdraw from the project at any time without explanation if they so wished.

4.8.6 Beneficence and non-maleficence

Beneficence refers to the principle of doing 'good' and protection of participants from physical, emotional, social and psychological harm (Polit & Beck 2012:171; Parahoo 2006:748) while non-maleficence means not doing harm to the research participants. According to the two principles, researchers must act for the good of the participants all the time to maximize the benefits and minimize harm to the research participants. The participants were at no foreseeable physical harm from the study as it involved completion of the questionnaires and participation in interviews. The researcher gave the participants the necessary information and provided opportunities for them to ask questions and to raise their concerns during all information giving sessions in order to prevent anxiety. Respect for the principles of beneficence and non-maleficence was also shown by upholding confidentiality because breach of confidentiality can cause psychological and/or social harm. The study was only conducted after the research ethics committee had issued ethical clearance.

4.8.7 Scientific integrity

The research process was followed and documented. Research methods were not manipulated in any way to support my viewpoints and all the sources used were acknowledged accordingly.

4.9   CONCLUSION

This chapter described the research design and methods used in this study. A qualitatively dominant sequential mixed methods research approach was used. Qualitative and quantitative data mixing and the reasons for the mixing were described at various stages of data collection and analysis. The integration of data produced complementary and comprehensive sets of data that added value to this study (Creswell & Plano Clark 2007:10; Flick 2008:48). In the next chapter, the analysis and findings of the quantitative data collected during the second phase of the study are presented.

CHAPTER 5

ANALYSIS, PRESENTATION AND DESCRIPTION OF THE QUANTITATIVE RESEARCH FINDINGS: PRE-TEST

5.1   INTRODUCTION

This chapter presents the analysis and description of the findings of the quantitative data collected during the first stage of this study, namely the baseline pre-test data on the student nurses' perceptions of the image of nursing. The chapter begins with the presentation of the results of the respondents' biographical data followed by the student nurses' baseline perceptions of the image of nursing.

5.2   RESPONDENTS' BIOGRAPHICAL DATA

Biographical data reported in this section included gender, age, registration status with SANC, study programme and the level of training of the respondents. The analysis of data was done using the SPSS Version 20.0. Descriptive statistics that were performed included the mean, standard deviation (SD), frequency distribution and percentages. The statistics were presented as received from the data analysis software but they were rounded to two decimal places. The results were presented mainly by means of tables and figures.

5.2.1 Gender

A total of 188(85.5%) respondents were female while 32 (14.5%) were males.

5.2.2 Age

As shown in figure 5.1, the largest number of respondents 141 (64.1%) were between 21 and 23 years followed by 68 (30.9%) in the 24-26 years group. Only 11 (5.0%) fell within the age group 18-20 years. There were no respondents in the 27 years old and above group. The mean age of respondents was 22 years (SD 3.00).
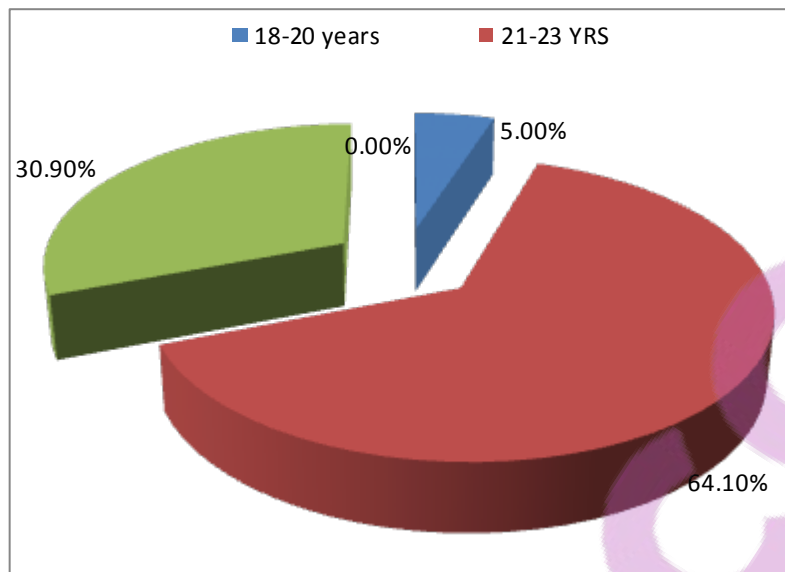
Figure 5.1   Age of respondents (N=220)

5.2.3 Registration status with SANC as students

All the respondents 220 (100%) were registered with SANC as student nurses.

5.2.4 Study programmes

One hundred and forty five 145 (65.9%) respondents were registered for the diploma in nursing while 75 (34.1%) were registered for the bachelor's degree. In addition, fifty seven (57.7%) and 27.7% of the respondents registered for the diploma in nursing and bachelor's degree respectively were female. Eight (8.2%) and 6.4% of male respondents were registered for the diploma in nursing and a bachelor's degree respectively as shown in figure 5.2.
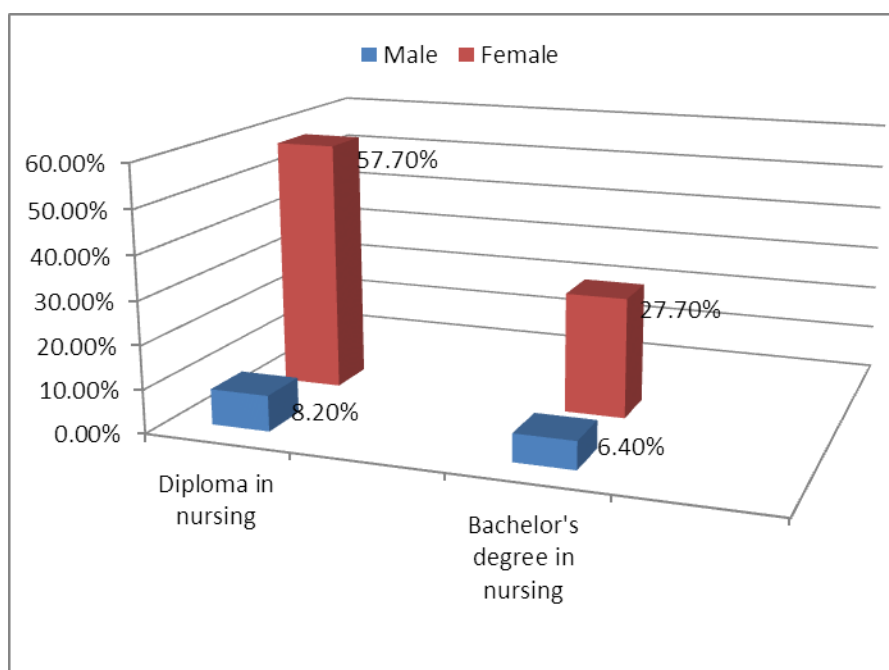
Figure 5.2   Study programmes according to gender (N=220)

5.2.5 The level of training of respondents

As many as 167 (75.9%) of the respondents were in the 3rd year of their training while 53 (24.1%) respondents were in the 4th and final year of training.

5.2.6 Discussion of the findings of the biographical data of respondents

In South Africa, the training and education of student nurses is offered at NEI's approved by SANC for the basic programme of education and training leading to registration as a nurse (general, psychiatric and community) and a midwife (Regulation R.425, paragraph (ii) 1985, as amended). The training is offered at a diploma or a bachelor's degree level at colleges of nursing or nursing departments of universities respectively. The duration of training at both diploma and bachelors' degree levels is four years. Upon successful completion of the programme, the student nurses are eligible for registration with SANC as professional nurses.

A total of 220 student nurses participated in the survey. The sample comprised student nurses from the nursing college (65.9%) and nursing departments of the two selected universities (34.1%) in the City of Tshwane registered for the diploma and bachelors' degree in nursing respectively for the 2012 academic year. This finding was reflective of the distribution of nursing students at SA NEI's where nursing college student nurses are in the majority. The nursing colleges enrol more student

nurses for the programme of education and training leading to registration as a nurse (general, psychiatric and community) and a midwife (Regulation R.425, 1985 as amended) than the universities (SANC 2008). The majority of student nurses (75.9%) were in the 3rd year of training.

Accordingly, the female student nurses (85.5%) represented in the study constituted a reflection of the gender distribution in the nursing profession where female student nurses are in the majority. According to the SANC (2008) records, the ratio of male to female student nurses dropped from 1:5 in 2003 to 1:3 in 2007, showing that nursing remains a female dominated profession even though the number of males entering the profession is increasing gradually. Seago et al (2006:96) point out that the perception of nursing as a woman's occupation gives it a subordinate occupation status. Furthermore, Breier et al (2009:127) add that the professions attracting a significant number of women or a majority of women lose status and earning power because the society associates women with weakness, dependence and powerlessness (Neilson & Lauder 2008:688). There is a need to recruit males to nursing.

The largest number of respondents 141 (64.1%) were between 21 and 23 years with a mean age of 22(SD 3.00) years. Buerhaus et al (2005a) found similar results that most of the young students (under the age of thirty) were enrolled in 4 year baccalaureate nursing education programmes, suggesting that younger students viewed nursing more as a professional career with improved opportunities for continuing education and for obtaining employment in positions that require a minimum of a bachelor's degree.

All the student nurses were registered with the SANC, thereby complying with statutory requirements that all persons undergoing education or training in nursing should be registered as such in terms of section 32 of the South African Nursing Act (Act No 33 of 2005). All the participants met the inclusion criteria. A summary of the biographical data of respondents is presented in table 5.1.

TABLE 5.1: FREQUENCY DISTRIBUTION OF RESPONDENTS ACCORDING TO BIOGRAPHICAL DATA (N=220)

Variables	Diploma in nursing	Bachelor's degree	Total	Mean (SD) score
Gender				
Male	18 (8.2%	14 (6.4%)	32 (14.5%)	
Female	127(57.7%)	61(27.7%)	188 (85.5%	
Age in years				
18 – 20	7 (3.2%)	4 (1.8%)	11 (5.0%)	22 (3.00)
21 – 23	98 (44.5%)	43 (19.5%)	141 (64.0%)	
24 – 26	40 (18.2%)	28 (12.7%)	68 (31.0%)	
27 >	0	0	0	
SANC Registration				
Yes	145 (65.9%)	75 (34.1%)	220(100%)	
No	0	0	0	
Level of training				
3rd year	106 (48.2%)	61(27.7%)	167(75.9%)	
4th year	39 (17.2%)	14 (6.9%)	53 (24.1%)	

5.3 STUDENT NURSES' BASELINE PERCEPTIONS OF THE IMAGE OF NURSING

Section B of the questionnaire consisted of items designed to elicit the information about the student nurses' baseline perceptions of the image of nursing. Respondents had to indicate how strongly they agreed or disagreed with each of sixty three (63) statements about the image of nursing on a four-point Likert-type scale where 1 denoted "strongly agree" and 4 "strongly disagree". Table 5.2 shows that the minimum and maximum mean scores for the sixty three (63) survey items were 1.28 and 4.05 respectively. The average mean was 2.48.

TABLE 5.2: MEAN SCORES AND SD OF THE STUDENT NURSES' BASELINE PERCEPTION OF THE IMAGE OF NURSING

	Mean	Minimum	Maximum	Range	Variance	SD	N
Items Means	2.483	1.282	4.059	2.777	.655	1.180	63

In the sections that follow, the results from the analysis of the student nurses' baseline perception of the image of nursing are presented and discussed, using the subscales of the sixty three items and in the order they appear in the questionnaire.

5.3.1 Student nurses' perception of the nature of nursing

Results are listed in table 5.3 from highest to lowest mean response to the fifteen (15) survey items in the subscale '*the nature of nursing'.* The minimum and maximum mean scores for the fifteen (15) items were 1.28 and 3.80 respectively. The average mean was 2.04 (SD 0.99).

TABLE 5.3: MEAN SCORES OF STUDENT NURSES' PERCEPTIONS OF THE NATURE OF NURSING (N=220)		
1. THE NATURE OF NURSING Overall mean	MEAN 2.04	SD 0.99
Nursing is		
1.2 dependent on the doctor, nurses follow doctor's orders without question	3.80	1.27
1.5 an appreciated profession	3.32	1.44
1.3 a respected profession	3.07	1.55
1.6 an independent profession	2.67	1.33
1.7 a prestigious profession	2.40	1.26
1.13 an indispensable profession in any society	2.02	1.00
1.1 not just a job but a career profession or vocation	1.73	0.95
1.4 Nursing is based on helping others	1.65	1.04
1.8 a cognitively challenging profession	1.63	0.90
1.15 is physically challenging	1.62	0.93
1.14 Respect and devotion towards the profession is important	1.47	0.70
1.9 is an emotionally challenging profession	1.39	0.68
1.10 Nursing is a job requiring competence for providing quality patient care	1.30	0.60
1.12 Nursing is very practical in nature	1.32	0.64
1.11 Nursing is a job that entails caring	1.28	0.57

Items 1.2 and 1.5 received 'strongly disagree' ratings. For item 1.2 (*nursing is dependent on the doctor, nurses follow doctor's orders without question*), the disagreement rating meant a positive perception of nursing as an independent profession. This perception was consistent with the one expressed by the agreement rating for item 1.6 (*nursing is an independent profession*). The disagreement ratings of items 1.3 and 1.5 meant a negative perception of nursing as a profession that is not respected and appreciated. The mean scores of items 1.6, 1.7 and 1.13 indicated a positive perception of nursing as an independent, a prestigious and an

indispensable profession in the society. All the respondents agreed with items 1.12 (*nursing is very practical in nature*) and 1.11(*nursing is a job that entails caring).*

As shown in table 5.3, the results revealed both positive and negatives perceptions of the nature of nursing among student nurses who were participants in this study. In relation to nursing as a profession, respondents perceived it positively as an independent, indispensable, prestigious, caring and a helping profession providing opportunities for serving others. The results support previous research (Grainger 2009:779; Rhodes et al 2011:2; Mooney et al 2008:388; Stomberg & Nilsson 2010:42; Volschenk & Van Heerden 2009:5; Ward et al 2003:42).

In addition, nursing was perceived by student nurses as a vocation and not just a job, but a worthwhile job that is practical in nature, physically, cognitively and emotionally challenging. This was similar to the results of the studies (Buerhaus et al 2005a:76; Rossman 2010:73) that found that student nurses perceived nursing as physically, emotionally challenging but rewarding. The perceptions of nursing as physically and emotionally challenging were related to stress, heavy lifting, perceived long hours that nurses work, heavy workloads, long hours of standing as well as dealing with death.

The results of other studies into the profession's image of nursing among nursing students (Brodie et al 2004; Seago et al 2006; Julaii 2007; Varaiei et al 2012:1079) were different from the results of this study. The researchers reported that the student nurses perceived the occupational status and prestige of the profession as lower than nursing's real value. The low social status and prestige of nursing were identified in some studies as some of the reasons most of the learners were no longer attracted to a career in nursing anymore and also as one of the reasons students gave up nursing (Breier et al 2009:33; SA 2008; Julaii 2007; Mkhize & Nzimande 2007:17; Pillay 2009:7; South Africa 2008:11).

The negative perceptions of the image of the nature of nursing among student nurses in this study were that of a profession that was not respected and appreciated. The same perceptions emerged from the results of other studies (Brodie et al 2004:721; Buerhaus et al 2005a:76; Seago et al 2006:96); that the student nurses who took part in those surveys believed that there was inadequate respect and lack of recognition for nurses and the nursing profession. Different results of

student nurses' perception of nursing as a highly respected profession which is not valued by others were reported (Emeghebo 2011:e49).

5.3.2 Student nurses' perception of nursing as a career

Results are listed in table 5.4 from highest to lowest mean response to the ten (10) survey items in this subscale *'nursing as a career.'* The mean scores for the ten items in this subscale ranged from 2.83 to 1.71 and the overall mean was 2.17 (SD 1.20).

TABLE 5.4: MEAN SCORES OF THE STUDENT NURSES' PERCEPTION OF NURSING AS A CAREER (N=220)

2. NURSING AS A CAREER	Mean	SD
Overall mean	2.17	1.20
Nursing		
2.4 is good for people who want a secure job	2.83	1.39
2.3 is good for men	2.76	1.26
2.10 is a good career choice for students with good grades	2.58	1.32
2.5 is rewarding	2.32	1.25
2.9 is exciting	2.31	1.49
3.1 should be a university programme	2.84	1.48
2.2. provides opportunities to help the community to live a healthy lifestyle	1.85	1.08
2.6 offers a wide range of jobs	1.82	0.957
2.7 offers opportunities to build a career	1.79	0.986
2.8 offers opportunities for career advancement	1.77	1.08
2.1 provides opportunities to care for individuals, families and communities in time of need	1.71	1.14

As shown in table 5.4, the items with high mean scores (2.4; 2.3; 2.10; 2.5 and 2.9) received 'strongly agree' ratings which meant a positive perception of nursing as an exciting and a rewarding career for people who want a secure job. In addition, nursing was positively perceived as a good career choice for men and students with good grades. All the items were perceived positively by student nurses. This was consistent with the findings of previous studies (Bolan & Grainger 2009:775; Buerhaus et al 2005a:75; Mooney et al 2008:388; Rhodes 2011; Seago et al 2006:96) which found that nursing was perceived by student nurses as a professional career with improved opportunities for continuing education and for obtaining employment in positions that require a minimum of bachelor's degree; a good career that offers flexibility, job stability, potential income, mobility within the nursing profession and opportunities to travel (exciting).

Other previous research findings revealed that the majority of student nurses who participated in those surveys perceived nursing as a good career for people with good grades; who were academically in the top one fifth of their high school class (Hoke 2006:95; Miller & Cummings 2009).

5.3.3 Student nurses' perception of the characteristics and qualifications for entry

Results are listed in table 5.5 from highest to lowest mean response to the seven (7) survey items in this subscale *'characteristics and qualifications for entry.* The minimum and maximum mean scores for the fifteen (15) items listed in table 5.5 were 1.28 and 3.65 respectively. The average mean was 2.58 (SD 1.22).

TABLE 5.5: MEAN SCORES OF THE STUDENT NURSES' PERCEPTION OF THE CHARACTERISTICS AND QUALIFICATIONS REQUIRED FOR ENTRY (N=220)		
3. CHARACTERISTICS AND QUALIFICATIONS REQUIRED FOR ENTRY TO NURSING	MEAN	SD
Overall mean	2.58	1.22
Nursing		
3.2 does not require a high level of education	3.65	1.40
3.3 does not require a high degree of intelligence	3.62	1.36
3.1 should be a university programme	2.84	1.48
3.4 requires new knowledge gained through research	2.16	1.13
3.6 requires a high degree of scholastic ability	2.04	1.08
3.5 requires considerable skill in working with one's hands	1.98	.965
3.7 After becoming a nurse a person may pursue graduate work and obtain a doctorate degree in nursing	1.80	1.11

The items with high mean scores were 3.2 (*nursing does not require a high level of education)* and 3.3 (*nursing does not require a high degree of intelligence).* These items obtained 'strongly disagree' ratings which meant positive perceptions of the qualifications for entry into nursing. All other items in this subscales obtained agreement ratings indicating positive perceptions that nursing requires intelligence and high level education and that nursing should be a university degree. This was consistent with the findings of studies on student nurses' career choice and aspirations by Hoke (2006:95), Miller and Cummings (2009) and that of Rhodes et al (2011:5) which support the view that nursing requires intelligence and high level education at colleges and universities as well as a high degree of educational ability. The study on the image of nursing as perceived by nurses was conducted by

Emeghebo (2011:e50) and a perception of nursing as a highly educated career was reported.

Dimitiadou-Panteka et al (2008:86) found that perceptions of nursing were related to the level of education and that the high educational level (post-graduation studies) influenced and positively changed perceptions about nursing among nursing students in Greece. Safadi et al (2011) found that associate degree students had more positive perception of nursing than baccalaureate students and that the second degree/ career students were found to have a more positive perception of nursing than students doing a baccalaureate degree as a first degree (Raines 2010:1).

5.3.4 The nurses' working conditions

The mean scores of student nurses' perception of the working conditions of nurses are shown in figure 5.3. The minimum and maximum mean scores for the four (4) items in the subscale *working conditions of nurses* were 2.73 and 4.06 respectively and the overall mean score was 3.61 (SD 1.35).

The only item in the subscale nurses' working conditions which obtained agreement rating (strongly agree and agree) was *nurses are major players within high tech medical team*. The other items in this subscale obtained disagreement ratings (strongly disagree and disagree) and they were 1) *nurses work in a safe place*, 2) *nurses work with high technology* and 3) *nurses earn a lot of money*.'
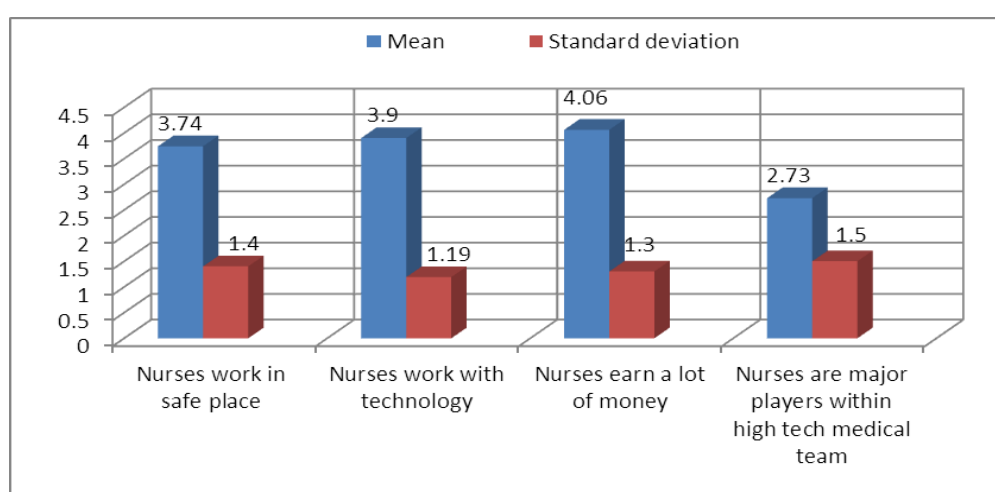
Figure 5.3   Student nurses perception of the working conditions of nurses

The results revealed more negative than positive perceptions of the working conditions of nurses among student nurses who participated in this study. The results are discussed according to the items in this subscale.

- *Nurses work in a safe place*

The student nurses who participated in this study perceived nursing as work done in unsafe and poor practice environments. Lavoie-Tremblay et al (2008:291) identified two types of work environments that influence the nurses' health at work; the physical and psychosocial work environment. In relation to the physical work environment, similar negative perceptions were reported in previous research (Abdel El-Halem et al 2011:621; Breier et al 2009:33; Clancy 2007; Clark 2010:43; Mkhize & Nzimande 2007:17; Pillay 2009; Rossman 2010:73). The authors went on to explain that the perceptions were related to the high risk of occupational exposure to infections (HIV/AIDS and multiple drug-resistant tuberculosis), patient initiated attacks and injuries such as needle pricks. Charney and Schirmer (2007:470) reported that the Bureau of Labour Statistics consistently ranked nursing just a rung above mining and construction as one of the most dangerous jobs in America.

The South African student nurses who took part in a study by Breier et al (2009:95) described the risky practices they experienced during their clinical work. Risks include lack of equipment (masks & gloves) for the prevention of HIV/AIDS, lack of information regarding the HIV status of patients and lack of counselling for staff caring for patients with HIV/AIDS and tuberculosis. These practices, according to those student nurses made the implementation of standard, universal precautions impossible. Breier et al's (2009) study also found that the students for whom nursing was the first choice of career entered nursing with positive perception of nursing but they were disappointed and disillusioned by unprofessional behaviour, uncaring attitudes of staff towards patients, lack of equipment, work dissatisfaction and heavy workloads they experienced in the ward which resulted in workplace stress. Other studies reported that the nursing students identified dysfunctional team interactions, unprofessional behaviour, ward politics, racism, low morale, the gap between theories taught and the actual practice in government hospitals as well as discordance between the nursing philosophy of caring and the reality in practice as factors that formed and reinforced negative perceptions of nursing and discouraged

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student nurses from staying in the profession (Abdel El-Halem et al 2011:621; Brodie et al (2004:721).

Research continues to show a link between high attrition rates of student nurses and difficult work environments. Lavoie-Tremblay et al (2008:291) studied the reasons behind the young nurses' decisions to quit the nursing profession and reported psychological distress related to work environments as one of the reasons they leave the profession. Julaii (2007) found that more than half of the students in the study on the image of nursing had decided to give up nursing while 63.6% had decided to change the course. The reasons stated for giving it up were related to the negative image and low social status of nursing as well as the working conditions of nurses which included unsuitable working environments and low income.

Palumbo et al (2008:11) assert that working in a safe place is one of the important attributes of an ideal career that attract people to careers. Mphahlele (2011:52) and Mkhize and Nzimande (2007:17) found that nursing was amongst the least popular career choices among South African school leavers because of the fear of contracting HIV/AIDS and tuberculosis.

- *Nurses earn a lot money*

The majority 173 (78.7%) of respondents disagreed that nurses earn a lot of money (Mean 4.06; SD 1.3). Similar findings were reported in a variety of studies that student nurses perceived nursing negatively as an underpaid and overworked profession (Bolan & Grainger 2009:777; Breier et al 2009:33; Brodie et al 2004:721; Buerhaus et al 2005:77; Julaii 2007; Pillay 2009; Varaei et al 2012:551). The same perception emerged from the findings of a study by Lavoie-Tremblay et al (2008:290) of the existence of an imbalance between effort expended on the job and rewards received in nursing, implying inadequate compensation for the work nurses do.

Poor salary was perceived as a negative aspect of nursing as a career that discouraged school leavers from entering the nursing profession and also as one of the reasons some student nurses decided to give up nursing or change course (Breier et al 2009:33; Julaii 2007). In some studies low income was interpreted in terms of heavy workloads and the misperception that nurses work long hours. In

terms of the Basic Conditions of Employment Act (Act No 75 of 1997); nurses work forty (40) hours per week like all employees in South Africa.

The nurses' salaries are of great concern because the image and status of occupations relate strongly to the financial remuneration (Drury et al 2009:3; Varaei et al 2012:558). In addition, earning or making more money is regarded as one of the important attributes of an ideal career which can help attract young people to nursing, retain students in nursing programmes and nurses in the workforce (Palumbo et al 2008:11). However, the results of other previous studies show that salary did not appear to play a major role in decision making among those who have considered nursing as a career (Breier et al 2009:87; Donelan et al 2008:149; Seago et al 2006:103). In the same studies, it was found that the decisions to choose nursing as a career were made based on altruism, interest and enjoyment and without regard for reward. According to Seago et al (2006:103), the entry salary of nursing is acceptable "particularly for an occupation with an entry salary of the associate degree level". Salary can therefore be perceived as one of the positive attributes of the nursing profession.

- *Nurses work with high technology*

A large number of respondents (74.4%) disagreed with the statement that nurses work with high technology (M 3.90: SD 1.19).

- *Nurses are major players within high tech medical team*

More than half (52.7%) of the respondents gave agreement ratings to the statement *nurses are major players within high tech medical team* (M 2.73: SD 1.4). These findings were not consistent with those relating to the statement '*nurses work with high technology*' because 164(74.4%) respondents gave it a disagreement rating. Palumbo et al (2008:11) identified working with technology as one of the attributes of an ideal career.

5.3.5 Student nurses' perceptions about nurses

Results are listed in table 5.6 from highest to lowest mean response to the twelve (12) survey items in the subscale *'Perceptions about nurses '.* The mean scores for

the twelve items in this domain ranged from 3.97 to 1.65 and the overall mean score for the 12 items was 2.78 (SD 1.06).

TABLE 5.6: MEAN SCORES OF THE STUDENT NURSES' PERCEPTION ABOUT NURSES (N=220)		
5. PERCEPTIONS ABOUT NURSES	MEAN	SD
Overall mean	2.78	1.06
5.4 Nurses are respected	3.97	1.09
5.3 Nurses are appreciated	3.95	1.10
5.5 Nurses are recognized enough for their contribution	3.75	1.22
5.6 Nurses make decisions for themselves	2.98	1.35
5.2 Nurses need good grades	2.68	1.30
5.1 Nurses will always have a job	2.50	1.30
5.7 Nurses are caring people	2.14	0.93
5.8 Nurses are competent	2.03	0.87
5.9 Nurses are well-educated	1.98	0.84
5.12 Nurses are men and women of diverse backgrounds	1.94	1.01
5.9 Nurses are well-educated	1.89	0.84
5.10 Nurses are independent thinkers	1.88	0.81
5.11 Nurses have powerful need to take care of others	1.65	0.74

The items with the highest mean scores 5.4, 5.3 and 5.5 obtained "strongly disagree" ratings which meant negative perceptions that nurses are not respected, not appreciated and they are not recognized enough for their contribution. These results are consistent with those of items 1.3 and 1.5 of the subscale *the nature of nursing* which revealed a negative perception among student nurses who chose nursing as a profession that it is not respected and appreciated. This was different from results of the study on perceptions of nursing among student nurses by Bolan and Grainger (2009) and Clancy (2007) that revealed that student nurses perceived nurses as respected and trusted professionals.

Items 5.6, 5.2, 5.1, 5.7 and 5.8 received agreement ratings which meant positive perceptions of nurses as competent, caring professionals capable of making decisions. In addition, nurses were regarded as professionals who will always have a job and that they need good grades. These findings are consistent with some of the items in other subscales of this questionnaire; items such as 1.2 (disagreed that *nursing is dependent on the doctors, nurses follow doctors' orders without question*), 2.10 (agreed that *nursing is a good career choice for student with good grades*), 2.6 (agreed that *nursing offers a wide range of jobs*) and 1.10 (agreed that *nursing is a job that requires competence for providing quality patient care*). Positive perceptions such as these found in this study were reported in previous studies; that student nurses attributed to nurses the characteristics of caring, compassionate, responsible,

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independent and competent health professionals (Bolan & Grainger 2009; Siebens et al 2006; Sousa & Hortense 2006; Rhodes et al 2011).

5.3.6 Student nurses' perceptions about gender in nursing nurses

The mean response scores of four items in the subscale ' *gender in nursing nurses'* are shown in figure 5.4. The mean scores ranged from 3.56 to 2.34. The overall mean score was 3.13 (SD 1.28). The only item in the subscale *gender in nursing* which obtained agreement rating (strongly agrees and agree) was '*male nurse are as good nurses as female nurses.'* The other items in this subscale obtained disagreement ratings (strongly disagree and disagree) and they included *male nurses are more accepted by patients than female nurses*, *doctors prefer male nurses* and *male nurses are not respected by others*.
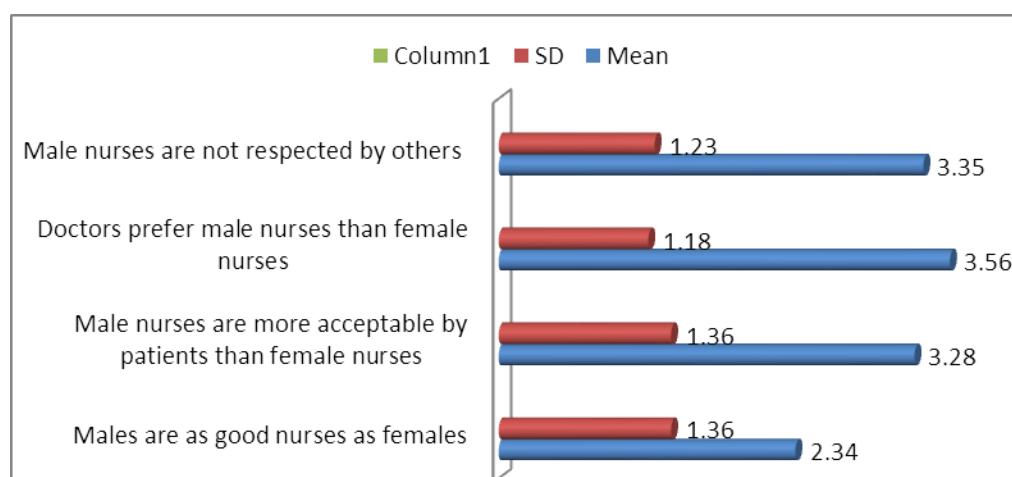
Figure 5.4   Mean scores of student nurses' perception of the gender in nursing

The results revealed more positive than negative perceptions of gender in nursing among student nurses who participated in this study. Related studies on perceptions of student nurses on gender in nursing revealed similar findings, reporting that nursing students perceived both men and women as equally good and suitable for nursing (Bolan & Grainger 2009:775; Buerhaus et al 2005a:75; Cetinkol & Yavuz 2007:153; Sridevy 2011:3; Varaei et al 2012:557). The results of some studies revealed that women were perceived as better at nursing than men (Keogh & O'Lynn 2007:256; Mooney et al 2008:389; Ozdemir et al 2008:153; Seago et al 2006:96; Stott 2006:330) while others indicated that only women could be nurses (Summers & Summers 2011). The findings of a study by O'Brien, Mooney & Glacken (2008)

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revealed a different perception that males who join the nursing career were not positively accepted by society and patients.

5.3.7 Meaningfulness of nursing

Results are listed in table 5.7 from highest to lowest mean response to the eleven (11) survey items in this subscale *'Meaningfulness of nursing.* The minimum and maximum mean scores for the twelve (12) items listed in table 5.7 were 1.57 and 3.45 respectively. The average mean was 2.23 (SD 1.15).

TABLE 5.7: MEAN SCORES OF THE STUDENT NURSES' PERCEPTION OF THE MEANINGFULNESS OF NURSING (N=220)

7. THE MEANINGFULNESS OF NURSING	MEAN	SD
Overall mean	2.23	1.15
7.8 I am seriously considering leaving nursing	3.45	1.37
7.4 I applied to nursing because I was going to be unemployed	3.27	1.49
7.7 I am looking for something that makes my life feel significant	2.98	1.33
7.11 I would recommend nursing to others any time	2.02	1.25
7.3 Nursing has given me a clear purpose for my life	2.00	1.21
7.9 I do not have any regrets about choosing nursing as a career	1.96	1.14
7.6 Nursing has made me understand my life's meaning	1.90	1.09
7.1 I love being a nurse	1.84	0.954
7.10 I intend to pursue a career in nursing	1.80	1.10
7.5 I have discovered a satisfying mission for my life through nursing	1.70	0.955
7.2 Working as a nurse gives my life a meaningful content	1.57	0.728

The items with high mean scores that received disagreement ratings were 7.8 (*I am seriously considering leaving nursing),* 7.4 *I applied to nursing because I was going to be unemployed*) and 7.7 (*I am looking for something that makes my life feel significant*). The disagreement ratings meant positive perceptions that student nurses in this study intend to stay in nursing and that they applied to nursing because they wanted to be nurses; not because they were going to be unemployed.

The majority of the respondents 171(79.1%) expressed the intention to pursue a career in nursing. This was consistent with item 7.8 where more than half (51.8%) of the respondents indicated that they intended to stay in nursing. All the items in this subscale were positively perceived.

The results are consistent with the findings of the study by Milisen et al (2010:689) on the evolving professional self-image of student nurses in a baccalaureate programme. These researchers found that the majority (83%) of student nurses were proud of becoming nurses to the extent that they would recommend nursing to others and choose nursing again as their field of higher education. Contrastingly, these findings were different from those of Varaei et al (2012:551) and Mkhize and Nzimande (2007:13) which showed that some of the nurses who took part in their studies did not have a positive self-image and they did not think highly of themselves as nurses. According to Varaei et al (2012) only 20% of the nurses would recommend nursing to others. The same findings were reported by Buerhaus et al (2005a) and Baumann, Blythe, Kolotylo and Underwood (2004:13) that 36% and 25% of the student nurses they surveyed stated they would not recommend nursing to others and would 'actively discourage someone from going into nursing'. Poor working conditions and low status were mentioned as negative factors that prevented nurses from recommending their profession to others (Wilschut & Mqolozana 2008).

5.4 SUMMARY OF THE RESULTS OF THE STUDENT NURSES' PERCEPTIONS OF THE IMAGE OF NURSING

Figure 5.5 shows the mean scores of the subscales, thereby giving a summary of the student nurses' perception of the image of nursing. The subscales with the highest mean scores were *working conditions* (M 4.06: SD 1.34), *gender in nursing* (M 3.13: SD 1.28) and *requirements for entry into nursing* (M 2.58: SD 1.22). Most of the related items (3 out of 4 items) in the subscale of *working conditions* obtained a 'strongly disagree' rating while all items in the subscales *gender in nursing, requirements for entry, nursing as a career and meaningfulness of nursing* were positively perceived.

Although some of the items in the subscales *the nature of nursing* and *perceptions about nurses* were positively perceived, there were items which obtained "strongly disagree" ratings, items such as 1.5 (*nursing is an appreciated profession*), 1.3 (*nursing is a respected profession)*, 5.4 (*nurses are respected*), 5.5 *(nurses are appreciated*) and 5.6 (*nurses are recognized enough for their contribution*).
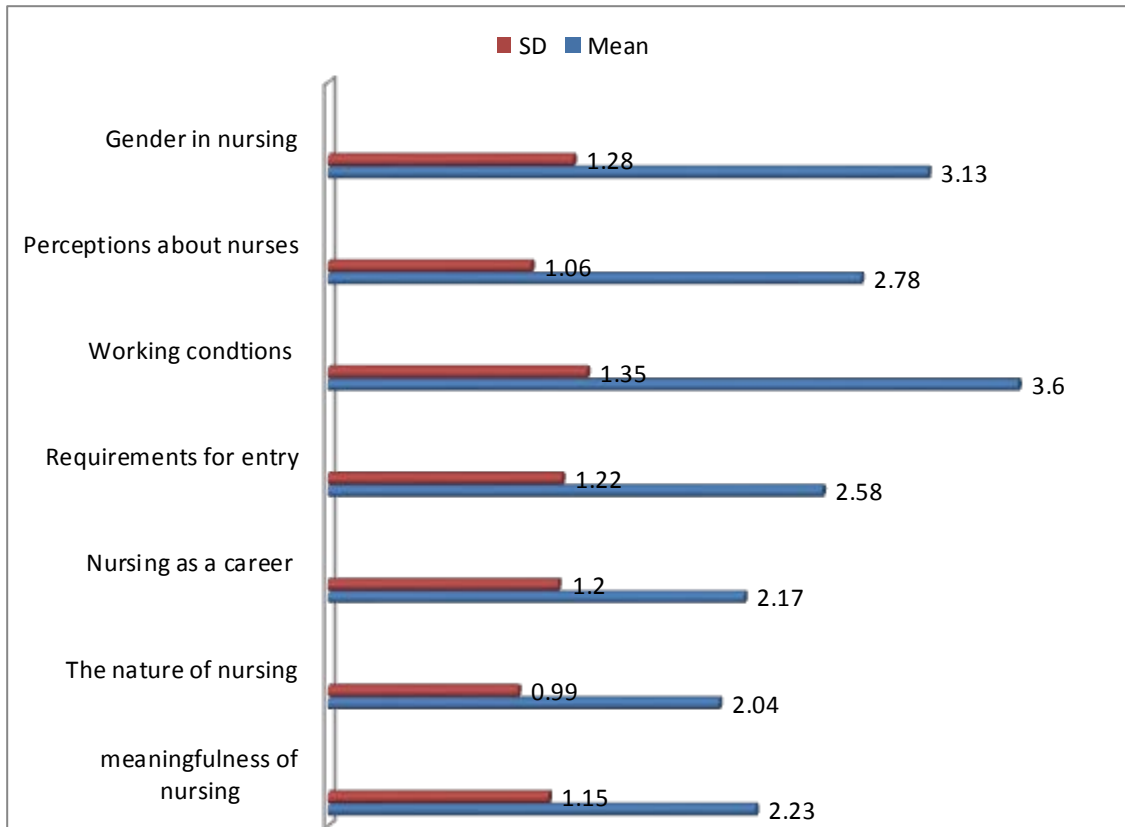
Figure 5.5　　Mean scores of all subscales

The results show more positive than negative baseline perceptions of the image of nursing among student nurses who were participants in this study. A summary of the positive and negative perceptions of the image of nursing among student nurses is presented in the paragraphs that follow.

5.4.1　Positive perceptions

The results showed that the majority of student nurses who took part in this study perceived nursing positively as a job, a vocation, a career and a profession. In relation to nursing as a job, it was perceived as a practical and worthwhile job that requires competence for providing quality patient care. In addition, nursing was perceived as a job that entails caring and also as a job providing opportunities for serving and helping others. Furthermore, the nature of nursing work was perceived as physically, cognitively and emotionally challenging.

In relation to nursing as a career, the results showed positive image of nursing as a rewarding and exciting career for people who want job security. In addition, nursing was perceived as a good career choice for men as well as a good choice for students

with good grades. Nursing was also perceived as career that offers a wide range of jobs and opportunities to build a career and career advancement. Results also revealed that high level of education and intelligence required for nursing was perceived positively by the student nurses.

As a profession, nursing was perceived as independent, indispensable and prestigious. The results also showed that student nurses in this study perceived the nursing profession as suitable for both men and women. Perceptions about nurses were found to be positive in the majority of student nurses in this study.

The majority of student nurses indicated that working as nurses had given their lives purpose and meaning and as a result, they had no intention of leaving the profession.

5.4.2 Negative perceptions

The working conditions of nurses were perceived negatively by student nurses in this study. Three (3) out of 4 related items of this subscale obtained a 'strongly disagree' rating as shown in Figure 5.6. According to the rating, nursing was regarded as work performed in unsafe environment with inadequate compensation for the work nurses do.
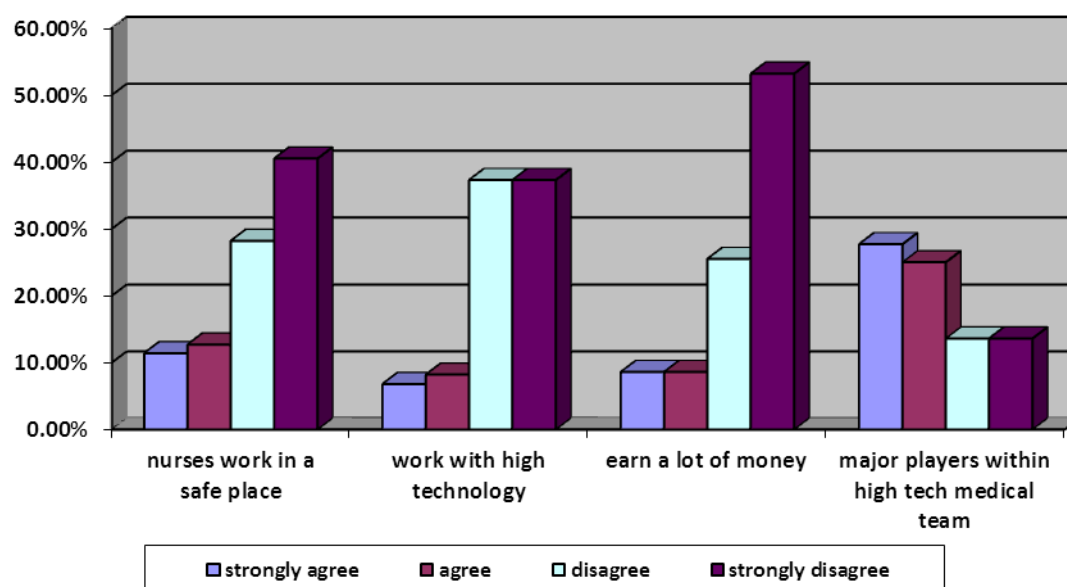
Figure 5.6   Student nurses perception of the working conditions of nurses

In relation to nursing as a career and profession, it was perceived negatively as profession that is not respected and appreciated. The student nurses in the current study had negative baseline perceptions that nurses were not respected, appreciated and recognized for their contribution.

Cohen and Palumbo (2006) and Palumbo et al (2008) conducted surveys that explored the young peoples' (18-24years) perceptions of an ideal career and the results consistently reported attributes such as "being respected", "being appreciated", "independence/making own decisions", "making/earning a lot of money" as top attributes of an ideal career. In addition, attributes such as "caring for people" and "working hard" described a nursing career. Table 5.8 shows the results of the perceptions of the image of nursing among student nurses in this study against attributes of ideal career as identified by Palumbo et al (2008:11).

TABLE 5.8: STUDENT NURSES' PERCEPTION OF THE IMAGE OF NURSING AGAINST ATTRIBUTES OF AN IDEAL CAREER (N=220)

Attributes of a career	Student nurses' rating	Image
Have respect	Strongly disagreed/disagreed	Negative
Autonomy/independence practice and decisions making	Strongly agreed/agreed	Positive
Appreciation and recognized	Strongly disagreed/disagreed	Negative
Always have a job	Strongly agreed/agreed	Positive
Cognitively challenging	Strongly agreed/agreed	Positive
Care for people	Strongly agreed/agreed	Positive
Work in a safe place	Strongly disagreed/disagreed	Negative
Work with technology	Strongly disagreed/disagreed	Negative

Based on the results of the study, it was clear that interventions were required to change these negative perceptions and present nursing as a respected, appreciated, recognized career with adequate remuneration among the 3rd and 4th year student nurses who participated in this study before the end of their training. These were the perceptions on which AI would focus on.

5.5   CONCLUSION

The chapter presented the analysis of data and the findings of the first stage of the study. Based on the findings, the baseline perceptions of the image of nursing among student nurses were more positive than negative. The findings highlighted the

negative perceptions of the image of nursing that needed interventions and those were the negative perceptions relating to the working conditions of nurses and nursing as a career.

In chapter 6, the analysis of data and the findings of the second qualitative stage of the study are presented.

CHAPTER 6

QUALITATIVE DATA ANALYSIS, PRESENTATION AND DESCRIPTION OF THE RESEARCH FINDINGS: INTERVENTION

6.1 INTRODUCTION

In this chapter, a description of the analysis and the findings of qualitative data collected during stage 2 of the study are presented. Data were collected by means of appreciative interviews. The data collection and analyses presented in this chapter occurred according to the research methods discussed in detail in chapter 4.

6.2 APPRECIATIVE INQUIRY PROCESS

In order to achieve the main aim of the study, appreciative inquiry (AI) was introduced in the second stage of the study as an intervention teaching strategy to transform the student nurses' image of nursing. In table 6.1, the research questions for the second stage of the study are linked to the phases of the 4-cycle of AI because the findings would be presented according to those phases.

TABLE 6.1: RESEARCH QUESTIONS LINKED TO THE 4-D CYCLE OF AI	
PHASES OF AI	RESEARCH QUESTIONS
Discovery	1) How did the student nurses describe their peak experiences of nursing? 2) How did the student nurses describe what they valued most about themselves and nursing? 3) What values did the student nurses identify as core values of nursing?
Dream	4) How did the student nurses describe their dreams of a desired future image of nursing?
Design	5) What provocative propositions regarding the image of nursing did the student nurses develop?
Destiny	6) What action plans did the student nurses identify to realize their shared and desired future image of nursing?

6.2.1 Linking the research questions to the phases of AI

As shown in table 6.1, the first, second and third research questions advanced the study towards the achievement of the goal of the discovery phase of AI. The discovery phase facilitated the student nurses' description of the positive, most

successful and prideful (peak) nursing experiences by means of narratives as stories about the times when they felt most satisfied and proud of themselves as nurses and proud of the positive image of nursing. The description of peak experiences and core values of nursing resulted in appreciation of the best of what the nursing image of nursing had been for student nurses and the identification of life-giving (inspirational) themes known as the positive core of nursing. The affirmative questions that were used were based on the affirmative topic stated in paragraph 6.2.2.3

The fourth research question sought answers towards the creation of visual images that represented the shared and desired future image of nursing among student nurses. Based on and learning from the past successful and positive experiences, the student nurses thought creatively about the future image of nursing and described their dream of the desired future image of nursing captured as wishes, statements and a visual image.

The fifth research question provided guidance toward the generation of provocative propositions which were described as statements about the image of nursing participants wanted to achieve. Grounded in past successful practice, provocative propositions helped create shared and desired possibilities for nurses and nursing (Cooperrider et al 2008). Lastly, the sixth research question advanced the study towards the development of specific action plans to describe ways to meet propositions.

6.2.2 AI data collection

In this section, the data collection process as it occurred during the second stage of the study is briefly described with specific focus on the method used for selecting the sample, the description of the sample, the selection of the affirmative topic, appreciative interviews and reflections about appreciative interviews.

6.2.2.1   Sample selection method

Consistent with exploratory sequential MMR, the results of the quantitative survey in stage 1 were used to guide the purposeful selection of participants for AI. Based on

the results of the survey, three groups of participants were extracted, namely two extreme cases and participants with average performance in the questionnaire. As stated in chapter 4, the two computer generated extreme cases were labelled Groups A and B as described in 6.2.2.2.

6.2.2.2   Sample description

A total number of twenty eight (28) student nurses participated in appreciative interviews, all of whom belonged to two extreme cases as follows; twelve (12) student nurses with very high and outstanding performance belonged to Group A whilst sixteen (16) with low and very poor performance in the questionnaire belonged to Group B. In table 6.2, a summary of the description of appreciative interview participants is shown.

TABLE 6.2: APPRECIATIVE INTERVIEW PARTICIPANTS DESCRIPTION (N=28)						
Participants	Nursing College		University		TOTAL	
Gender Male Female	5 10		2 11		7 21	25% 75%
TOTAL	15 (54%)		13 (46%)		28	100%
Level of training 3rd year 4th year	Male 3 2	Female 7 3	Male 1 1	Female 7 4	Total 21 7	75% 25%
TOTAL	5	10	2	11	28	100%

6.2.2.3   The affirmative topic

The affirmative topic on which AI focused was created following the procedure described in chapter 2 and it was based on the results of the survey conducted in stage 1. As reported in chapter 5, the results of the survey revealed both positive and negative perceptions of the image of nursing among student nurses who took part in this study. In relation to the negative perception, the results showed that student nurses held negative perceptions of the image of nursing as a profession that was not respected and appreciated. The findings also revealed negative perceptions that nurses were not recognized and remunerated enough for their contribution in health care.

In line with the poetic principle of AI which states that the choice of what we study determines what we discover, the focus on the reported negative perceptions of the image of nursing among student nurses was substituted with a positive description of the desired future image of nursing. The negative perceptions of the image of nursing that were discovered in chapter 5 were reframed into a positive statements or words that pointed to the possibility of desired outcome of the image of nursing as a profession that is respected, appreciated and recognized. The selected affirmative topic on which AI focused was the *'Nursing; the appreciated Profession'*. Cooperrider et al (2003), Whitney and Trosten-Bloom (2003:34) and Sandu (2011:130) support the reframing of a problem-focused topic to the possibility of desired outcomes by stating that the things that people find wrong with the organization mean that there is something absent that they have in mind as an ideal image, and that ideal image should be the focus of the inquiry and not what is wrong with the current image.

6.2.2.4   *Appreciative interviews*

When the quantitative data collection and analysis had been completed in stage 1 of the study, code numbers associated with the selected cases were used to retrieve the contact details from the questionnaires belonging to the student nurses who had indicated their willingness to participate in AI if they met the eligibility criterion. However, the researcher did not know which of the individuals who volunteered for interviews gave which responses in the survey. Short messages service (sms) and e-mails were used to contact the participants and to arrange for interviews (Annexure G). The interview dates and times were arranged with and at the convenience of the student nurses. Reminder sms and e-mails were sent a day before the interview date to the participants. Twenty eight (28) student nurses turned up for AI interviews.

As stated in chapter 4, two appreciative interviews sessions were conducted at the selected NEI's on different days. But, the researcher did not come as an expert but as a facilitator, working with people in groups who were willing to make a positive change in their image of nursing (Ward & Baker 2005:43). Affirmative questions were used to help the participants tell stories of their peak experiences in the context of nursing image (Cooperrider et al 2003). Appreciative interview data were documented in the interview summary sheet, graphic recordings and as notes made

by the student nurses and the researcher. All the participants' created documents were collected for analysis by the researcher.

The interviews were conducted after classes with the twenty eight (28) student nurses who were willing and available; so, their class attendance was not interrupted. Because the duration of an AI session was three hours, refreshments were served. The researcher followed the steps of appreciative interviews as described in chapter 4 of this study.

6.2.2.5 Reflections about appreciative interviews

The researcher experienced positive aspects, challenges as well as benefits in the facilitation of appreciative interviews. In relation to the positive aspects, all the participants were actively involved. During the discovery phase, each and every participant had the opportunity to interview others and to be interviewed, to talk and to listen when others shared their positive stories. There was great excitement and enthusiasm as all the participants told their stories, describing in detail peak experiences of what happened as well as what made the experiences exciting for each participant. Consequently, there were no dominant or silent participants throughout the appreciative interview process because everybody had an input. As meaningful conversations continued through the various phases of AI, the researcher observed that a common focus was created and the ownership of ideas was established by AI.

With regard to the challenges, it was difficult in the beginning to keep the interviews focused on positive experiences. There was a tendency by some of the participants to talk about problems that needed to be solved. To ensure that the participants did not feel like their input about problems they thought needed fixing was unimportant and unappreciated, the following strategies, suggested by Seel (2008) were used to deal with the negative issues or problems that were raised;

1) Supportive listening to the participants who had some real intensity about what they wanted to say about the problems. I used as much empathy as I could without judgment.

2) *Postponing;* assuring the participants that a note would be made of what they had said and that the issues raised would be dealt with later when discussing the question of *'what you would change if you could change anything about the nursing as an organization?'*

3) Redirecting and reframing the problems into the direction of the desired future and using the negative data affirmatively; using what they thought was absent in the organization as what should be regarded as the ideal to strive for.

4) Using the affirmative questions consistently to keep the discussion grounded in the positive.

It was also difficult to keep to time restrictions as participants took longer time to complete the interviews. The activities of the phases, in particular the dream and the design phases took more time than expected. This was attributed to lots of contributions around the affirmative topic, explanations and long discussions during the development of provocative propositions and action plans. In addition, some of the participants experienced challenges with regard to writing notes as the paired interviews continued. The student nurses who experienced this challenge were assisted and supported. Accordingly, the interview time was increased by thirty (30) minutes.

Personally, I benefited from participation in appreciative interviews in that they contributed to my growth as an AI facilitator. The knowledge I gained about AI and the experience of facilitating it changed the negative perceptions I had about some aspects of the image of nursing. My involvement and engagement in AI has changed my attitude towards men in nursing in a positive direction. I have developed a positive outlook on the image of nursing, student nurses and the teaching of the practice of nursing. The influence of AI on me extended beyond my professional life for I applied some of AI principles in my own life when it became difficult for me to focus on this study as a result of the deaths of my mother and brother when the study was still in progress. Based on the principle that what you focus on is what you get, I was able to continue with the study because I made a conscious and difficult effort to focus on what I needed to do most; which was to complete the study.

6.2.3 Appreciative interviews data analysis

Thematic analysis of appreciative interview data was done simultaneously with data collection at various phases of the 4-D by the participants and the researcher. The analysis of data retrieved from appreciative interviews and participants' created documents organized information into themes that revealed the life-giving forces of nursing as an organization (Cooperrider et al 2008) and the co-constructed desired future image of nursing. The text data included the following:

- Themes that were present from positive stories told during the discovery phase as recorded by the students on the interview summary sheet.
- Brainstormed lists of the themes that were present in the positive stories that were described as high points, life giving forces or ideas about what the image of nursing was like when things were at their best.
- A scatter-gram identifying the life-giving themes that the student nurses found most energizing and exciting to be included in their vision of a desired future image of nursing.
- Wishes list, symbols and metaphors portraying the student nurses' co-constructed dream statement on their desired future image of nursing.
- Provocative propositions about the ideal future image of nursing that were created by the student nurses in the design phase of AI.
- Action plans that were created around the provocative propositions.

Member checks allowed participants to review the transcriptions of their interviews and corrected them if there were statements that they felt did not accurately convey their intended meanings. This strategy ensured the credibility of the appreciative interviews data (McMillan 2008).

6.2.4 The findings of appreciative interviews

The findings of appreciative interviews were presented as answers to the qualitative research questions pertinent to the second stage of the study according the 4-D phases of AI (listed in table 6.1) and in the order that questions appeared in the interview schedule. Examples of comments from the participating student nurses were included to illustrate the findings.

- **Stage setting questions**

As introduction to appreciative interviews, the participants were asked questions about themselves and their interest in nursing. Although the questions were not specifically related to the study objectives, the responses to the questions on the date of course commencement confirmed that the participants met the inclusion criteria of being either third or fourth year student nurses. In addition, from notes written by participants, it was noteworthy that the majority of the student nurses' first career choice was not nursing, apparent in the comments below.

> "To tell the truth, I did not know where to apply because I did not qualify to get into the career I really wanted, so I ended up in nursing"

> "I never thought about it. In fact nursing was not my thing; it was the last resort for me"

Some of the student nurses indicated that they did not meet the selection criteria of their first choice career while others stated that they were attracted to nursing because they would earn a salary while studying. However, all but two student nurses indicated that they had grown to appreciate and value nursing because of many career pathways it offers and the opportunities for making a difference in other people's lives.

- **Appreciative part of the interview**

The findings of the appreciative interviews are reported according to the phases of the 4-cycle of AI in the sections that follow.

6.2.4.1   Discovery phase

Peak experiences questions. Working in pairs, as the participants told their personal positive peak stories, addressing all questions about a peak experience as stated in the AI interview schedule (what happened, who was involved, what happened before and after the experience and how the person felt after the experience). From the analysis, the brainstormed list of high point and high energy themes that were present and common to the stories included:

1) Valued/recognized
2) Appreciated/positive feedback
3) Providing good care
4) Team work
5) Being respected and respecting others
6) Helping others
7) Sharing knowledge
8) Being allowed to be creative
9) Being allowed to be the best nurse I could be

Life-giving themes: The procedure for creating a scatter-gram of life-giving themes as described in chapter 4 was followed. From the above-listed brainstormed themes, the three that were identified by the participants as life-giving and most energizing themes from stories were *being respected and respecting others, being valued and appreciated and recognition* (figure 6.1).
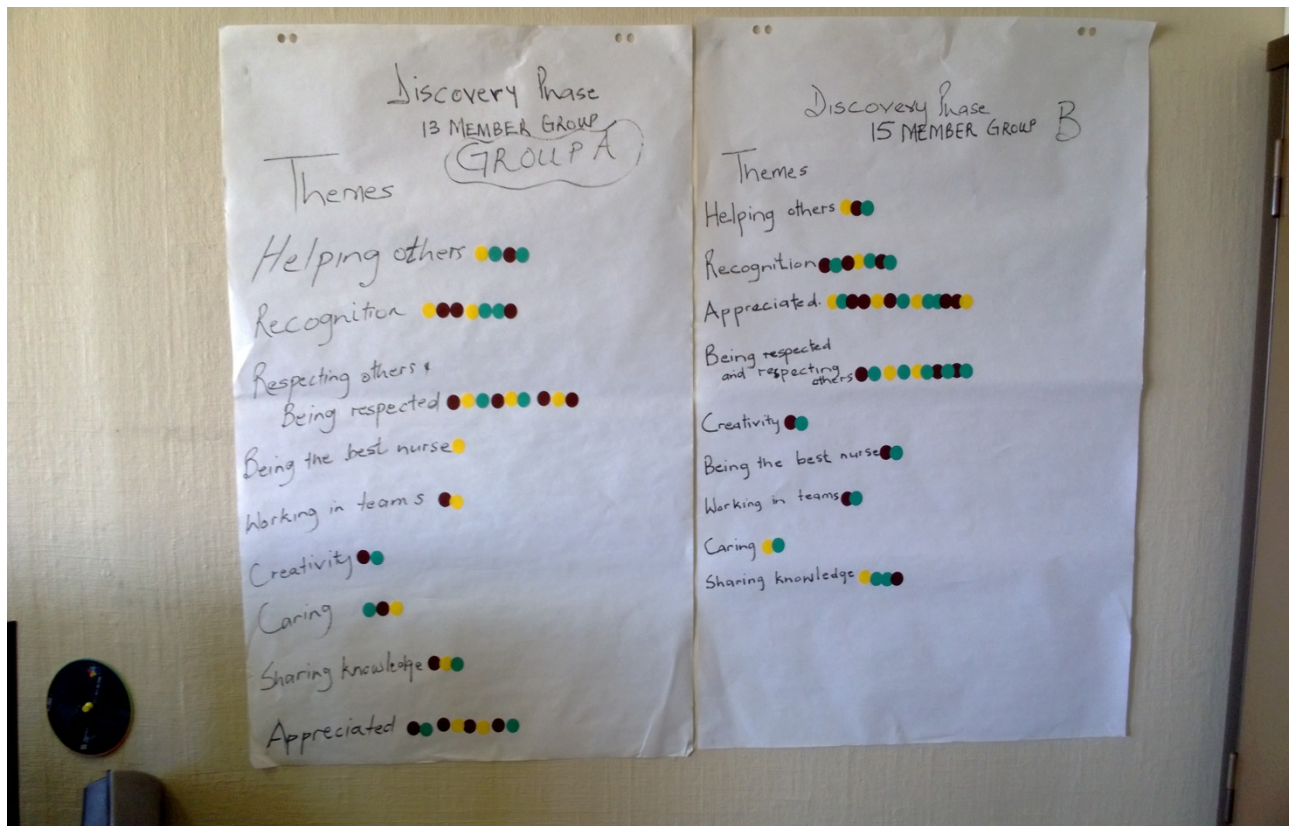
FIgure 6.1   Scatter-gram of life-giving themes

Values questions: With regard to the inquiry into the student nurses' values, the following questions were asked:

Without being humble, what do you value most about yourself as a person and as a nurse?"

In response to the question about what the student nurses valued most about themselves as persons, some of the student nurses answered the question by describing their personal attributes and values in relation to nursing. A sample of the student nurses' responses to the question illustrates this:

"I am passionate about helping people in need of care, I am referring to patients".

"I am sensitive to the patients' emotions and needs"

"I listen when patients speak to me"

"I am respectful of my patients' religion and culture"

"I take good care of my patients and their families"

"I value being an advocate for my patients"

Other most valued personal attributes that were mentioned by the student nurses who participated in this study included the patience, loving, hardworking, outspoken and confidence. These were apparent in the following sample responses:

"I am a patient and a loving person"
"Hard worker"
"I value myself for being an extrovert"
"I value the confidence in me"

As nurses, the participants indicated that they valued the following about themselves; *ability to listen, to work in teams, willingness to stand up for their own rights, care, respect, sharing knowledge"*. Examples of the sample responses included;

"I listen to the patients' views and concerns"
"I value team work because without it, there will be no nursing"
"Not afraid to speak out, for my rights"
"I respect the views of others"
"I really care about patients and their families, in fact about the community as a whole"
"I am always willing to share my knowledge"

What do you value most about nursing?

In relation to the question of what the student nurses valued most about the nursing profession, the themes emerging from the responses included *caring, rewarding, enriching, independent, helping, compassionate and 'knowledgeable' profession (degree status).* Sample responses in this regard included:

"Caring for the sick"
"The existence of degree and diploma programs from which one can choose"
"It's a job, I am employed and I think I earn a decent pay. Still gonna earn more when I qualify"
"I am able to make decisions regarding patient care"

What do you experience as the core values of your profession?

The values of *caring, helping others, humanism, hard work, service, compassion, appreciation and team work* were described as core nursing values experienced by most of the student nurses who participated in this study. These were apparent in the following sample responses:

> "I experience nursing as a caring and helping profession, providing service to the sick and healthy"
> "Nursing is about showing concern and sympathy to distressed people"
> "It is a calling"
> "Nursing is hard work"
> "A profession where service to clients is a priority"

The above-stated values were the same values which were described by the participants in the positive stories and the experience of these values resulted in peak experiences.

What would you like the core values of nursing to be?

The themes that emerged from responses regarding what the core values of nursing should be included *respect, caring, hard work, helping others, compassion, honesty, teamwork, trustworthiness, empathy and appreciation.* The following were examples of sample responses:

> "I would like nursing to be a profession where the sick and vulnerable God's people are respected and cared for with love"
> "More emphasis put on caring and prevention than curing"
> "A profession consisting of knowledgeable, hardworking and caring nurses who can be trusted by patients and the community"
> "Caring, kind, helpful, gentle, empathy, sympathy"
> "Collaboration with other professions and other nurses"

This question also addressed the second question in the dream phase *'What would you change if you could change anything about the current image of nursing?'* The participants indicated that they would change the image of nursing to be *a respected*

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and appreciated profession, recognized for its intelligent, competent, caring and compassionate nurses. The participants also stated that they would increase the number of male nurses in order to change the image of nursing as a female-dominated profession.

"I would like nursing to be a recognized, valued and respected profession that pays well"
"Do nursing at degree level"
"There are few men in nursing when compared with women, so let's get more men to increase their numbers."
"More competence and compassion"

Table 6.3 summarizes the themes from personal and nursing values responses that emerged from the analysis. Only the themes appearing in more than seven (40%) responses were shown and colour coding was used for values that were common to personal and nursing core values.

TABLE 6.3: THEMES FROM PERSONAL AND NURSING VALUES RESPONSES			
THEMES			
Personal attributes and values	Number of times each theme was mentioned by participants	Core nursing values	Number of times each theme was mentioned by participants
• respect • sensitive to patients' needs • hard worker • passionate about helping • take good care of patients • outspoken • ability to listen • empathy • compassion • helpful	25 23 21 15 15 13 10 9 9 9	• caring • helping others • respect • service • team work • independent practice • compassion • appreciation • honesty	27 20 25 21 10 10 9 8 8 8 8

What is the single most important thing that your profession has contributed to your life and to the community?

The themes that emerged from the responses to this question included:

"Nursing made my life meaningful 'cause I believe that this is what God wanted me to be"
"It provided me with a job opportunity and a chance to start building a career"
"Provided me with the opportunities to help and care for others"

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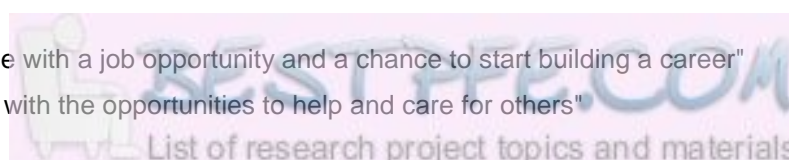
"Nursing has taught me to value that each and every patient is unique"

"Nursing is an essential service to the community".

What is the most meaningful way your contribution and that of nursing is recognized and appreciated?

Themes that emerged from responses to this question included the following;

"Nurses work long unsocial hours, over the weekends but they are the most underpaid health professionals"

"Nursing is hard and difficult work but people and the government don't appreciate it"

"At least if the resources were adequate, one would say nursing is appreciated"

The responses of almost all participating student nurses did not state the most meaningful way nurses and nursing were recognized and appreciated instead the themes contained information suggesting that nurses and nursing were not appreciated and recognized for its contribution. This was evident in the statements about *low salaries, long unsocial working hours and lack of equipment* from the participants' responses.

- **Discussion of findings of the discovery phase**

The activities of the discovery phase enabled the student nurses to describe their peak nursing experiences and to identify the positive core of nursing. The positive experiences described during the discovery phase were the basis for the student nurses' most valued personal attributes of *caring, compassion, respect for patients and the desire to help others.* The peak nursing experiences also enabled the student nurses to discover core values related to nursing. The core values of nursing identified by the student nurses of *respect, caring, helping others, compassion and appreciation* became the important parts of their envisioned desired future image of nursing as described in the dream phase.

The discovery phase resulted in the identification, appreciation and articulation of the best aspects of nursing image (positive core). Most of the student nurses mentioned that nursing has contributed by *making their lives meaningful and by providing*

opportunities for them to help and care for others. In addition, the student nurses indicated that nursing has *provided employment opportunity for them.* Even though the quantitative results reported in chapter 5 showed that there was a strong disagreement to item 7.4 (*I applied to nursing because I was going to be unemployed),* the student nurses still appreciated the opportunity provided by nursing for employment. One student nurse stated that nursing has taught her *to value the uniqueness of man.* Nursing was also identified as an *essential service to the community* by a number of participants.

Other themes such as *respect, caring, compassion and helping others* resurfaced several times throughout the interview data. Respect and caring with compassion were regarded as personal values and obligations toward the patients, health team members and the community. Lack of recognition and appreciation for nurses and nursing were reported by most of the participants, revealed by the participants' responses to the question: *What is the most meaningful way your contribution and that of nursing is recognized and appreciated?* This finding is consistent with the pre-test results that showed negative perceptions of nursing as a profession that was not respected and appreciated among the majority (72%) of student nurses who participated in this study.

- **Literature control: Discovery phase**

Peak experiences: The finding of this study and the literature support the importance of personal and work-related peak experiences. Previous research found that people who have had peak experiences report a greater sense of caring, awareness of the other person and responsiveness (Edwards 2010; Woodward, Findlay & Moore 2009:430). In addition, people who have had peak experiences have also been found to be more experimental, more imaginative, less authoritarian and more self-sufficient than those with no or few peak experiences (Edwards 2010; Woodward et al 2009). In this study, an inquiry into and the description of peak nursing experiences placed the participants in that positive stance (Cooperrider & Stavros 2008) required for motivation, imagination, creativity, positive thinking, positive action and change; hence the expression of a greater sense of caring, respect, compassion, team work and helping others.

The positive principle of AI supports the use of peak experiences in organization's dialogue from the negative to being generative and creative in that, as long as organizations hold a positive image of the future, it will flourish (Bushe 2000). Pirtle's (2012:63) view is that peak experiences as they relate to nursing, can be used as a means of finding meaning if nurses become aware and appreciative of those peak experiences. Frankl's existentialism, which forms the basis of this study, refers to experiential values as one of the ways of finding meaning in life. Experiential values involve receiving intense life experiences from the world in terms of encountering a person or experiencing something such as goodness, truth and beauty manifested by enjoying or contemplating on the beauty of creative values (Frankl 1984:135). The theory postulates that experiential values help people discover the meaning of life through unique or peak experiences (Frankl 1984:83).

Values: In the discovery phase, there was need for an inquiry into the student nurses' personal values and their perception of the core values of nursing. As noted by Elfrink and Lutz (1991 in Weis & Schank 2000:202) "nurses' awareness of their own values and how these values influence behaviour is an essential component of humanistic nursing care." An inquiry into values was used to provide the participants with an opportunity to re-evaluate own values and also to check alignment of personal values to nursing values. Evidence of a positive relationship between values and peak experiences was found in literature; that when people's choices and actions are in line with their values, they generally feel good about themselves (Edwards & Edwards 2012) and that peak experiences result from those moments when the practice (nursing care) was in accord with the values that underpin that practice (Giles & Anderson 2008:469). Another aim of bringing peak and valued experiences into consciousness in this study was to encourage action aligned with personal and nursing values; the action being the co-construction of the future image of nursing.

Values are an integral part of professional socialization evident in nursing care and essential for decisions that affect nursing practice. Marshall (2011:12) asserts that people experience existential vacuum when the values they hold do not guide their actions. In relation to nursing, cognitive dissonance follows when nursing values such as caring, warmth, support and respect are not applied in the practice of nursing in

the clinical setting. Cognitive dissonance and disillusionment with nursing were reported by McLendon (2009:317) as some of the reasons some student nurses decide to leave nursing because they cannot realize the meaning and purpose of nursing in their lives.

Moreover, Lee and Shafer (2005:82) state that gathering everyone's input on the values of the organization creates a buy-in that cannot be replicated by any smaller representative grouping of a system. The implication for this study is that the student nurses would be far more interested in the future image of nursing if they knew that their personal input was contained in it; hence the inquiry during the discovery phase into core nursing values. Research has shown that organizations that seek to align the personal values of employees to those of the organization perform better and they are able to attract and retain the best people (Watkins & Mohr 2001; Lee & Shafer 2005:77). The implication is that if nursing, as an organization could align student nurses' personal values and those of the profession, it would be able to attract and retain student nurses in nursing education programmes.

In table 6.3, values such as *caring, compassion, helping others and respect* were identified as common to personal and core nursing values, implying that most of the participants' personal values were aligned to nursing values, hence their ability to identify peak nursing experiences. The majority (79.1%) of student nurses' intention to pursue a career in nursing reported in chapter 5 seems to be related to the alignment of their personal to nursing values. In addition, the pre-test survey results support this finding that the majority of student nurses felt that working as nurses had given their lives meaning and an opportunity to care for and help others.

The finding of lack of recognition and appreciation for nurses and the nursing profession is consistent with the pre-test survey results reported in chapter 5 of this study; that strongly disagree ratings were obtained in items 1.5 (*nursing is an appreciated profession*) and 5.5 (*nurses are recognized enough for their contribution to healthcare*). Similar results were also reported in a number of surveys that the participating student nurses believed that there was lack of recognition for nurses and the nursing profession (Brodie et al 2004:721; Buerhaus et al 2005a:76; Seago

2006:96). In addition, Finkleman and Kenner (2013:88) bring to attention the limited recognition of nursing as a science field by the public.

The study by Lavoie-Tremblay et al (2008:290) identified the existence of an imbalance between effort expended on the job and rewards received in nursing, implying inadequate compensation, recognition and appreciation for the work nurses do. Whitney and Trosten-Bloom (2008:281) point out the importance of recognition and appreciation that; people and organizations grow and thrive with recognition and appreciation and yet many organizations are overrun with deficit discourse of problem analysis.

6.2.4.2 Dream phase

The aim of the dream phase was to establish a shared vision of the image of nursing. The participants used one theme from the list of life-giving themes made in the discovery phase and collaboratively created a visual image of nursing based on common values, thus giving their imagined desired future image of nursing shape. The theme that was selected was *'Appreciated'*.

The participants were asked to express up to three wishes that would enhance appreciation of nurses and the nursing profession by the society (nurses included) in the next five years. Watkins and Mohr (2001) explain that wishes questions are used in the generic or standard AI interview format to refocus unmet needs, dissatisfaction or frustration in terms of a positive vision. In addition to the wishes lists, the participants were requested to indicate what they would change if they could change anything about the current image of nursing. Eighty four (84) wishes were expressed by the participants; revealing what the student nurses felt was missing or what they wished had been present to a larger extent regarding the current image of nursing.

The largest number of participants (20 out of 28) expressed a wish for respect for nurses and the nursing profession. Example of sample wishes included;

> "I wish that patients, doctors and the community could show more respect for the nurses"
> "I wish the professional nurses treated student nurses with more respect"

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"I wish health team members showed respect for one another"

"My wish is for nurses to respect themselves by they speak to patients and also in wearing uniform"

"Wish that nurses respected their uniform, were proud of it and wear it with pride"

Some of the student nurses mentioned that they wished *all nurses would be more patient, more caring, more polite and more respectful to the families of patients.*

The second largest number of wishes expressed a need for greater involvement or participation by all nurses in all matters relating to nursing, in particular the recruitment and retention of nurses and the image of nursing. Some of the student nurses' wishes included the following:

"I wish more nurses, especially student nurses would participate actively in campaigns such as open days and visits to schools to create awareness about nursing and to market nursing to young people"

"I wish the nurses would speak out against the negative image of nursing shown by the media"

"I wish the nursing profession would use radio and television to educate the public about nursing"

"Wish that nurses would inform the society about nursing; tell our nursing story with pride"

"I wish more nurses would take up acting roles in television dramas about nurses, in that way our nursing story will educate the community about nursing"

Some wishes expressed a need for improved communication between the nurses, community and the media while others expressed the desire for improved relationships between the doctors, nurses and all allied health professionals. One participant commented; *"I wish doctors would treat nurses as their colleagues."*

The other themes that emerged from the student nurses wishes included a desire for greater inclusion of student nurses in ward activities and a wish for student nurses to be made to experience a sense of belonging within the nursing team. One participant expressed a wish for selection of candidates with interest in nursing, evident in the following comment:

"I wish that colleges could select the right people for nursing, people who really want to be nurses and people who will stay being nurses, some people just come to exploit nursing; collect money and leave"

In addition to the wishes lists, the participants were requested to create ways to represent their shared and co-constructed dream of the future image of nursing. Figure 6.2 shows the visual presentation of the participants' dream of the future image of nursing. The participants used a mind map to present answers to the dream phase question of *'what might be'* the future image of nursing or *what will the image of nursing be like in the next five years?'* The mind map shows a collaboratively created visual image of the future image of nursing and it contains expressed wishes and things the participants indicated that they would change if they could change anything about the current image of nursing.

Figure 6.2   Participants' envisioned desired future image of nursing

- **Discussion of findings of the dream phase**

The participants responded to the wish question in the dream phase and the findings included expressed wishes for respect for nurses and the nursing profession, greater involvement by all nurses in all matters relating to the recruitment and retention of nurses, improved communication and relations between the nurses, the doctors, allied health professionals, the community and the media. The participants were also given an opportunity to reflect on and respond to the question *'What would you change if you could change anything about the current image of nursing?'* They indicated that they would increase men in nursing, the visibility of nursing and the participation by all nurses in all nursing image-related matters. The participants chose a mind-map to present their imagined future image of nursing. The participants' ideal or vision that they valued and aspired to make it happen was that of a *professional image of nursing and the image of nurses as intelligent, well-paid and caring male and female nurses appreciated and recognized for their technological competence, knowledge, high level of education and professionalism.*

- **Literature control: Dream phase**

The findings of the dream phase included expressed wishes for respect, appreciation and recognition for nurses and the nursing profession. The results of the pre-test survey reported in chapter 5 showed that nursing was perceived negatively by student nurses in the current study as a profession that was not respected, appreciated and recognized for its contribution to healthcare; hence the expression of wishes for respect, appreciation and recognition for nursing in the dream phase. In a variety of studies student nurses believed that there was inadequate respect and lack of recognition for nurses and the nursing profession (Brodie et al 2004:721; Buerhaus et al 2005a:76; Morris-Thompson, Sheperd, Plata Ba & Maran 2011; Seago et al 2006:96; Varaei et al 2012:557). According to Morris-Thompson et al (2011), the public purports to respect nursing but would not recommend it as a career of choice for their children. Within the South African literature, lack of appreciation and respect for nursing within the profession was reported. The South African student nurses whose parents were registered nurses stated that their

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parents discouraged them from choosing nursing as a career (Mkhize & Nzimande 2007). In the same study, forty (40) % of SA registered nurses stated that they would not recommend nursing as a career to high school or college students.

The student also expressed wishes for greater involvement or participation by all nurses in all matters relating to nursing, in particular, the recruitment and retention of nurses and the image of nursing. Specific focus was placed on the wish for nurses to educate the community about what nurses do. Morris -Thompson et al (2011) bring to attention the fact that the public appears ill-informed of what nurses do. The participation of nurses in improving the public knowledge about the nursing profession and the diverse and effective roles of nurses in the health care system through mass media is recommended by Varaei et al (2012:559) as a way to rectify the public perception of nursing.

The student nurses indicated that they would increase the number of men in nursing if they could change anything about the current image of nursing. This finding shows a positive perception of male nurses among student nurses who took part in this study and it is consistent with the results of the pre-test survey and previous research (Abdel El-Halem et al 2011:615; Bolan & Grainger 2009:775; Buerhaus et al 2005a:75; Cetinkol & Yavuz 2007; Sridevy 2011:3; Varaei et al 2012:551). Breier et al (2009:127) assert that professions lose status and the earning power when they start to attract significant numbers of women or a majority of women because the society associates women with weakness, dependence and powerlessness (Neilson & Lauder 2008:688); hence the need to promote the professional image of male nurses.

The participants' wishes are contained in their co-constructed dream for the future image of nursing. Figure 6.3 shows a summary of the wishes expressed by participants during the dream phase.

Figure 6.3   Dream phase: Wishes list

6.2.4.3   Design phase

In the design phase, the groups constructed provocative propositions. The focus was on co-constructing *what should be the future image of nursing* (Bushe & Kassam 2005; Chapman & Giles 2009; Shariff et al 2010:14; Richer et al 2009:950). Provocative propositions were affirmative statements that described the student nurses' idealized future image of nursing; statements about the image of nursing designed to fulfil their dreams. The findings of the design phase in the form of provocative statements are presented in figure 6.4.
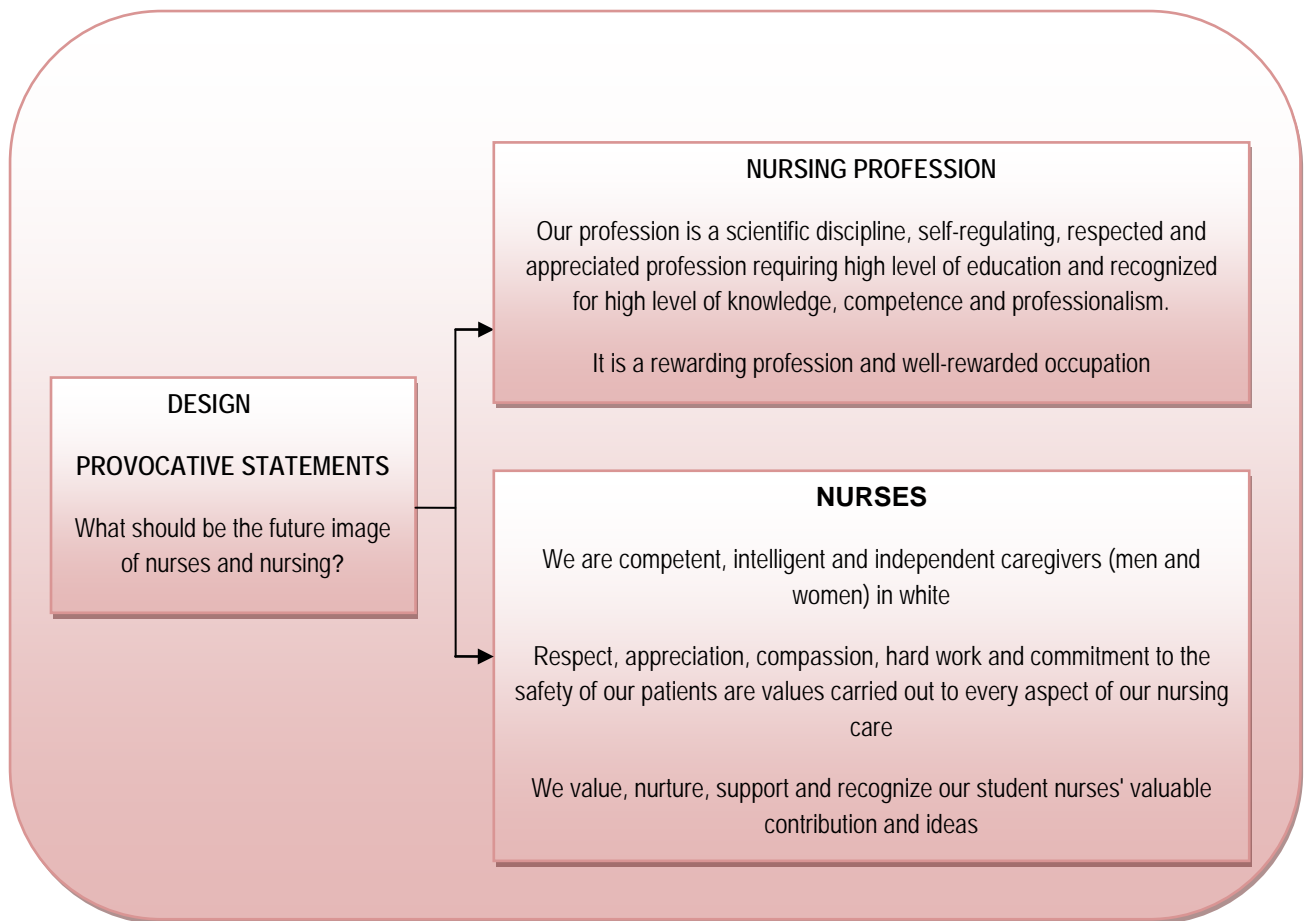
Figure 6.4   Design phase: What should be the image of nursing?
(Adapted from Cooperider: Stavros, & Whitney 2008:28)

Discussion of findings of the design phase

Based on the co-constructed dream, the participants wrote provocative propositions that described their idealized future image of nursing; how the image of nursing will be when the positive core is alive in all its functions (Whitney & Trosten-Bloom 2010). The provocative statements contained the participants' expressed values and collective aspirations for *'what should be'* the future image of nursing.

6.2.4.4   *Destiny phase*

During this phase, the participants created action plans around the provocative propositions developed in the design phase with the focus on co-constructing *'what will be'*, '*how it could be'* and *'what is possible'* (Bushe & Kassam 2005; Chapman &

Giles 2009; Shariff et al 2010:14; Richer et al 2009:950). Figure 6.5 shows the findings of the destiny phase.

<table>
<tr><td colspan="2">DESTINY: Create what will be. What will we do?</td></tr>
<tr><td colspan="2" align="center">ACTION PLANS</td></tr>
<tr><td>1)</td><td>Plan and implement student nurses-led campaigns to attract young people with the requisite cognitive and interpersonal skills to nursing</td></tr>
<tr><td>2)</td><td>Plan and implement recruitment campaigns focusing on attracting more men to nursing</td></tr>
<tr><td>3)</td><td>Develop and implement programs to support men in nursing</td></tr>
<tr><td>4)</td><td>Develop information giving leaflets for communities about nursing</td></tr>
<tr><td>5)</td><td>Nursing advertisement brochures with nurses' uniform, containing information about nursing degree programs, core nursing values, personal attributes required for nursing and a brief description of the curriculum. Job opportunities, career pathways and opportunities for development to be included</td></tr>
<tr><td>6)</td><td>Arrange information giving sessions using television and community radio stations.</td></tr>
<tr><td>7)</td><td>Educate community about the

High education requirements for becoming a nurse
High level knowledge and competence required to render nursing care meeting the   needs of all patients.
Importance of men in nursing and the pictures of nurses used in the media should include male nurses
Patients' rights and responsibilities
Nurses' rights and responsibilities
</td></tr>
</table>

Figure 6.5   Destiny phase: 'What will be the image of nursing'?

Discussion of findings

In the final phase, participants developed proposals or action plans for the achievement of the envisioned image of nursing. This was in line with the research question pertinent to the destiny phase. As indicated in chapter 4, the implementation of action plans and on-going communication of results (post-inquiry activities) were not addressed because they were not in line with the study objectives. The constructed provocative propositions and associated action plans in the design and destiny phase respectively were intended to realize the student nurses' desired dream of the future image of nursing; the dream of a *professional image of nursing,*

intelligent, well-paid and caring nurses (men and women) appreciated and recognized for their technological competence, knowledge, high level of education and professionalism captured from the mind-map (figure 6.2).

- **Literature control: Design and destiny phases**

The literature and the findings of the design and destiny phases support the following:

(i)   High levels of education for nurses

The results of the pre-test survey of this study show that the student nurses support the view that nursing requires high level education at a degree level to attract young people who meet the entry requirements. The findings of appreciative interviews and pre-test survey in this study support previous studies by various researchers. Tzeng (2006) and Campbell-Heider, Sackett, Rny and Whistler (2008) assert that a positive and professional image derived from skills, knowledge, credibility and academic degrees may grant nurses expert power. Miller and Cummings (2009) conducted a systemic review of literature on career aspirations of gifted and talented pupils and found that these pupils preferred careers that required high levels of education because of the perception that high levels of education careers are prestigious. Nursing was perceived in a number of studies as a profession with low academic standards because of the low entry requirements for nursing degree programme compared to other degree programmes at most universities. Neilson and Lauder (2008:685) conducted a qualitative study on what high performing students thought of a career in nursing. The findings of that study revealed that nursing was perceived negatively as a female job with no high level cognitive skills related to it and a technical job for girls and not as a profession worthy of students from good private schools with good grades. This was substantiated in the following comments made by one of the participants in that study:

"I would only consider doing nursing if I really screwed up my grades"

"I feel that I would be wasting my qualifications; I have good grades and that I am a bit too clever to be a nurse"

Some of the pupils in the same study felt that if they pursue nursing as a career, they would not make a difference to patients' lives (Neilson & Lauder 2008:687). Some of the participants commented; *"I want a job where I can make a difference, doctors clearly make a real difference to people's lives."*

In some studies, it was found that positive perceptions of nursing among student nurses were related to the high levels of education (Safadi et al 2011). Dimitiadou-Panteka et al (2008) found that the high educational level including post-graduation studies influenced and changed negative and inaccurate perceptions about nursing.

(ii) Professional and positive image of nursing

The student nurses acknowledged the importance of a positive image in attracting and retaining student nurses in nursing. The professional image of nursing and the image of nurses as competent, intelligent, independent, well-rewarded, caring and compassionate men and women emerged from this study. This finding is congruent with many positive images of nursing identified in previous studies including;

- Rhodes et al (2011) assert that the image of nurses as '*competent and intelligent caregivers*' must be as well-known as the image of nurses as *'angels in white'.* According to the findings of the same study, student nurses did not want to relinquish the image of nurses as *angelic caregivers* but they saw value in promoting the image of nurses as *competent and intelligent caregivers*.
- Hoke's (2006) opinion that the image of nursing as an *intellectually challenging profession* rather than that of a *feminine and angelic profession* would recruit more young people to nursing.
- Gordon and Nelson's (2005:62) view is that nursing should move away from the *'virtue script'* towards a *'knowledge-based identity'*.

- The image of a nurse as the *careerist* is believed to be essential for persuading the public, including many nurses that how things are is not how they ought to be and that the place provided for nurses in the media is much less than it ought to have. According to Kalish and Kalish (2005) the nurse careerist refers to "*an intelligent, logical, progressive, sophisticated, empathetic and assertive man or woman who is committed to attaining higher and higher standards of health care.*"

- A positive and professional image of nursing with a stronger focus on expertise required to save lives based on the application of science would improve the image of nursing (Roberts & Vasquez 2004).

- A positive and professional image derived from skills, knowledge, credibility and academic degrees so that the community would recognize nurses for their expertise (Tzeng 2006; Campbell-Heider et al 2008).

(iii)   A dress code communicating a professional image of nursing

This finding supports Shaw and Timmons's (2010) conclusion that uniforms play an important role in forming the student nurses' professional self-image and identity and in maintaining pride in the profession. According to Albert, Wocial, Meyer, Jie and Trocheman (2008:190), nurses' uniforms are associated with nurse professionalism traits. The same authors found that white uniform rated very high in traits such as competence, efficiency, confidence, reliability, co-cooperativeness and empathy. However, Shaw and Timmons (2010) suggest that uniform and the image of nursing need to be considered carefully, balancing modernity with an appreciation for nursing's heritage and tradition. In the opinion of the same authors, a more realistic image of nursing to the public will be portrayed and positive identities formed with the proper use of nurses' uniform.

(iv)   The need to increase the visibility of nursing

The findings show that nursing's visibility seems to be an important issue. During the dream phase, student nurses expressed a wish for increased participation by all nurses in recruitment activities and community education about nursing. The action

plans that the participants listed during the destiny phase that were intended to increase the visibility of nursing included campaigns and nursing advertisement brochures with nurses' uniform, containing information about nursing degree programmes, core nursing values, personal attributes required for nursing and a brief description of the curriculum. In addition, the participants felt that job opportunities, career pathways and opportunities for development should be included in the brochures. Literature supports the use of advertisements and campaigns for recruitment purposes. According to Finkelman and Kenner (2013:92), advertising nursing serves two purposes; firstly to attract young people to nursing and secondly to educate the public about nursing. A variety of campaigns have been used in the past to promote nursing as a career with positive outcomes. They included campaigns such as *Johnson and Johnson's nursing's future* (Centre for Nursing Advocacy 2006:98 in Finkelman & Kenner 2013), summer camps for high school pupils; for example, "*Teens experiencing nursing"* programme (Redding, Riech & Prater 2004) and *Men in nursing calendar* depicting various types of nursing activities that male nurses do (Finkelman & Kenner 2013).

As noted by Sullivan (2004:45), nurses comprise the majority of healthcare professionals but they are the most invisible. The same author contends that public views of nurses and nursing are typically based on brief personal experiences with nurses leading to narrow views which may not provide an accurate picture of all that nurses can and do provide in the healthcare delivery system (Finkelman & Kenner 2013:9298). Morris-Thompson et al (2011) add that the public appears ill-informed of what nurses do, so nurses have to take responsibility for moving from silence to voice (Buresh & Gordon 2000 cited in Brenner 2005:15) and to develop skills of presenting themselves in the media and to the media (Finkelman & Kenner 2013).

Neilson and McNally (2010:11) conducted a qualitative study on how nursing could be made more attractive as a career choice for high academic achieving school pupils. The school pupils in the same study questioned why departments of nursing within universities have not made the effort to link with schools as other departments have. The pupils pointed out that "nursing cannot afford to ignore the opportunity to engage much more actively with schools regarding nursing as a career choice and to

do this in a meaningful and productive way in early secondary school and possibly in primary schools."

6.2.5 Summary

A summary of the AI process and findings is presented in table 6.4.

TABLE 6.4: SUMMARY OF APPRECIATIVE INQUIRY PROCESS

Phases Duration	Discovery 45 minutes	Dream 60 minutes	Design 60 minutes	Destiny 45 minutes
Focus	Appreciation of the most positive aspects of the image of nursing	Envisioning the ideal, desired future image of nursing	Innovation	Sustaining what will be the ideal image of nursing
Purpose	To share and describe positive, peak experiences, values and wishes for the future image of nursing	To establish a shared vision of the image of nursing.	To create a vision that represented the desired future image of nursing	To create concrete action plans
Data collection activities	Appreciative interviews 1. Paired interviews 2. Storytelling narratives 3. Group discussions 4. Brainstorming sessions	In a group, the participants collaboratively created a visual image of the desired image of nursing. Individually participants wrote wish lists	The participants formulated collective provocative propositions	The participants created a list of action plans
Data collection instruments	1. AI interview schedule 2. AI interview analysis summary sheet	Student nurses and researcher's notes	Participants' created list	Participants' created list
Data analysis	Thematic analysis	Thematic analysis		
Findings	1. Recurrent themes within the positive stories and the description of peak nursing experiences. 2. Positive core/Scatter gram 3. Personal and core nursing values	Visual image of the co-constructed dream; Mind-map showing the dream of the ideal, desired image of nursing	A list provocative propositions	A list of action plans for implementation

6.3 CONCLUSION

In this chapter, a description of the analysis and findings of data collected during the second stage of the study were presented. As shown by the findings of this study, the participants took part in face-to-face interactions and worked in small groups to accomplish a shared image of nursing under facilitation of the researcher. In order to achieve the set goals, the participants depended on each other in a group, they used

and developed appropriate collaborative and interpersonal skills required to meet the objectives of AI. They had dreamt, brainstormed themes, created a mind-map of their desired image of nursing and wrote action plans around the provocative propositions.

The next chapter presents the findings of the post-test survey and individual interviews data collected during the third and fourth stage of the study respectively.

CHAPTER 7

ANALYSIS, PRESENTATION AND DESCRIPTION OF QUANTITATIVE AND QUALITATIVE RESEARCH FINDINGS: POST-TEST AND EXPERIENCES OF APPRECIATIVE INQUIRY

7.1   INTRODUCTION

This chapter presents the analysis and description of the findings of the quantitative and qualitative data collected during stage 3 and stage 4 of the study respectively. The data collected during the third stage of the study served as post-test data on student nurses' perception of the image of nursing following the implementation of appreciative inquiry (AI) intervention. In the fourth stage, individual interviews were used to collect data on the student nurses' experiences of AI. The data collection and analyses presented in this chapter occurred according to the research methods discussed in chapter 4, starting with the presentation of the results of the post-test followed by the findings of individual interviews.

7.2   THE POST-TEST SURVEY

A brief description of the participants, the specific methods and procedures used for data collection and analysis and the results of the post-test survey are presented in this section. Included is the comparison of the pre-test and post-test results of the two groups of participants.

The aim of the post-test was to determine whether the group of student nurses who participated in AI in stage 2 showed a significant positive change with regard to their perception of the image of nursing as determined during the first stage. Consequently, the post-test sought to provide answers to the following research questions:

- How did the student nurses describe their perception of the image of nursing resulting from the implementation AI?
- Did AI transform the image of nursing among student nurses?

7.2.1 Sample

A total of 28, eligible student nurses participated in the post-test survey. To be eligible for the post-test, there was a requirement to have participated in the second phase of the study, namely appreciative inquiry interviews. As indicated in chapter 4, the sample consisted of two extreme cases based on their performance in the pre-test survey:

(ii)   Group A: extreme cases of very high and outstanding performance (n=12)
(iii)   Group B: extreme cases of low and very poor performance (n=16).

7.2.2 Data collection

The purpose of the post-test was explained to the students, along with the measures to ensure anonymity and confidentiality. As indicated in chapter 4, student nurses who took part in the post-test survey did not sign a consent form; completion of the questionnaire implied informed consent to participate in the study. The pre-test questionnaire was administered as a post-test and all the 28 eligible student nurses returned the completed questionnaires, resulting in a response rate of 100%.

7.2.3 Data analysis

Data analysis was performed by means of SPSS version 20.0 using the same descriptive statistics as in the pre-test. In addition, the McNemar's tests in SPSS were used to detect the differences in student nurses' pre-test and post-test responses to 63 questionnaire items which were designed to elicit the information about the student nurses' perceptions of the image of nursing.

McNemar's test is a statistical, non-parametric test that is used to determine whether there is a significant change in data before and after an event or intervention and to compare the proportions in paired data (Oyeka 2012:1). According to Adedokun and Burgess (2012:129) and Wang, Huang, Liu and Lu (2012:294), McNemar's test is often used in before-after studies in which data of the two groups from the same participants (paired data) are measured at two different times; that is before and after exposure followed by the comparison of the outcomes. The same authors further

explain that the test is used to observe how participants performed differently at the pre-test and post-test surveys before and after treatment in a population. It follows therefore that when using McNemar's test the outcome of before and after data is the presence of, or the absence of some characteristic measured on the same individual at two time points. Thus, it may be used to test the effectiveness of a particular treatment, drug, procedure, exposure or experience of a population of subjects (Oyeka 2012).

In relation to this study, AI was used as intervention with the aim of positively changing the image of nursing among student nurses. Following the implementation of AI, the expected outcome was the presence of, or absence of a positive change in the student nurses' image of nursing. The McNemar's test was therefore applied to make statistical decisions as to whether or not AI had a positive effect on the student nurses' image of nursing. The McNemar test statistic and p-value were calculated by SPSS version 20.0. The p-value < 0.05 (test statistic > 3.84) indicated statistically significant difference between the pre-test and the post-test results.

Details regarding AI and its application to the current study were described in chapters 2 and 4 respectively.

7.2.4 Results

The results of the respondents' biographical data are presented first, followed by the results of the student nurses' perceptions of the image of nursing following the implementation of AI.

7.2.4.1 Biographical data

Biographical data collected were the same as the pre-test biographical data. A total of 28 student nurses took the post-test. Seven (25%) of the 28 participants were male and 21(75%) were female. The mean age of participants was 23 years (SD=1.12). Fifteen (53.6%) of the student nurses were college student nurses while 13(46.4%) were university student nurses. Twenty one (75%) were third year student nurse while seven (25%) were in the fourth year of training. In addition, all student nurses who took the post-test were registered with the SANC as required by law.

7.2.4.2 Student nurses' perceptions of the image of nursing following the implementation of AI

As in the pre-test, the respondents were requested to indicate how strongly they agreed or disagreed with each of the questionnaire items or statement about the image of nursing on a four-point Likert-type scale ranging from "strongly agree" to "strongly disagree". For some items in the questionnaires, the agreement rating (strongly agree/agree) meant a positive image of nursing while in others the agreement rating corresponded with the negative image of nursing. The opposite was true for the disagreement rating and the image of nursing.

The post-test results are presented and compared with the pre-test results using the subscales of the 63 items and in the order they appear in the questionnaire. Tables are used to show the pre-test/post-test differences in the proportions of ratings (strongly agree/agree and strongly disagree/ disagree) on individual items in each subscale.

7.2.4.2.1 Student nurses' perception of the nature of nursing

The pre-test/post-test responses to the 15 items of the subscale *student nurses' perceptions of the nature of nursing* are shown in table 7.2 for group A and group B. An agreement rating (strongly agree/agree) meant a positive perception of the nature of nursing for all items in this subscale except for item 1.2 where a disagreement rating corresponded with a positive perception of the image of the nature of nursing.

TABLE 7.1: STUDENT NURSES' PERCEPTIONS OF THE NATURE OF NURSING BEFORE AND AFTER AI

1. THE NATURE OF NURSING	PRETEST -POSTTEST RESPONSES (N=28)					
PARTICIPANTS (EXTREME CASES)	GROUP A (n=12			GROUP B (n=16)		
Nursing is	Pre-AI n (%)	Post-AI n (%)	p-value	Pre-AI n (%)	Post-AI n (%)	p-value
1.1 not just a job but a career profession or vocation Strongly agree/agree Strongly disagree/disagree	10(85%) 2(15%)	11(92%) 1(8%)	0.180	13(81%) 3(19%)	13(81%) 3(19%)	1.00
1.2 dependent on the doctor, nurses follow doctor's orders without question Strongly agree/agree Strongly disagree/disagree	4(35%) 8(65%)	3(25%) 9(75%)	0.210	7(41%) 9(59%)	5(29%) 11(71%	0.152
1.3 a respected profession Strongly agree/agree Strongly disagree/disagree	5(42%) 7(58%)	7(58%) 5(42%)	0.002*	3(18.6%) 14(87.5%)	13(81.2%) 3(18.6%)	0.018*
1.4 based on helping others Strongly agree/agree Strongly disagree/disagree	10(85%) 2(15%)	11(92%) 1(8%)	0.180	13(81%) 3(19%)	13(81%) 3(19%)	1.00
1.5 an appreciated profession: Strongly agree/agree Strongly disagree/disagree	3(25%) 9(75%)	9(75%) 3(25%)	0.001*	5(31.2%) 11(68.8%)	11(68.8%) 5(31.2%)	0.001*
1.6 an independent profession: Strongly agree/agree Strongly disagree/disagree	7(59%) 5 (41%)	9(71%) 3(29%)	0.152	14(87.5%) 2(12.5%)	15(93.7%) 1(6.3%)	0.180
1.7 a prestigious profession: Strongly agree/agree Strongly disagree/disagree	8(65%) 4(35%)	9(75%) 3(25%)	0.210	10(65%) 6(35%)	12(75%) 4(25%)	0.210
1.8 a cognitively challenging profession Strongly agree/agree Strongly disagree/disagree	10(85%) 2(15%)	11(96%) 1(4%)	0.180	14(87.5%) 2(12.5%)	15(93.7%) 1(6.3%)	0.180
1.9 an emotionally challenging profession Strongly agree/agree Strongly disagree/disagree	11(91.9%) 1(8.1%))	12(100%) 0 (0%)	0.687	9(59%) 7(41%)	11(71%) 5(29%)	0.152
1.10 a job requiring competence for providing quality patient care Strongly agree/agree Strongly disagree/disagree	10(65%) 6(35%)	12(75%) 4(25%)	0.210	14(90%) 2(10%)	15(92%) 1(8%)	1.00
1.11 a job that entails caring: Strongly agree/agree Strongly disagree/disagree	4(33%) 8(67%)	8(67%) 4(33%)	0.089	10(65%) 6(35%)	12(75%) 4(25%)	0.210
1.12 very practical in nature Strongly agree/agree Strongly disagree/disagree	11(91.6%) 1(8.4%)	12(100%) 0(0%)	0.581	14(87.5%) 2(12.5%)	15(93.7%) 1(6.3%)	0.180
1.13 an indispensable profession in any society Strongly agree/agree Strongly disagree/disagree	10(85%) 2(15%)	11(92%) 1(8%)	0.18	13(81%) 3(19%)	13(81%) 3(19%)	1.00
1.14 Respect and devotion towards the profession is important: Strongly agree/agree Strongly disagree/disagree	11(91.6%) 1(8.4%)	12(100%) 0(0%)	0.581	9(59%) 7(41%)	11(71%) 5(29%)	0.152
1.15 physically challenging Strongly agree/agree Strongly disagree/disagree	10(85%) 2(15%)	11(92%) 1(8%)	0.18	13(81%) 3(19%)	13(81%) 3(19%)	1.00

* McNemar' s test; statistically significant p-value<0.05

According to the results summarized in table 7.2, statistically significant differences in the pre-test/post-test responses for items 1.3 (*nursing is a respected profession)* and 1.5 (*nursing is an appreciated profession*) were observed in group A and group B.

In group A, there were statistically significant increases of 16% (McNemar test p-value=0.002) in the number of agreement ratings for item 1.3 from the pre-test 42% to the post-test 58% and an increase of 50% (McNemar test p-value=0.001) in the number of agreement ratings for item 1.5 from the pre-test 25% to the post-test 75%. In group B, increases of 62.6% (McNemar test p-value=0.018) in the number of agreement ratings from the pre-test 18.6% to the post-test 81.2% for item 1.3 and 37.6% (McNemar test p-value=0.001) from the pre-test 31.2% to the post-test 68.8% for item 1.5 were statistically significant.

In the pre-test, items 1.3 and 1.5 obtained disagreement ratings; which meant negative perceptions of nursing as a profession that is not respected and appreciated. The post-test results show significant increases in agreement ratings and decreases in disagreement ratings for both items; suggesting change from the negative to positive perceptions of the image of nursing as a respected and appreciated profession following the implementation of AI. However, there were no significant differences in the pre-test/post-test responses to other items in this subscale for both group A and group B.

7.2.4.2.2 Student nurses' perception of nursing as a career

The pre-test/post-test responses to the 10 items of the subscale *student nurses' perception of nursing as a career* are shown in table 7.3 for group A and group B. An agreement rating (strongly agree/agree) meant a positive perception of nursing as a career for all the 10 items of the subscale *student nurses' perceptions of nursing as a career*.

TABLE 7.2: STUDENT NURSES' PERCEPTIONS OF NURSING AS A CAREER BEFORE AND AFTER AI						
2. NURSING AS A CAREER	PRETEST -POSTTEST RESPONSES (N=28)					
PARTICIPANTS (EXTREME CASES)	GROUP A (n=12			GROUP B (n=16)		
	Pre-AI n (%)	Post-AI n (%)	p-value	Pre-AI n (%)	Post-AI n (%)	p-value
2.1 Nursing provides opportunities to care for individuals, families and communities in time of need Strongly agree Strongly disagree/disagree	10(85%) 2(15%)	11(92%) 1(8%)	0.180	13(81%) 3(19%)	13(81%) 3(19%)	1.00
2.2 Nursing provides opportunities to help the community to live healthy lifestyles Strongly agree/agree Strongly disagree/disagree	8(65%) 4(35%)	9(75%) 3(25%)	0.210	9(59%) 7(41%)	11(71%) 5(29%)	0.152
2.3 Nursing is good for men Strongly agree/agree Strongly disagree/disagree	7(59%) 5 (41%)	9(71%) 3(29%)	0.152	10(65%) 6(35%)	12(75%) 4(25%)	0.210
2.4 Nursing is good for people who want a secure job Strongly agree/agree Strongly disagree/disagree	11(91.6%) 1(8.4%)	12(100%) 0(0%)	0.581	9(59%) 7(41%)	11(71%) 5(29%)	0.150
2.5 Nursing is rewarding Strongly agree/agree Strongly disagree/disagree	10(85%) 2(15%)	11(92%) 1(8%)	0.180	13(81%) 3(19%)	13(81%) 3(19%)	1.00
2.6 Nursing offers a wide range of jobs Strongly agree/agree Strongly disagree/disagree	11(91.6%) 1(8.4%)	12(100%) 0(0%)	0.581	14(87.5%) 2(12.5%)	15(93.7%) 1(6.3%)	0.180
2.7 Nursing offers opportunities to build a career Strongly agree/agree Strongly disagree/disagree	10(85%) 2(15%)	11(92%) 1(8%)	0.18	14(90%) 2(10%)	15(92%) 1(8%)	1.00
2.8 Nursing offers opportunities for career advancement Strongly agree/agree Strongly disagree/disagree	8(65%) 4(35%)	9(75%) 3(25%)	0.210	9(59%) 7(41%)	11(71%) 5(29%)	0.152
2.9 Nursing is exciting: Strongly agree/agree Strongly disagree/disagree	11(91.9%) 1(8.1%))	12(100%) 0(0%)	0.687	10(65%) 6(35%)	12(75%) 4(25%)	0.210
2.10 Nursing is a good career choice for students with good grades: Strongly agree/agree Strongly disagree/disagree	10(85%) 2(15%)	11(92%) 1(8%)	0.180	9(59%) 7(41%)	11(71%) 5(29%)	0.152

* *McNemar's test; statistically significant p-value<0.05*

As shown in table 7.2, there were no significant differences in the student nurses' pre-test/post-test responses to all items in this subscale for both group A and group B the perceptions regarding nursing as a career remained positive.

7.2.4.2.3 Student nurses' perception of the characteristics and qualifications for entry

In table 7.3, the pre-test/post-test responses to the 7 items of the subscale *the characteristics and qualifications for entry* are shown for group A and group B. For items 3.1, 3.4, 3.5, 3.6 and 3.7 an agreement rating (strongly agree/agree) corresponded with a positive perception of *characteristics and qualifications for entry* into nursing while in items 3.2 and 3.3 a disagreement rating meant positive perception of characteristics and qualifications for entry.

TABLE 7.3: STUDENT NURSES' PERCEPTIONS OF THE CHARACTERISTICS AND QUALIFICATIONS FOR ENTRY INTO NURSING BEFORE AND AFTER AI						
3. THE CHARACTERISTICS AND QUALIFICATIONS FOR ENTRY	**PRETEST -POSTTEST RESPONSES (N=28)**					
PARTICIPANTS (EXTREME CASES)	**GROUP A (n=12**			**GROUP B (n=16)**		
Nursing	Pre-AI n (%)	Post-AI n (%)	p-value	Pre-AI n (%)	Post-AI n (%)	p-value
3.1 should be a university programme Strongly agree Strongly disagree/disagree	9(75%) 3(25%)	11(91.6) 1(8.4%)	0.001*	2(12.5%) 14(25%)	14(87.5%) 2(12.5%)	0.018*
3.2 does not require a high level of education Strongly agree/agree Strongly disagree/disagree	4(35%) 8(65%)	3(25%) 9(75%)	0.210	7(41%) 9(59%)	5(29%) 11(71%)	0.152
3.3 does not require a high degree of intelligence Strongly agree/agree Strongly disagree/disagree	5(41%) 7(59%)	3(29%) 9(71%)	0.152	2(12.5%) 14(87.5%)	1(6.3%) 15(93.7%)	0.180
3.4 requires new knowledge gained through research Strongly agree/agree Strongly disagree/disagree	11(91.6%) 1(8.4%)	12(100%) 0(0%)	0.581	9(59%) 7(41%)	11(71%) 5(29%)	0.152
3.5 requires considerable skill in working with one's hands Strongly agree/agree Strongly disagree/disagree	11(91.9%) 1(8.1%))	12(100%) 1 (8.1%)	0.687	10(65%) 6(35%)	12(75%) 4(25%)	0.210
3.6 requires a high degree of scholastic ability Strongly agree/agree Strongly disagree/disagree	10(85%) 2(15%)	11(92%) 1(8%)	0.18	14(90%) 2(10%)	15(92%) 1(8%)	1.00
3.7 After becoming a nurse a person may pursue graduate work and obtain a doctorate degree in nursing Strongly agree/agree Strongly disagree/disagree	7(59%) 5(41%)	9(71%) 3(29%)	0.152	15(91.6%) 1(8.4%)	16(100%) 0(0%)	0.581

* *Statistically significant p-value<0.05*

As shown in table 7.3, a statistically significant increase of 16.6% (McNemar test *p*-value=0.001) in the number of agreement ratings for item 3.1 from the pre-test 75% to the post-test 91.6% were observed in group A while in group B an increase of

75% from the pre-test 12.5% to the post-test 87.5% was statistically significant for item 3.1.

In the pre-test, item 3.1 obtained an agreement rating; indicating a positive perception that nursing should be a university degree. The post-test results show a significant increase in the number of agreement ratings for item 3.1; suggesting that the perceptions remained positive (more positive) that nursing should be a university degree. Although the number of student nurses who gave disagreement rating (positive perception) to items 3.2 and 3.3 and agreement ratings to other items in this subscale increased in the post-test, the increases were not statistically significant.

7.2.4.2.4 Student nurses' perception of the working conditions of nursing

The pre-test/post-test responses to the 4 items of the subscale *student nurses' perceptions of the working conditions of nurses* are shown in table 7.4 for the two groups of participating student nurses in groups A and B.

TABLE 7.4: STUDENT NURSES' PERCEPTIONS OF THE WORKING CONDITIONS OF NURSES BEFORE AND AFTER AI						
4. WORKING CODITIONS	PRETEST -POSTTEST RESPONSES (N=28)					
PARTICIPANTS	GROUP A (n=12			GROUP B (n=16)		
Nurses	Pre-AI n (%)	Post-AI n (%)	p-value	Pre-AI n (%)	Post-AI n (%)	p-value

4.1 Nurses work in a safe place
  Strongly agree
  Strongly disagree/disagree
	3(25%)
	9 (75%)
		1(8.4%)
		11(91.6%)
			0.001*	4(25%)
				12(75%)
					2(12.5%)
					14(87.5%)
						0.001*

4.2 Nurses work with high   technology
  Strongly agree/agree
  Strongly disagree/disagree
	8(65%)
	4(35%)
		9(75%)
		3(25%)
			0.210	9(59%)
				7(41%)
					11(71%)
					5(29%)
						0.152

4.3 Nurses make/earn a lot of
   money
  Strongly agree/agree
  Strongly disagree/disagree
	7(58%)
	5(42%)
		5(42%)
		7(58%)
			0.002*	14(25%)
				2(12.5%)
					2(12.5%)
					14(87.5%)
						0.018*

4.4 Nurses are major players within
   the high tech medical world
  Strongly agree/agree
  Strongly disagree/disagree
	11(91.6%)
	1(8.4%)
		12(100%)
		0(0%)
			0.581	9(59%)
				7(41%)
					11(71%)
					5(29%)
						0.152

* *Statistically significant p-value<0.05*

According to the results summarized in table 7.4, there was a statistically significant increase of 16.6% (McNemar test *p*-value=0.001) in the number of students who disagreed with item 4.1 from the pre-test 75% to the post-test 91.6% in group A. In

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group B, a 12.5% (McNemar test *p*-value=0.001) increase in the number of student nurses who disagreed with the same item was observed; from the pre-test 75% to the post-test 87.5%. This increase was statistically significant (*p*-value < 0.05). In the pre-test, item 4.1 obtained disagreement ratings (negative perception) which increased significantly in the post-test for both group A and group B; suggesting a negative to negative change in the pre-test/post-test responses to item 4.1.

In both groups, there were no significant changes in the student nurses' pre-test and post-test responses to items 4.2 and 4.4. With regard to item 4.3, there was a statistically significant increase of 16% (McNemar test *p*-value=0.002) in the number of students who disagreed with item 4.3 from the pre-test 42% to the post-test 58% while in group B an increase of 75% from the pre-test 12.5% to the post-test 87.5% was statistically significant for item 4.3. Consequently, the number of student nurses who disagreed that nurses make/earn a lot of money increased in both groups A and B. Item 4.3 obtained a disagreement rating in both the pre-test and post-test.

7.2.4.2.5   *Student nurses' perceptions about nurses*

The pre-test/post-test responses to the 12 items of the subscale *student nurses' perceptions about nurses* are shown in table 7.5 for group A and group B. An agreement rating (strongly agree/agree) for all items in this subscale corresponded with a positive perception about nurses.

TABLE 7.5: STUDENT NURSES' PERCEPTIONS ABOUT NURSES BEFORE AND AFTER AI						
5. STUDENT NURSES' PERCEPTIONS ABOUT NURSES	PRETEST -POSTTEST RESPONSES (N=28)					
PARTICIPANTS (EXTREME CASES)	GROUP A (n=12			GROUP B (n=16)		
	Pre-AI n (%)	Post-AI n (%)	p-value	Pre-AI n (%)	Post-AI n (%)	p-value
5.1 Nurses will always have a job Strongly agree/agree Strongly disagree/disagree	10(85%) 2(15%)	11(92%) 1(8%)	0.180	13(81%) 3(19%)	13(81%) 3(19%)	1.00
5.2 Nurses need good grades Strongly agree/agree Strongly disagree/disagree	8(65%) 4(35%)	9(75%) 3(25%)	0.210	9(59%) 7(41%)	11(71%) 5(29%)	0.152
5.3 Nurses are appreciated Strongly agree/agree Strongly disagree/disagree	5(42%) 7(58%)	7(58%) 5(42%)	0.002*	3(18.6%) 14(87.5%)	13(81.2%) 3(18.6%)	0.018*
5.4 Nurses are respected Strongly agree/agree Strongly disagree/disagree	3(25%) 9(75%)	9(75%) 3(25%)	0.001*	5(31.2%) 12(75%)	11(68.8%) 4(25%)	0.001*
5.5 Nurses are recognized enough for their contribution Strongly agree/agree Strongly disagree/disagree	10(85%) 2(15%)	11(92%) 1(8%)	0.180	13(81%) 3(19%)	13(81%) 3(19%)	1.00
5.6 Nurses make decisions for themselves Strongly agree/agree Strongly disagree/disagree	8(65%) 4(35%)	9(75%) 3(25%)	0.210	9(59%) 7(41%)	11(71%) 5(29%)	0.152
5.7 Nurses are caring people Strongly agree/agree Strongly disagree/disagree	11(91.9%) 1(8.1%))	12(100%) 0(0%)	0.687	10(65%) 6(35%)	12(75%) 4(25%)	0.210
5.8 Nurses are competent Strongly agree/agree Strongly disagree/disagree	0(85%) 2(15%)	11(92%) 1(8%)	0.18	9(59%) 7(41%)	11(71%) 5(29%)	0.152
5.9 Nurses are well-educated Strongly agree/agree Strongly disagree/disagree	11(91.9%) 1(8.1%))	12(100%) 0(0%)	0.687	10(65%) 6(35%)	12(75%) 4(25%)	0.210
5.10 Nurses are independent thinkers Strongly agree/agree Strongly disagree/disagree	10(85%) 2(15%)	11(92%) 1(8%)	0.180	13(81%) 3(19%)	13(81%) 3(19%)	1.00
5.11 Nurses must have a powerful need to take care of others Strongly agree/agree Strongly disagree/disagree	11(91.6%) 1(8.4%)	12(100%) 0(0%)	0.581	14(87.5%) 2(12.5%)	15(93.7%) 1(6.3%)	0.180
5.12 Nurses are men and women of diverse Backgrounds Strongly agree/agree Strongly disagree/disagree	10(85%) 2(15%)	11(92%) 1(8%)	0.18	14(90%) 2(10%)	15(92%) 1(8%)	1.00

*_McNemar's test; statistically significant p-value<0.05_

According to the results summarized in table 7.5, statistically significant differences in the pre-test/post-test responses for items 5.3 (_Nurses are appreciated_) and 5.4 (_Nurses are respected_) were observed in group A and group B. In group A, there were statistically significant increases of 16% (McNemar test p-value=0.002) in the number of agreement ratings for item 5.3 from the pre-test 42% to the post-test 58% and an increase of 50% (McNemar test _p_-value=0.001) in the number of agreement

ratings for item 5.4 from the pre-test 25% to the post-test 75%. In group B, increases of 62.6% (McNemar test *p*-value=0.018) in the number of agreement ratings from the pre-test 18.6% to the post-test 81.2% for item 5.3 and 37.6% (McNemar test *p*-value=0.001) from the pre-test 31.2% to the post-test 68.8% for item 5.4 were statistically significant.

In the pre-test, items 5.3 and 5.4 obtained disagreement ratings; which meant negative perceptions that nurses are not respected and appreciated. The post-test results showed significant increases in agreement ratings and decreases in disagreement ratings for both items; suggesting change from the negative to positive perception of nurses as respected and appreciated professionals. These results are consistent with those of items 1.3 and 1.5 of the subscale the *nature of nursing* which showed significant changes in the pre-test/post-test responses for the two items in question; indicating a positive perception of nursing as a profession that is respected and appreciated. There were no statistically significant changes between the student nurses' pre-test and post-test responses to other items of this subscale for both groups A and B.

7.2.4.2.6   Student nurses' perceptions of gender in nursing

In table 7.6, the pre-test/post-test responses to 4 items of the subscale *student nurses' perceptions of gender in nursing* for group A and group B are shown. An agreement rating meant a positive perception of gender in nursing for item 6.1 (*males are as good nurses as females)* while a disagreement rating meant positive perceptions for items 6.2 (*male nurses are more accepted by patients than female nurses*), 6.3 (*doctors prefer male nurses more than female nurses*) and 6.4 (*male nurses are not respected by others*).

TABLE 7.6: STUDENT NURSES' PERCEPTIONS OF GENDER IN NURSING BEFORE AND AFTER APPRECIATIVE INQUIRY INTERVENTION						
6.GENDER IN NURSING	PRETEST -POSTTEST RESPONSES (N=28)					
PARTICIPANTS (EXTREME CASES)	GROUP A (n=12			GROUP B (n=16)		
Nurses	Pre-AI n (%)	Post-AI n (%)	p-value	Pre-AI n (%)	Post-AI n (%)	p-value

6.1 Males are as good nurses as females
   Strongly agree/agree
   Strongly disagree/disagree
	11(91.6%)
	1 (8.4%)
		12(100%)
		0(0%)
			0.581	8(50%)
				8(50%)
					14(87.5%)
					2(12.5%)
						0.020*

6.2 Male nurses are more accepted by patients than female nurses
   Strongly agree/agree
   Strongly disagree/disagree
	4(35%)
	8(65%)
		3(25%)
		9(75%)
			0.21	2(12.5%)
				14(87.5%)
					1(6.3%)
					15(93.7%)
						0.18

6.3 Doctors prefer male nurses more than female nurses
   Strongly agree/agree
   Strongly disagree/disagree
	4(35%)
	8(65%)
		3(25%)
		9(75%)
			0.210	7(41%)
				9(59%)
					5(29%)
					11(71%)
						0.152

6.4 Male nurses are not respected by others
   Strongly agree/agree
   Strongly disagree/disagree
	1(8.4%)
	11(91.6%)
		0(0%)
		12(100%)
			0.581	7(41%)
				9(59%
					5(29%)
					11(71%)
						0.152

* *Statistically significant p-value<0.05*

According to the pre-test results, item 6.1 obtained agreement rating (positive perception) and items 6.2, 6.3 and 6.4 obtained disagreement ratings (positive perception). The post-test results showed an increase in the number of agreement ratings for item 6.1 for both groups A and B. The increase in the number of agreement ratings for group A was not statistically significant while the increase for group B was statistically significant (McNemar test *p*-value < 0.05). The post-test results also showed statistically insignificant increases in the number of disagreement ratings for items 6.2, 6.3 and 6.4 for group A and B.

7.2.4.2.7 *Student nurses' perceptions of the meaningfulness of nursing*

Table 7.7 shows the student nurses' pre-test/post-test responses to the 11 items of the subscale s*tudent nurses' perceptions of the meaningfulness of nursing* for group A and group B. An agreement rating meant a positive perception *of the meaningfulness of nursing* for all items of this subscale with the exception of item 7.4 (*I applied to nursing because I was going to be employed*), 7.7 (*I am looking for something that makes my life feel significant)* and 7.8 (*I am seriously considering leaving nursing)* for which disagreement ratings meant positive perceptions of nursing.

TABLE 7.7: STUDENT NURSES' PERCEPTIONS OF THE MEANINGFULNESS OF BEFORE AND AFTER AI

7. MEANINGFULNESS OF NURSING PARTICIPANTS (EXTREME CASES)	PRETEST -POSTTEST RESPONSES (N=28)					
	GROUP A (n=12			GROUP B (n=16)		
	Pre-AI n (%)	Post-AI n (%)	p-value	Pre-AI n (%)	Post-AI n (%)	p-value
7.1 I love being a nurse Strongly agree Strongly disagree/disagree	11(91.6%) 1 (8.4%)	12(100%)0(0%)	0.581	9(59%) 7(41%)	11(71%) 5(29%)	0.152
7.2 Working as a nurse gives my life a meaningful content Strongly agree/agree Strongly disagree/disagree	8(65%) 4(35%)	9(75%) 3(25%)	0.21	14(87.5%) 2(12.5%)	15(93.7%) 1(6.3%)	0.18
7.3 Nursing has given me a clear purpose for my life Strongly agree/agree Strongly disagree/disagree	8(65%) 4(35%)	9(75%) 3(25%)	0.210	9(59%) 7(41%)	11(71%) 5(29%)	0.152
7.4 I applied to nursing because I was going to be unemployed Strongly agree/agree Strongly disagree/disagree	1(8.4%) 11(91.6%)	0(0%) 12(100%)	0.581	9(59%) 7(41%)	11(71%) 5(29%)	0.152
7.5 I have discovered a satisfying mission for my life through nursing: Strongly agree/agree Strongly disagree/disagree	11(91.6%) 1 (8.4%)	12(100%) 0(0%)	0.581	10(65%) 6(35%)	12(75%) 4(25%)	0.210
7.6 Nursing has made me understand my life's meaning Strongly agree/agree Strongly disagree/disagree	8(65%) 4(35%)	9(75%) 3(25%)	0.21	14(87.5%) 2(12.5%)	15(93.7%) 1(6.3%)	0.18
7.7 I am looking for something that makes my life feel significant Strongly agree/agree Strongly disagree/disagree	4(35%) 8(65%)	3(25%) 9(75%)	0.210	7(41%) 9(59%)	5(29%) 11(71%)	0.152
7.8 I am seriously considering leaving nursing Strongly agree/agree Strongly disagree/disagree	1(8.4%) 11(91.6%)	0(0%) 12(100%)	0.581	9(59%) 7(41%)	11(71%) 5(29%)	0.152
7.9 I do not have any regrets about choosing nursing as a career Strongly agree/agree Strongly disagree/disagree	7(59%) 5 (41%)	9(71%) 3(29%)	0.152	10(65%) 6(35%)	12(75%) 4(25%)	0.210
7 10 I intend to pursue a career in nursing Strongly agree/agree Strongly disagree/disagree	10(85%) 2(15%)	11(92%) 1(8%)	0.180	13(81%) 3(19%)	13(81%) 3(19%)	1.00
7.11 I would recommend nursing to others any time Strongly agree/agree Strongly disagree/disagree	8(65%) 4(35%)	9(75%) 3(25%)	0.210	9(59%) 7(41%)	11(71%) 5(29%)	0.152

* *Statistically significant p-value<0.05*

As shown in table 7.7, there were no significant differences in the student nurses' pre-test/post-test responses to all items in this subscale for both group A and group B.

7.2.5 Summary of results

According to the pre-test results, the baseline perceptions of the image of nursing among student nurses were both positive than negative. The pre-test results showed that all items of the subscales *nursing as a career, gender in nursing, characteristics and qualification for entry and meaningfulness of nursing* obtained ratings (agreement or disagreement) that corresponded with positive perceptions of the image of nursing among the majority of student nurses in groups A and B. It was found that there were no statistically significant differences in the pre-test/post-test responses to each item of the subscales *nursing as a career* and *meaningfulness of nursing* following the implementation of AI.

During the pre-test, some of the items in the subscales *the nature of nursing and perceptions about nurses* obtained ratings that corresponded with a negative perception of the image of nursing among the majority of student nurses. These included items such as 1.3 (*nursing is a respected profession*), 1.5 (*nursing is an appreciated profession*), 5.3 *(nurses are respected*) and 5.4 (*nurses are appreciated*). The post-test results showed significant changes in the pre-test/post-test responses to the items in question (tables 7.2 and 7.6) ; suggesting change from the negative to positive perception of the image of nursing as a respected and appreciated profession and nurses as respected and appreciated professionals.

According to the pre-test results, items 3.1 (*nursing should be a university degree*) and 6.1 (*males are as good nurses as females*) obtained agreement ratings (positive perception) for both groups A and B. The post-test results showed statistically significant increases in agreement ratings for item 3.1 for group A and B and 6.1 for group B only; suggesting a positive to positive change in both item 3.1 and 6.1.

In the pre-test, items 4.1 (*nurses work in a safe place*) and 4.3 (*nurses make/earn a lot of money*) obtained disagreement ratings (negative perception) which increased significantly in the post-test for both group A and group B (table 7.5); suggesting a negative to a more negative change in the pre-test/post-test responses to items 4.1 and 4.3.

As indicated in chapter 5, there was a need to change the negative perceptions of the image of nursing among the 3rd and 4th year student nurses who participated in this study. AI intervention was implemented as described in chapter 6, focusing on the negative perceptions of the image of nursing identified during the pre-test taken in the first stage. The student nurses who took part in AI showed a significant and positive change in their perception of the image of nursing as a respected and appreciated profession and nurses as respected and appreciated professionals.

7.3 STUDENT NURSES' EXPERIENCE OF APPRECIATIVE INQUIRY

The student nurses who participated in appreciative group interviews were invited to individual interviews on their experience of the appreciative inquiry process. Of the 28 student nurses who took part in appreciative interviews, 15 agreed to be interviewed on their experiences of the AI process. The individual interviews data collection and analysis occurred in accordance with the research methods detailed in chapter 4 of this study, under data presentation and management, data analysis and the findings.

7.3.1 Data presentation and management

The verbatim transcriptions of interview data from the audio-recordings, notes made during the interviews and the researcher's reflection on the data after the interviews provided a record of the raw data. The data collected were stored electronically as audio recordings used as a form of backup (Andrew & Halcomb 2009:188) and MS word files for transcriptions and notes.

7.3.2 Data analysis

The process of data analysis occurred according to the steps described in chapter 4 which included:

- **Transcription and description**; the tape recordings were listened to. The data transcripts and the field notes were read and re-read to gain understanding of both the interview and the contextual data.
- **Coding**; data was analyzed manually by grouping similar ideas and reducing data into recurrent themes and categories. The categories that were created in this study provided explanatory overview of the meanings, opinions and attitudes that were embedded in the raw data. The categories created in this study were illustrated by means of relevant quotes from the interviews.
- **Analysis and interpretation**: According to Stephens (2009:101), a qualitative data analysis involves one in a circular (reiterative) process of describing, classifying and connecting data so that they can be incorporated into a number of different classes and categories, each of which is descriptive of a particular main theme.

7.3.3 Findings

The researcher conducted the interview using the interview guide. The participants had to respond to the question: *How did you experience the appreciative inquiry process?*

Data were collected until data saturation was reached after 10 participants had been interviewed. The duration of the interview was between 8-10 minutes. All the participants gave consent and permission for the interview to be audio recorded and for the researcher to write notes written during the interview. The sample comprised 3 males and 7 females. Six (60%) of the student nurses who were interviewed were from the nursing college while four (40%) were university nursing students as shown in figure 7.1.

Participants' description; Individual interviews	
Legend: P –Participant	
P01: Female, 3rd year, University	P06: Male, 4th year, Nursing College
P02: Female, 3rd year, Nursing College	P07: Female, 4th year, University
P03: Female, 4th year, University	P08: Female, 3rd year, Nursing College
P04: Male, 4th year, Nursing College	P09: Female, 3rd year, University
P05: Male, 3rd year, Nursing College	P10: Female, 3rd year, Nursing College

Figure 7.1   Individual interviews' participants' description

7.3.3.1   *Themes*

From the thematic analysis of individual interview data, 2 themes emerged. These themes were identified as the rich and detailed account of the student nurses' experiences of AI process.

7.3.3.1.1   *Theme 1: Experience of positive emotions*

The first theme that emerged was *the experience of positive emotions*. Within the theme 3 categories *positive conversations, positive view of self and positive view of nurses and nursing* emerged and the subcategories were as shown in table 7.8.

TABLE 7.8: THEME 1 EXPERIENCE OF POSITIVE EMOTIONS		
THEME	CATEGORIES	SUB-CATEGORIES
Experience of positive emotions	Positive conversations	(i) Sharing peak experiences
		(ii) Positive and safe environment
	Positive view of self	(iii) Valuing and appreciative of self
	Positive view of nursing and nurses	(iv) Developed appreciation for nursing and nurses

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(i)   Sharing peak experiences

The findings revealed that, as a result of *positive conversations* used in AI, *positive emotions were created.* The positive conversations involved positive storytelling, which included sharing peak experiences.   From sharing peak experiences, the participants reported that they experienced positive emotions of joy, pride, enthusiasm and excitement. Joy was the emotion that was mentioned by all participants while excitement, pride and enthusiasm were mentioned by some participants. The sample responses include;

P01: "Some of the experiences made us laugh while others made us very proud of ourselves"

P02: "It felt so, so good to share my peak nursing experience story"

P03: "Very interesting, very very busy, with lots of enjoyable activities"

P04: "Eish, for nna (, exclamation, for me) I had fun listening to those interesting and important stories of good nursing care"

P05: "I enjoyed taking part in AI"

P06: "Listening to many positive stories about nursing made me feel proud to be a nurse"

P07: "I enjoyed taking part in AI"

P08: "It was a good and enjoyable experience"

P09: "Oh my goodness, we were excited, noisy and full of enthusiasm during peak experience storytelling. Talking about my peak experience made me proud of the care I give to my patients, making a difference in their lives"

P10: "I enjoyed listening to the peak nursing stories"

Three participants further stated reasons for enjoying engagement in AI, illustrated by the following sample responses:

P01: "We shared our positive, peak nursing experiences and not the problems about the image of nursing. What a change!!!"

P03: "Eish (smile & exclamation) it was fresh and different that's why I enjoyed taking part in it, I also learned from it"

P04:"It's boring sometimes to talk about problems, problems all the time; problems and there are no answers"

This finding is supported by Maslow (1970 cited in Connel 2009) when he states that peak experiences generate positive emotions in people. Similar findings were

reported in a number of studies (San Martin & Calabrese 2011; Shuayb et al 2009). In a study to assess the effectiveness of using AI for developing community cohesion by Shuayb et al (2009:10), a number of participants observed that people feel good about their participation in AI. Neumann (2009:84) corroborates this by stating that AI makes people feel good about themselves and their work and that feeling good about one's work enhances people's creativity. The students who took part in San Martin and Calabrese's (2011:117) study spoke of learning as fun when they described engagement in AI. One participant in that study commented: *"Students are learning, having fun; I see smiles everywhere."*

(ii) Positive and safe environment

According to the findings, the participants stated that positive conversations created a positive environment or atmosphere conducive to meaningful sharing of ideas and positive thinking, substantiated by some of the sample of student nurses' responses:

> P01: "Yes, there was a positive energy around us because of the positive language used which enabled us to remember peak experiences. What was different between the AI group discussions and the other ones was that there was no negative feedback and everybody's ideas and opinions were accepted"
>
> P03: "What I liked most was that we as learners were given equal chance to speak and no one was wrong or right"
>
> P04: "Another thing … in group discussions, some people like to be forward and talk a lot like they know more than others, this time everybody talked and they listened as well"
>
> P05: "The atmosphere was positive because we concentrated on positive and it affected me positively"
>
> P06: "Mmm … there was this positive vibe … the language used was positive, the stories told were positive and the thinking was positive; all positive ha (smile and exclamation) I loved it. I think this made the dreaming easier, we were thinking like big, positive and all that"
>
> P07: "I learned and I received positive feedback from fellow-students"
>
> P08: "In the room neh, it was nice. I mean most of us were free, not afraid to make mistakes because there was no destructive negative feedback"
>
> P10: "Sharing one's views and values was encouraged by the fact that there was no negative feedback"

The comments stated above show that AI language created a positive environment in which the participants could recall their peak experiences and identify the positive core of nursing. In addition, the positive environment that was created facilitated the generation of ideas for the future image of nursing and enabled the participants to express their views without fear of negative feedback. Similar findings were reported in previous studies; that appreciative learning environments are inclusive, caring, warm, respectful, supportive, non-threatening and enjoyable (Giles & Alderson 2008:473). Cram (2012:5) described appreciative learning environments as intimate and caring, capable of making people feel safe and comfortable to take part in conversations. This finding is also consistent with the findings of the study on highly effective teaching practices by Batelle for Kids (2009:12) which found that an appreciative classroom environment is positive and safe. Appreciative interviews achieve positive environments by focusing on capacity and resourcefulness rather than deficits and by establishing mutually respectful relationships amongst stakeholder groups (Bushe & Kassam 2005:161; Cooperrider et al 2003:319; Gilmore 2007:100; Havens et al 2006:464). They also achieve positive environments by utilizing a variety of research and teaching strategies such as those used in this study, namely brainstorming, nominal group techniques, guided imagery, presentations and silent reflections. In a typical appreciative classroom, students are given chance to participate and they are not judged in terms of wrong and right answers.

The constructionist principle of AI supports this finding. The principle postulates that 'words create worlds'. AI takes the idea of social construction of reality to its positive extreme because of the use of positive language and conversations to create an environment in which participants can construct a positive future image of nursing together.

(iii) Valuing and appreciative of self

The findings show that more than half the number of participants (7 out of 10) indicated that they developed a positive view of themselves because of appreciative interviews. The feedback from most of the participants shows that their expressed positive emotions of feeling good, positive, important, special and valued resulted in

a '*positive view of self'*. They stated that, as a result of a different and more positive view of themselves, they began to value and appreciate themselves. Sample responses in that regard included:

P01: "I also felt valued"

P03: "Listening to positive stories of others made me positive *…*"

P04: "The interview questions made me feel special because they focused on valuing me, the best of who I am and my values and my story (smile) and I in turn valued myself"

P05: "Yes … I mean … when participating in a process such as AI, one cannot not help but become positive in one's thinking and views"

P06: "As I was telling my story, my partner was attentive and listening. I could see that what I was saying was important to him. That made me feel respected, I don't have the right words but I was feeling like important"

P07: "I liked the interview and the positive questions because they made me think positively and especially about nursing"

P10: "important and appreciated"

Previous research has provided adequate evidence of a positive relationship between peak experiences and a personal conception of self (DeCicco & Stroink 2007:87; Edwards & Edwards 2012:306). The same authors contend that peak experiences result in a positive self-concept which is associated with a positive mental outlook. This finding is consistent with the findings of research by Maslow (1970 cited in Connel 2009); that peak experiences change a person's view of himself /herself in a positive and healthy direction. Kelly and Courts (2007:332) assert that a professional self-image evolves from self-concept and if a self-concept is positive, the professional image also becomes positive. The nurses' self-concept was identified by Fletcher (2007:208) as one of the factors that drives the social value of nursing. The same author concluded that if many nurses were able to enhance their self-image, then the image of the entire profession would improve.

Whitney and Trosten-Bloom (2010:281) identified essential conditions needed for the power of AI to be unleashed. One of these conditions or *freedoms* as author called them is the freedom to be positive. The same authors contend that AI works in part because it gives people the freedom and permission to feel positive and be proud of their personal and work experiences.

(iv)   Developed appreciation for nursing and nurses

Most of the participants mentioned that they developed a positive view of nursing and nurses as a result of their participation in AI. The findings show that most of the participants gained a greater appreciation for the good work done by nurses (from many positive stories told) and the unique contribution made by each and every nurse to patient care. One participant also expressed strong identification with nursing and indicated her commitment to stay in nursing evident in the comment:

> P09: "Uh Mm... I felt like I am together with nursing … like more into nursing now than before. Bona (look) I am a nurse for life" (smiling)

Other sample responses included:

> P02: "As my partner was telling her peak nursing experience story, I learned and realized that each and every nurse contribute differently but in a special way to patient care"
> P07:   "It gave me lot of positive thoughts about nursing and nurses. Talking about my peak experiences reminded me about my purpose in life, take care of sick people, the love I have for nursing and why I chose it in the first place"
> P08: "It made me look differently at nursing, with appreciation actually"
> P09: Ok, I listened to the positive stories told by others, I started to realize that nursing makes a difference in many people's lives"
> P10: "I mean, I began to see nursing more in a positive light"

The findings were consistent with the results of the pre-test survey reported in chapter 5 and they are supported by the view expressed by Maslow (1970 cited in Connel 2009) that peak experiences change a person's view of others and the world in a positive and healthy way. The findings related to the categories *positive view of self* and *positive view of nurses and nursing* are in line with the positive principle of AI which postulates that positive questioning leads to positive change, expressed in action by the use of appreciative language; encouraging the people engaged in the inquiry to focus on the positive to express the best that they experienced (Coughlan et al 2003:9). The finding is also supported by the assumption of AI that in every organization, something works right. Sample response included:

P06: "The stories show that there is lot of good and right that nursing is doing."

7.3.3.1.2   Theme 2: Experiential learning

The second theme that emerged was *experiential learning*. Within the theme 3 categories *active participation in all activities by all, collaboration* and *development of the skill of reflection* emerged. Subcategories of each category were as shown in table 7.9.

TABLE 7.9: THEME 2: EXPERIENTIAL LEARNING		
THEME	CATEGORIES	SUBCATEGORIES
Experiential learning	Active participation in all activities by all.	(i) Appreciative inquiry process (ii) Research process (iii) Clinical experiences
	Collaboration	(iv) Learning from sharing experiences (v) Positive and appreciative relationships develop (vi) within groups (vii) Sense of ownership of the future image of nursing (viii) Interpersonal and communication skills development
	Development of the skill of reflection.	(ix) Opportunity to explore own values (x) Opportunity to share the results

The findings show that all the participants acknowledged AI as participatory research and learning process which ensures that everybody has an input. All the participants were actively involved in all the phases of the 4-D cycle of AI including its research related activities. The participants described their experience of participating in AI as enjoyable, valued, educational and positive. Some of the sample responses included;

P01: "Everybody was active in this research"

P04: Another thing … in group discussions, some people like to be forward and talk a lot like they know more than others, this time everybody talked and they listened as well"

P07: Yes. I participated in all the activities and I loved it"

"It was nice that each and every one of us had an input in the research"

Similar findings were reported in previous research that AI assures input from all participants (Neumann 2009:84; Shuayb et al 2009:10). The finding is congruent with the assertion that AI always ensures that all voices of the stakeholders are heard.

The finding is also in line with the principle of AI that wholeness brings out the best; meaning that involving as many members as possible in AI interviews stimulates creativity and builds collective capacity.

(i)   Appreciative inquiry process

According to the findings, all the participants took active part in all the activities of the discovery, dream, design and destiny phases of AI. Their participation was described as 'equal' by one of the participants who said; "*The group activities were good and everybody took part equally especially in the discovery and dream phase; I mean in exactly the same manner".* This finding is congruent with the assertion that the AI process equalizes all participants by ensuring that everyone experiences all the steps in the process the same way. For example, paired, one-on-one interviews provided each participant the opportunity to interview others and to be interviewed. Whitney and Trosten-Bloom (2010:274) assert that one-on-one interviews open channels of communication and nurture people's experience of being heard. The same authors contend that to be heard is to have a recognized and credible voice, to be known as a source of creativity, innovation and influence.

The activities of different phases of AI were described by the participants as interesting, exciting, funny, amazing, enjoyable, valuable and educational. Sample responses included:

> P02: "The wishes in the dream ehh,, stage were exciting and funny. The mind-map we designed was amazing"
> P03: "The design and destiny phases were very interesting, very busy, with lots of enjoyable activities"
> P04: "I had lots of fun and learned a lot when we were creating that graph with sticker (scattergram) and dreaming was fun"
> P07: "Another thing through the paired interview I got to know other people and their views"
> P08: "From the discovery I enjoyed paired interviews and the wishes were almost the same"
> P10: "The wish lists were exciting for me and I just feel one can use them in one's life planning"

Some of the participants mentioned a number of skills they learned (cognitive, psychomotor, affective skills) from participating in AI. This finding was substantiated by some of the sample of student nurses' responses:

P03: "AI taught me to change the negative into the positive"

P05: "I learned new procedures for example getting themes out of positive stories, making a different type of graph (scattergram). Interesting... I also enjoyed the presentation of the wish lists and action plans"

P06: "We were guided to talk about what we wanted more of, and not what we didn't want about the image of nursing. Concentrating on what we wanted, what we valued and what was most important to the image of our nursing was like wow … smiling"

P07: I liked the research with this AI; I learned a lot from it. I liked the interview and the positive questions because they made me think positively and especially about nursing"

P08: "I learned not to judge other people's views"

Throughout the phases of AI, the participants did what Haynes (2007) calls a "hands-on-minds-on learning experience with facilitation from the lecturer". The activities of the various phases of AI which formed part of the participants' learning experience included sharing positive peak nursing stories, formulating provocative propositions and related action plans for achieving their desired future image of nursing. Other activities included making presentations of their findings, creating a scatter-gram of high energy themes, making mind-maps and writing the wish lists.

(ii)   Research process

According to the findings, the participants appreciated the opportunity to take part in the research process. They mentioned that, being part of the research enabled them to apply skills they learned earlier in their training; skills such as listening and interviewing. The participants also mentioned that their participation in research taught them to practically put into practice the research skills they had read about only. Those were the skills used for the analysis of qualitative data; skills used as thematic analysis and reflection. This finding was apparent in the following sample responses:

P01: "Everybody was active in this research. I learned how to write themes from the interviews, to draw brain maps during the dreaming ... (smile) stage and to write notes during the interview. Oh I also had the chance to practice interviewing and listening skills. These are the skills I learned from first and second year"

P02: "The best for me was the research part ... the research process was educative. I had the chance to interview somebody even though the interview questions were different … positive. Data analysis and themes were new to me, but I enjoyed doing it. We were given extra

time and help. I was interviewed too. It was not the first time I do interviews but I did them with patients as part of assessment and evaluation. But this time it was for research you see … with positive questions ...”

P03: "The research gave me the chance to use the skills I learned from first year for example interview but I also learned to analyze the data from the interview"

P05: "Participating in the research itself enlightened me. It was all theory that we learned put into practice. I learned new procedures for example getting themes out of positive stories, making a different type of graph (scattergram). Interesting ...”

P07: "I liked the research with this AI; I learned a lot from it. I also learned how to write themes from the interviews data and to draw brain maps during the dreaming ... (smile) stage. We did this practically … you know. I was able to practice the skill of listening especially during paired interviews"

P08: I learned new skills of research like reflection, analyzing data by themes, wishes lists and action plans. I also had the opportunity of doing them practically. I was using the positive questions for the first time by this interview, ya"

P10: I also learned how to analyze interview data by identifying themes. The interview summary sheet was helpful with the writing; no I mean the recording of themes"

The finding is consistent with aspects of learning; that it takes place as a result of being personally involved in the process. Hayes (2007) asserts that an important facet of 'learning by doing' is what the student learns from the experience rather than the quantity and quality of the experience.

(iii) Clinical experiences

Clinical experiences are hands-on experiences of a pre-determined duration directly tied to an area of study such as nursing students taking part in hospital-based experience (Lorreto 2011; Davis 2011). According to the findings, all the student nurses had the opportunity of being allocated to the hospitals for clinical experiences. In relation to experiencing patient care, most of the student nurses mentioned that the interaction with patients offered a variety of opportunities for learning and for making meaning through direct experience. In the discovery phase of the current study, all student nurses told positive stories about their participation in patient care; resulting in the appreciation of interaction with real patients. Some of the sample responses illustrating this view include:

P02; And the whole story-telling thing also made me see why we should be allocated to the wards … to get meaningful learning experiences from working with real patients"

P03: "Eehhh ... it made me see the importance of time spent in clinical where you meet different types of patients giving different experiences from which to learn. I have never forgotten her (the patient in the peak nursing story) what can I say...maybe her courage and acceptance (of her impending death), made me appreciate the learning experiences from contact with patients in nursing"

P06:"I think allocation to the wards is good for learning, never thought I would say that (chuckles) since well it provided us with experiences. Of course some experiences were negative and others positive; but our focus in AI was on learning from the positive ones."

P07: "Talking about my peak experiences reminded me about my purpose in life, taking care of sick people, the love I have for nursing and why I chose it in the first place"

P09: "AI made me value the time spent in clinical because if not allocated to the wards, where will the positive stories come from?"

The feedback above shows that the activity (positive story telling) changed some of the participants' view of ward placement and created a greater appreciation of the clinical experiences, resulting in a positive attitude towards ward allocation. This finding is supported by Maslow's (1970 in Connel 2007) assertion that peak experiences change a person's view of others and the world in a positive and healthy way and Frankl's (1984:135) experiential and creative values. The positive experience with patients, their families or with ward personnel (described in the positive stories) constituted meaning and reinforced the positive image of nursing.

(iv) Learning from sharing experiences

According to the findings, the participants felt that collaborative or shared learning provided the opportunity to share experiences and ideas in an open process which is regarded as a way of gathering input from all participants. From sharing experiences, the participants stated that while they had fun, they learned from their own experiences as well as from the experiences of other participants. The sample responses included:

P02: "As my partner was telling her peak nursing experience story, I learned and realized that each and every nurse contribute differently but in a special way to patient care. And as I was telling my story, my interviewer was listening attentively most of the time. I felt

like my story had captured his imagination … hahaha (laugh) and he told me that he
learned a lot from my story"

P03:"Another thing ... it was difficult to build one vision from the many themes that came out of the
brainstorms sessions. They were all good and I wanted to choose those from my story, but as we
were told, it was not about the best one but the most compelling, life-giving themes. We were not
allowed to compete but work together. Working and learning like that together was nice"

P08: "AI allowed me to share my experiences"

P09: "Ok, I listened to the positive stories told by others, I started to realize that nursing
makes a difference in many people's lives"

Similar findings were reported in Koh's (2002) study on nursing students' perceptions
of practice-based teaching. The student nurses who participated in that study felt that
coming together in a group facilitated by the lecturer provided opportunities to share
experiences, ideas, feelings and challenges as well as the opportunity to learn from
each other. In addition, the sharing of ideas is believed to allow students to explore,
refine and question new ideas (Chin & Brown 2000) and to express their feelings
about their experiences and suggest alternative actions for the future (Koh 2002:38).
In this study the student nurses were able to identify the positive core of nursing,
collaboratively construct their own desired visual image of nursing and write
provocative propositions and create related action plans. This was made possible by
sharing experiences and ideas throughout all phases of AI. Richer et al (2009:950)
add that AI fosters learning by building on positive ideas and images emerging from
collaboration of individuals or groups working towards developmental changes in a
system.

(v)   Positive and appreciative relationships develop within groups

Some of the sample responses in this regard included:

P07: "Another thing through the paired interview I got to know other people and their views"

P08: "It was fun and educating, we became like friends by the end of the session"

P09: "I think we connected somehow, we respected each other's opinion and somehow
felt a sense of belonging …, you know like we in this together"

P10: "We ended up knowing and accepting other people as we shared experiences,
dreamed together and wrote action plans"

The finding supports Ludema et al's (2003:143) assertion that paired interviews allow each participant to establish a deep appreciative relationship with at least one other person in the group. In addition, small groups build a sense of community through the process of discovering the positive core (Cooperrider & Whitney 2005:19; Serrat 2008:3). The finding is consistent with the view that listening is at the core of AI and it is regarded as a powerful tool for building relational trust. In addition, AI process relies upon mutually respectful relationships among stakeholder groups and it enhances communication while building ownership and a sense of purpose (meaning) which is shared within and outside an organization.

Whitney and Trosten-Bloom (2010:272) assert that AI is powerfully rooted in the creation of personal relationships because in AI, personal peak experiences are explored in depth, shared with people previously not known; resulting in enhanced respect among people working together. According to the same authors, "people gain the freedom to understand that to know themselves and others is fundamental to high performance." Giles and Davis (2008:472) point out that student nurses can support each other and develop warm and equitable relations in a caring environment as it was the case in this study.

(vi)   Sense of ownership of the future image of nursing

The sense of ownership of the future image of nursing was expressed by a number of participants in the following sample responses:

> P01: "It is pity that we will not get the chance to implement the actions we suggested to realize OUR dream of a future image of nursing but I am proud of our contribution to the creation of the image we think would make us proud to be nurses"
> P02: "We never got to put OUR action plans into practice … pity but we understand why"
> P07: "It would have been easy to take part in the programs WE designed OURSELVES to teach the public about nursing"
> P10: "The best part for me was that all of were involved and we were able to create OUR own dream of the future image of nursing"

The finding is consistent with aspects of AI literature that members often feel that they collectively are in control of the organization's destiny when AI is implemented;

thus, implying that AI promotes ownership of the process and the result of learning (Boyd & Bright (2007:1031; Bushe 2007) and a sense of responsibility and ownership for their decisions and actions (Ward et al 2005). A similar finding that student nurses were able to suggest future actions as they shared experiences and ideas was reported in a study by Koh (2002:40). During the dream, design and destiny phases of AI, all the student nurses worked together and made collective contributions from which the data for the creation of visual images, provocative propositions and action plans were derived.

(vii) Interpersonal and communication skills development

The findings reveal that, most student nurses indicated that they developed interpersonal and communication skills such as listening, self-confidence, self-expression and non-judgmental attitude as a result of participation in AI. What is also apparent in the feedback is that the decision making of the students was strengthened when they had to decide on the best positive stories and high energy and life-giving themes in the discovery phase. The sample responses in that regard included:

> P07: "I was able to practice the skill of listening especially during paired interviews"
> P08: "I learned not to judge other people's views"
> P08: "I feel more confident because of it"

This finding of the study and literature support the view that AI enhances shared learning which is essential for the development of communication skills, decision making, self-confidence and realization of their self-worth (Koh 2002; Loretto 2011; Wurdinger & Carlson 2010).

(viii) Opportunity to share the results

The findings show that the skill of reflection was practiced and developed. Reflection is associated with learning from experience and it is regarded as an important strategy for lifelong learning (Bolton 2010). According to Price (2004), reflection is used by healthcare professionals for a number of reasons. Firstly, to understand one's motives, perceptions, attitudes, values and feelings associated with client care.

Keily (2005) corroborates this by stating that courses that require students to examine their own values and beliefs will need to allow plenty of opportunity for structured reflection. Secondly, to provide a fresh outlook to practice situations and challenge existing thoughts, feelings as well as actions and lastly to explore how the practice situation may be approached differently. Reflection may also be an appropriate assessment tool for student active learning and participation.

The participants were given the opportunity to reflect on and share the results of various phases of AI as well their experiences with the peers and the researcher. This was achieved by means of member checks following paired interviews, presentations in groups and individual interviews with the researcher. The findings of individual interviews showed that some of the participants regarded reflection as a new skill that they learned, the skill through which they were able to share their opinions and the results. The sample responses in that regard included:

> P02: "The mind-map we designed was amazing, even if I have to say so myself. We never got a chance to put our action plans into practice … pity … but we understood why"
>
> P05: "Sharing and comparing our individual wishes lists was interesting and it was amazing how we all wanted the same for the image of nursing; the wishes were the same for many people … to be appreciated and respected you know and for the community to know what our job entails ..."
>
> P07: "It would have been easy to take part in the programs we designed ourselves to teach the public about nursing"
>
> P08: "… but with nursing values, they were the same"
>
> P09: "I learnt lots of research skills but with reflection I feel like it needs lots of practice to learn"

(ix)   Opportunity to explore own values

In the discovery phase, reflection was used to understand the participants' personal values and their perception of the core values of nursing with the aim of describing, analysing, evaluating and consequently using them to inform and change future image of nursing as well as to learn from them. Sample responses included:

> P08: "You know people are very different, and I was reminded of this by the way my values differed from those of others, but with nursing values, they were the same. It was fun and educational, we became like friends by the end of the session"

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7.3.4 Summary of the findings of individual interviews

The participants shared personal experiences of AI during individual interviews with the researcher willingly. Participating in AI was described as a good, positive, perception changing and enjoyable experience from which participants learned a variety of skills.

Reflecting back on the interviews, I believe that all participants gave honest responses to the questions asked during the interviews. They showed confidence in answering the questions and they talked freely as they shared their experiences with me. I observed that the participants' faces lit up and they smiled as they recalled and described their experiences with positive storytelling and peak experiences.

7.4 CONCLUSION

In this chapter, a description of the analysis and findings of data collected during the third and fourth stages were presented. The next chapter presents the discussion of the findings, reflections on the research process, limitations of the study, implications for future research, recommendations and a summary and conclusion of the study.

CHAPTER 8

CONCLUSIONS AND RECOMMENDATIONS

8.1   INTRODUCTION

In this chapter, a summary and discussion of the mixed methods results are presented, followed by a discussion of conclusions drawn from the study, the identified limitations as well as the recommendations. Suggestions for future research in the area of appreciative inquiry, teaching strategies and nursing image are also included.

8.2   RESEARCH DESIGN AND METHOD

This research followed a mixed methods design. For the context of the study, mixed methods research was defined broadly as a design that combines quantitative and qualitative approaches and multiple methods (more than one research method) in a research inquiry (Venkatesh et al 2013). The design was a qualitatively dominant and sequentially embedded (quan⇨[QUAL]⇨[(quan+QUAL]⇨QUAL) with explorative-descriptive and quasi-experimental features within a MMR design. (Creswell 2014:229). Because of the fact that the main emphasis was on the qualitative paradigm, the quasi experimental design was not the main focus of the study.

In the paragraphs that follow, a brief summary of the research methods applied in this study is presented according to the stages of the study.

8.2.1 Pre-test: Stage 1

Descriptive quantitative survey was conducted in stage 1 using a convenience sample of 3rd and 4th year student nurses from 3 NEI's in the Gauteng province of South Africa. This allowed for statistical analysis of data from which the researcher was able to describe the pre-test, baseline perceptions of the image of nursing among student nurses. A self-designed questionnaire on aspects of the image of nursing was used to collect data. As reported in chapter 4, the questionnaire items

showed a good content validity index of 0.90 and the internal consistency of the whole questionnaire was deemed acceptable as determined by the Cronbach's alpha of 0.77. Data analysis was done by means of SPSS V/20. Collecting the student nurses' perceptions of the image of nursing in quantitative form enabled the researcher to generalize the pre-test survey results to the 3rd and 4th year student nurses in the selected NEI'S in the Gauteng province. This was made possible by the good response rate of 70.7% to the questionnaire.

Stage 1 fell within the developmental purposes for mixed methods research where results from one method are used to guide the purposeful selection of participants and the development of the data collection instrument for another method (Caruth 2013; Ostlund, Kidd, Wengstrom & Rowa-Dewar 2011; Teddlie & Yu 2007:88). The results from this stage were used to select participants and to develop the qualitative interview guide for stage 2.

8.2.2 Appreciative interviews: Stage 2

Following the participant selection, stage 2 employed qualitative methods. AI was introduced as intervention and teaching strategy or 'treatment' to transform the image of nursing among student nurses; using a purposively selected sample comprising two extreme cases groups A and B. Thematic analysis of appreciative interviews data was done.

Appreciative interviews provided rich insights into and depth of understanding of the participants' peak experiences, baseline and cultivated appreciative perceptions of the image of nursing among student nurses. In addition, appreciative interviews provided a rich understanding of the participants' values and collective aspirations and dreams for the future image of nursing.

8.2.3 Post-test: Stage 3

The pre-test questionnaire was administered as post-test to collect quantitative data on post-appreciative inquiry perceptions of the image of nursing among student nurses; using the same sample that participated in stage 2 of the study. The aim was to measure quantitatively whether significant and positive change in the student nurses' perceptions of the image of nursing had occurred following the

implementation of AI. All the 28 student nurses who took the post-test returned the questionnaire; resulting in the response rate of 100%. Data analysis was done by means of SPSS V/20.0. The participants' pre-test and post-test scores were then compared.

8.2.4 Individual interviews: Stage 4

Because AI is rooted in social construction and driven by the narratives shared by the individuals involved, its impact on each and every participant was expected to be different. Stage 4 fell within the diversity purposes for mixed methods where data are collected for the purposes of obtaining different viewpoints of the same experiences (Onwuegbuzie & Combs 2010:3; Venkatesh et al 2013:114). Individual interviews provided richness and depth of understanding of the individual experiences of AI from their own perspective, stated in their own words and in the context in which they live and work. The thematic analysis of interviews was done.

8.2.5 Integration of quantitative and qualitative findings: Stage 5

Using mixed methods research design to explore the potential of AI as a teaching strategy for transforming the image of nursing among student nurses drew upon strengths, benefits and perspectives of quantitative and qualitative research and compensated for the inadequacies and limitations in both designs (Caruth et al 2013; Teddlie & Yu 2007:88). Because mixed methods are not limited to one research design, they were used to handle a wide range of research questions of this study and to enhance validity and the capability to generalize quantitative results. Integration or interaction of quantitative and qualitative data took place at various stages of the research process.

Stage 5 involved integration of quantitative and qualitative findings from all the stages of the research. As explained in chapter 1, the sampling at this stage was theoretical in nature; sampling items from the questionnaire and categories from the qualitative data were supported by literature. The researcher was the main instrument in interpreting the data.

8.3 SUMMARY AND INTEPRETATION OF RESEARCH FINDINGS

The summary and interpretation of findings are presented in this section according to the stages of the study.

8.3.1 Stage 1

The aims of stage 1 were to establish and describe the baseline perceptions of the image of nursing among student nurses, select the participants and to develop an interview guide for use during the second stage of the study. The results of stage 1 are presented as outcomes for the stage as specified in table 1.1, namely:

8.3.1.1 *Description of student nurses' baseline perceptions of the image of nursing*

Based on the findings, the pre-test or pre-appreciative inquiry perceptions of the image of nursing among student nurses were more positive than negative. The results showed that the majority of student nurses who took the pretest perceived nursing positively as an independent, indispensable, prestigious and a caring profession dependent on expert knowledge and skills. The results also showed that nursing was perceived positively as a profession suitable for both men and women and students with good grades. Additionally nursing was perceived as a rewarding and exciting career which offers job security and a wide range of opportunities for career advancement. A large number of student nurses indicated that working as nurses had given their lives purpose and meaning; consequently they had no intention of leaving the profession. Lastly the high level of education and intelligence required for nursing was perceived positively by the student nurses who took part in this study.

The finding that the majority of student nurses who took the pretest perceived nursing as work done in unsafe working conditions with low compensation was not surprising because similar perceptions among South African nurses were reported in the Nursing Compact (2012) and the National Strategic Plan for Nurse Education, Training and Practice (2012/13-2016/2017). It is reported in the same documents that South African nurses felt that because they were involved in a caring profession

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dependent on expert knowledge and skills, they were entitled to work in safe environments with adequate human and financial resources.

The findings also showed that nursing was perceived negatively as a profession that is not respected and appreciated and nurses as professionals who were not respected, appreciated and recognized for their contribution. The possible explanation for the perception that nursing and nurses are not appreciated has to be related to the perceived low nurses' salaries and the resultant low status of nursing because evidence that the image and status of occupations relate strongly to the financial remuneration is reported in a variety of studies (Drury et al 2009:3; Varaei et al 2012:558).

In summary the results of stage 1 highlighted aspects of the image of nursing that were negatively perceived by student nurses. These were perceptions that needed intervention aimed at positively changing or transforming them. The identified negative perceptions of the image of nursing among student nurses became the focus of AI as indicated in chapter 4.

8.3.1.2 Participant selection results

Based on the pretest results, two computer-generated extreme cases comprising 28 student nurses were identified for participation in appreciative interviews. The selected extreme cases were divided into Groups A and B based on their performance in the pretest. Twelve (12) student nurses with relatively high and outstanding performance belonged to Group A whilst 16 with relatively low and poor performance in the questionnaire belonged to Group B. Selecting participants from each of the extreme cases provided a broad range of participants who fell outside of the average variability of scores in the pre-test.

8.3.1.3 Development of the interview guide

The results of the stage 1 quantitative survey were used to construct the AI interview schedule. Consistent with the positive focus of AI, the focus of the inquiry was changed from the negative to the affirmative topic. The negative perceptions of the image of nursing that were discovered in the pretest were reframed into a positive statements and words that pointed to the possibility of desired outcome of the image of nursing. Instead of focusing on the negative perceptions of nursing as an

underpaid profession that was not respected and appreciated, the focus was placed on creating an image of nursing as a respected and appreciated profession. The affirmative topic on which AI focused was selected as *'Nursing; the appreciated Profession'*. Based on the affirmative topic, the generic AI interview schedule was modified (adapted) to meet the study objectives. The modified AI schedule consisted of affirmative, appreciative and open-ended questions (Annexure I).

8.3.2 Stage 2

A total number of twenty eight (28) student nurses participated in appreciative interviews, all of whom belonged to two extreme cases as described in 8.3.1. The expected outcomes of this stage was the description of peak experiences, core values of nursing, co-constructed dream of the desired future image of nursing, provocative propositions and action plans. The summary and discussion of the findings are presented according to the phases of AI.

8.3.2.1 Discovery phase findings

One of the assumptions on which this research was founded was *'A positive core of experiences exists among student nurses'.* It was for this reason that the activities of the discovery phase were designed to focus on the affirmative topic and to tap into the student nurses' positive core of experiences. Engaging the student nurses in a variety of individual activities such as positive storytelling and reflection as well as group activities such as brainstorming and the creation of mind maps enabled the student nurses to describe their peak nursing experiences, their most valued personal attributes and core values of nursing. The description of peak experiences and core values of nursing resulted in appreciation of the best of what the nursing image of nursing had been for student nurses and the identification of life-giving (inspirational) themes known as the positive core of nursing. From the positive stories, the participants identified *being respected and respecting others, being valued and appreciated and recognition* as life-giving, exciting and most energizing themes. Throughout the appreciative interview data, the themes *respect, caring, compassion and helping others* resurfaced several times as they were regarded as personal and nursing values as well as obligations towards patients, health team

members and the community. The findings also showed that these themes became the important parts of the student nurses' vision of a desired future image of nursing.

During the discovery phase, the participants had to respond to the question *'What is the most meaningful way your contribution and that of nursing is recognized and appreciated?* The themes that emerged from the analysis of responses to the question were '*lack of recognition'* and '*lack of appreciation for nurses'* apparent in the following sample responses:

> "Nurses work long unsocial hours, over the weekends but they are the most underpaid health professionals"
>
> "Nursing is hard and difficult work but people and the government don't appreciate it"
>
> "At least if the resources were adequate, one would say nursing is appreciated"

The themes that emerged from the responses to the question '*What would you change if you could change anything about the current image of nursing*?' included respect, appreciation, recognition, men in nursing, nursing degree, competence and compassion. These were apparent in these sample responses:

> "I would like nursing to be a recognized, valued and respected profession that pays well"
>
> "Do nursing at degree level"
>
> "There are few men in nursing when compared with women, so let's get more men to increase their numbers"
>
> "More competence and compassion"

The findings of the discovery phase were consistent with the findings of the pre -test.

8.3.2.2 Dream phase findings

The participants selected the theme *'Appreciated'* from the list of life-giving themes compiled in the discovery phase and collaboratively created a visual image of nursing based on common values. The constructionist principle of AI was at play when the participants created and constructed their reality of the image of nursing through their interaction with and within conversations in the dream phase. The

participants created a mind-map (figure 6.2) to present their imagined future image of nursing. The participants indicated that theirs was a dream of

> "A professional image of nursing and the image of nurses as intelligent, well-paid and caring male and female nurses appreciated and recognized for their technological competence, knowledge, high level of education and professionalism"

In addition, during the dream phase, the participants made a list of expressed wishes for the envisioned future image of nursing. The list contained wishes for *appreciation, respect and recognition for nursing*, *an increase in the number men in nursing and more coverage of male nurses in the media* and *a dress code communicating a professional image of nursing.* Other wishes included wishes for *active involvement of all nurses in recruitment and retention of student nurses activities or campaigns and the promotion of a positive and professional image of nursing*. The wishes list (figure 6.3) also included community education about nursing and what nurses do through the media, the selection of people who really want to be nurses, who meet the entry requirements for a degree in nursing as well as more caring, polite and respectful nurses. The student nurses' wishes were not only emotional; they were also concrete indicators of the positive image of nursing that should be promoted.

It is noteworthy that the themes that emerged from the positive stories in the discovery phase were enshrined in the student nurses' wishes list and the envisioned dream of the future image of nursing.

8.3.2.3 Design phase findings

Based on the co-constructed dream, the participants wrote provocative propositions. The provocative statements contained the participants' expressed values and collective wishes and aspirations for *'what should be'* the future image of nursing. The participants wrote the following as provocative propositions about the nursing profession and nurses:

> "Our profession is a scientific discipline, self-regulating, respected and appreciated profession requiring high level of education and recognized for high level of knowledge, competence and professionalism. It is a rewarding profession and well-rewarded occupation"
>
> "We are competent, intelligent and independent caregivers (men and women) in white. Respect, appreciation, compassion, hard work and commitment to the safety of our

patients are values carried out to every aspect of our nursing care. We value, nurture, support and recognize our student nurses' valuable contribution and ideas"

The provocative propositions described the student nurses' idealized future image of nursing i.e. how the image of nursing will be when the positive core is alive in all its functions (Whitney & Trosten-Bloom 2010).

8.3.2.4 *Delivery phase findings*

Participants developed the following as proposals or action plans for the achievement of the envisioned image of nursing:

1) "Plan and implement student nurses-led campaigns to attract young people with the requisite cognitive and interpersonal skills to nursing"
2) "Plan and implement recruitment campaigns focusing on attracting more men to nursing"
3) "Develop and implement programs to support men in nursing"
4) "Develop information giving leaflets for communities about nursing"
5) "Develop nursing advertisement brochures showing nurses in uniform, containing information about nursing degree programs, core nursing values, personal attributes required for nursing and a brief description of the curriculum. Job opportunities, career pathways and opportunities for development to be included"
6) "Arrange information giving sessions using television and community radio stations"
7) "Educate community about the high education requirements for becoming a nurse, high level knowledge and competence required to render nursing care meeting the needs of all patients, the importance of men in nursing and the pictures of nurses used in the media should include male nurses, patients' rights and responsibilities as well as nurses' rights and responsibilities"

8.3.3 Stage 3

The aims of stage 3 were to describe the post-appreciative inquiry perceptions of the image of nursing among student nurses and to make a comparison of the scores of the pre-test and post-test of the two extreme cases namely, group A of student nurses with relatively high and outstanding performance and group B with relatively low and poor performance in the pre-test questionnaire. In the paragraphs that follow, the results of stage 3 are presented, starting with the results of the

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biographical data followed by post-appreciative inquiry perceptions of the image of nursing. Comparison of the pre-and post-appreciative responses of the two groups A and B is discussed and integrated with each section in the exposition of the post-test results. .

8.3.3.1 Biographical data

The same biographical data used in the pretest (stage 1) was collected from the sample that participated in appreciative interviews (stage 2) of the study as shown in table 8.1.

TABLE 8.1: PRETEST-POSTTEST BIOGRAPHICAL DATA						
	Pretest (N=220)			POSTTEST (N=28)		
Variables	Diploma in nursing	Bachelor's degree	Total	Diploma in nursing	Bachelor's degree	Total
Gender Male Female	18 (8.2% 127(57.7%)	14 (6.4%) 61(27.7%)	32 (14.5%) 188 (85.5%	5 (17.9%) 10(35.7%)	2 (7.1%) 11(39.3%)	7 (25%) 21 (75%)
Age in years 18 – 20 21 – 23 24 –26 27 >	 7 (3.2%) 98 (44.5%) 40 (18.2%) 0	 4 (1.8%) 43 (19.5%) 28 (12.7%) 0	 11(5.0%) 141 (64.0%) 68 (31.0%) 0	 0 11 (39.2%) 4 (14.3%) 0	 0 5 (17.9%) 8 (28.6%) 0	 0 16 (57.1%) 12 (42.9%) 0
SANC Registration Yes No	145 (65.9%) 0	75 (34.1%) 0	220(100%) 0	15 (53.6%) 0	13(46.4%) 0	28(100%) 0
Level of training 3rd year 4th year	106 (48.2%) 39 (17.2%)	61(27.7%) 14 (6.9%)	167(75.9%) 53 (24.1%)	10 (35.7%) 5(17.9%)	11 (39.3.1%) 2(7.1%)	21(75%) 71 25%

Table 8.1 shows that the student nurses who took the pre- and posttest were predominantly female (85.5%) and (75%) respectively, with the majority being the students from the nursing college and student nurses in the third year of training. In addition, all student nurses who took both tests were registered with the SANC as required by law.

8.3.3.2 Student nurses' perceptions of the image of nursing following the implementation of AI

The post-test results showed that some of the aspects of the image of nursing were perceived positively while others were perceived negatively by student nurses who participated in AI.

- **Positive perceptions**

All items of the subscales *nursing as a career, characteristics and qualification for entry, gender in nursing and meaningfulness of nursing* obtained ratings (agreement or disagreement) that corresponded with positive perceptions of the image of nursing among the majority of student nurses in groups A and B (tables 7.3, 7.4, 7.7 & 7.8). The results showed positive image of nursing as a rewarding and exciting career for people who want job security, a good career choice for both men and women and for students with good grades. Nursing was also perceived as a career that offers a wide range of jobs and opportunities to build a career and career advancement. Results also revealed that high level of education and intelligence required for nursing was perceived positively by the student nurses. Perceptions about nurses (table 7.6) were found to be positive in the majority of student nurses in this study.

- **Negative perceptions**

Although most of the items in the subscales on the nature of nursing and perceptions about nurses (table7.2) were perceived positively, other items obtained ratings that corresponded with a negative perception of the image of nursing in group A and B. These included items such as 1.3 (nursing is a respected profession), 1.5 (nursing is an appreciated profession), 5.3 (nurses are respected) and 5.4 (nurses are appreciated). According to the findings, nursing was regarded as a profession that is not respected and appreciated and nurses as professionals who are not respected, appreciated and recognized for their contribution. Perceptions about nurses' working conditions were found to be negative in the majority of student nurses in this study; nursing was regarded as work performed in unsafe environment with inadequate compensation for the work nurses do.

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8.3.3.3   Comparison of the pre-test -post-test responses

When the pre- and post-test responses were compared, there were no statistically significant differences in the pretest/posttest responses to each item of the subscales *nursing as a career* and *meaningfulness of nursing* following the implementation of AI for both group A and B. The implication was that the perceptions of the image of nursing as a career and its meaningfulness did not change in the posttest; they remained positive following appreciative inquiry intervention.

In the pretest, items 1.3 (nursing is a respected profession*)* and 1.5 (nursing is an appreciated profession) obtained disagreement ratings; which meant negative perceptions of nursing as a profession that is not respected and appreciated. The posttest results showed statistically significant increases in agreement ratings and decreases in disagreement ratings for items 1.3 and 1.5 in group A and group B; suggesting change from the negative to positive perceptions of the image of nursing as a respected and appreciated profession following the implementation of AI. Otherwise there were no significant differences in the pretest/posttest responses to other items in the subscale *the nature of nursing* for both group A and group B.

According to the pretest results, item 3.1 (nursing should be a university programme) obtained an agreement rating (positive perception). The posttest results showed a significant increase in the number of agreement ratings for item 3.1; suggesting that the perceptions became 'more positive' that nursing should be a university degree. Although the number of student nurses who gave ratings that corresponded with a positive perception to other items of this subscale increased in the posttest, the increases were not statistically significant (table 7.3).

In both groups, there were no significant changes in the student nurses' pretest and posttest responses to items 4.2 (*nurses work with high technology*) and 4.4 (*nurses are major players within the high tech medical world*) in the subscale on *working conditions.* With regard to item 4.3 (*nurses earn a lot of money),* there were statistically significant increases (McNemar test *p*-value=0.002) in the number of students who disagreed with item 4.3 from the pretest 42% to the posttest 58% in group A and in group B, an increase of 75% from the pretest 12.5% to the posttest

87.5% was statistically significant for item 4.3; meaning that the number of student nurses who disagreed that nurses make/earn a lot of money increased in both groups A and B in the posttest (table 7.4).

In the pretest, items 5.3 (nurses are appreciated) and 5.4 (nurses are respected) obtained disagreement ratings (negative perception). The posttest results showed significant increases in agreement ratings and decreases in disagreement ratings for both items; suggesting change from the negative to positive perception of nurses as respected and appreciated professionals. These results are consistent with those of items 1.3 and 1.5 of the subscale the *nature of nursing* which showed significant changes in the pretest/posttest responses for the two items in question; indicating a positive perception of nursing as a profession that is respected and appreciated. There were no statistically significant changes between the student nurses' pretest and posttest responses to other items of this subscale for both groups A and B (Table 7.5).

According to the pretest results, item 6.1(males are as good nurses as females) obtained agreement rating (positive perception) and other items of the subscale *gender in nursin*g obtained disagreement ratings (positive perception). The posttest results showed an increase in the number of agreement ratings for item 6.1 for both groups A and B. The increase in the number of agreement ratings for group A was not statistically significant while the increase for group B was statistically significant (McNemar test *p*-value< 0.05). The posttest results also showed statistically insignificant increases in the number of disagreement ratings for items 6.2, 6.3 and 6.4 for group A and B (table 7.6).

As indicated in chapter 5, there was a need to change the negative perceptions of the image of nursing among the 3rd and 4th year student nurses who participated in this study. AI intervention was implemented as described in chapter 6, focusing on the negative perceptions of the image of nursing identified during the pretest taken in the first stage.

In summary, following appreciative inquiry intervention, the student nurses' perceptions of certain aspects of the image of nursing changed significantly and in a positive direction as shown in table 8.2.

TABLE 8.2: CHANGES IN PRETEST -POSTTEST RESPONSES (N=28)						
PARTICIPANTS	GROUP A (n=12			GROUP B (n=16)		
	Pre-AI From	Post-AI To	p-value	Pre-AI From	Post-AI To	p-value
Table 7.2 1.3 Nursing is a respected profession 1.5 Nursing is an appreciated profession	Negative Negative	Positive Positive	0.002 0.001	Negative Negative	Positive Positive	0.010 0.001
Table 7.4 3.1 Nursing should be a university programme	Positive	Positive	0.001	Positive	Positive	0.018
Table 7.6 5.3 Nurses are appreciated 5.4 Nurses are respected	Negative Negative	Positive Positive	0.002 0.001	Negative Negative	Positive Positive	0.018 0.001

As shown in table 8.2, AI did not merely change negatives to positive, but the already positives perceptions of the image of nursing were further reinforced.

8.3.4 Stage 4

The aim of stage 4 was to describe the participants' experience of appreciative inquiry process. Based on the analysis, two patterns of key words revealed themes that ran through the 10 participants' individual interview transcripts and these themes were regarded as the rich and detailed account of the student nurses' experiences of AI.

- **Theme 1: Experience of positive emotions**

In all of the interview responses, participants mentioned that they experienced positive emotions of joy, pride, enthusiasm and excitement because of the positive conversations (sharing peak experiences) that took place during AI. According to the findings, AI resulted in a 'positive view of self' in most participants because they mentioned that AI made them feel good, positive, important, special and valued. The participants also stated that the environment in which appreciative interviews took

place was conducive to meaningful sharing of ideas and positive thinking. Sample responses that illustrated the findings in this regard include:

> P01: "What was different between the AI group discussions and the other ones was that there was no negative feedback and everybody's ideas and opinions were accepted"
>
> P04: "The interview questions made me feel special because they focused on valuing me, the best of who I am and my values and my story (smile) and I in turn valued myself.
>
> P06: "Mmm … there was this positive vibe … the language used was positive, the stories told were positive and the thinking was positive; all positive ha (smile and exclamation) I loved it. I think this made the dreaming easier, we were thinking like big, positive and all that"

Similar findings were reported in previous studies on experiences of AI that student nurses enjoy and feel good about their participation in AI (San Martin & Calabrese 2011:117; Shuayb et al 2009:10). A positive relationship between peak experiences and a personal conception of self was identified by DeCicco and Stroink (2007:87) and Edwards and Edwards (2012:306). According to the same authors, peak experiences result in a positive self-concept and positive mental outlook. Kanavagh, Stevens, Seers, Sidani and Watt-Watson (2010:13) corroborate this and add that AI environments are positive and safe. Appreciative learning environments were described in other studies as inclusive, caring, warm, respectful, supportive, non-threatening, enjoyable and capable of making people feel safe and comfortable to take part in conversations (Cram 2012:5; Giles & Alderson 2008:473).

The findings also showed that AI changed some of the participants' view of nursing and created a greater appreciation for nurses and nursing. Some of the participants identified themselves strongly with nursing as their appreciation for nursing increased, apparent in the samples responses:

> P08: "It made me look differently at nursing, with appreciation actually"
>
> P09: "Uh Mm ... I felt like I am together with nursing … like more into nursing now than before. Bona (look) I am a nurse for life' (smiling). I listened to the positive stories told by others, I started to realize that nursing makes a difference in many people's lives"
>
> P10: "I mean, I began to see nursing more in a positive light"

In addition, some of the student nurses indicated that they appreciated a change from the traditional problem-focused approach. A sample response in this regard was:

> P01: "We shared our positive, peak nursing experiences and not the problems about the image of nursing. What a change!!!"

These findings are consistent with the post-tests results which showed significant and positive change in the student nurses' perception of some aspects of the image of nursing (table 8.2). This theme connects with literature on peak experiences and Frankl's experiential values. The theme is also supported by the positive and constructionist principles of AI as well as its assumption that in every organization, something works right. One of the study participants (P06) commented: *"The stories show that there is lot of good and right that nursing is doing."*

- **Theme 2: Experiential learning**

The findings showed that all the participants acknowledged AI as participatory research and learning processes which ensure each and every participant's active involvement in all the phases of the 4-D cycle of AI. The sample responses in that regard:

> P01: "Everybody was active in this research"
>
> P04: Another thing … in group discussions, some people like to be forward and talk a lot like they know more than others, this time everybody talked and they listened as well"
>
> P07: Yes. I participated in all the activities and I loved it" "It was nice that each and every one of us had an input in the research"

This finding supports literature that AI assures input from all participants (Neumann 2009:84; Shuayb et al 2009:10) and it is also in line with the principle of AI that wholeness brings out the best; meaning that involving as many members as possible in AI interviews stimulates creativity and builds collective capacity. According to the participants, AI created appreciation for participation in the AI and the research processes as well as the clinical experiences. The participants described their experience of engagement in all the phases of AI as positive, interesting, amazing,

enjoyable, valuable and educational. One possible explanation for the finding could be that AI uses a variety of activities which accommodates different preferences of participants. It was evident from the responses that some of the participants preferred to work in groups while others were comfortable working in pairs. Some of the sample responses that illustrated this point included:

"Group work was exciting"
"As a shy person I was comfortable talking to one person in the 'pairs' interview where there were no many people"

Participation in AI was also described as 'equal' by one of the participants who said:

"The group activities were good and everybody took part equally especially in the discovery and dream phase; I mean in exactly the same manner"

This finding is congruent with the assertion that the AI process equalizes all participants by ensuring that everyone experiences all the steps in the process the same way (Whitney & Trosten-Bloom 2010:274). Similar findings were reported by Kavanagh et al (2010) that student nurses who took part in that study expressed appreciation for equal participation and involvement in all activities of AI. The finding is also in line with the assertion that AI always ensures that all voices of the stakeholders are heard.

Participants mentioned that, being part of the research enabled them to apply skills they learned earlier in their training; skills such as listening and interviewing. The participants also mentioned that their participation in research taught them to practically put into practice the research skills they had read about only. Those were the skills used for the analysis of qualitative data; skills such as thematic analysis and reflection. This finding was apparent in one of the sample responses:

P02: "The best for me was the research part … the research process was educative. I had the chance to interview somebody even though the interview questions were different … positive. Data analysis and themes were new to me, but I enjoyed doing it. We were given extra time and help. I was interviewed too. It was not the first time I do interviews but I did them with patients as part of assessment and evaluation. But this time it was for research you see … with positive questions ..."

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A number of skills learned (cognitive, psychomotor, affective skills) from participating in AI were mentioned by participants, substantiated by some of the sample responses:

> P03: "AI taught me to change the negative into the positive"
>
> P05: "I learned new procedures for example getting themes out of positive stories, making a different type of graph (scattergram). Interesting... I also enjoyed the presentation of the wish lists and action plans"
>
> P07: I liked the research with this AI; I learned a lot from it. I liked the interview and the positive questions because they made me think positively and especially about nursing"

It is evident from the findings that the participants enjoyed and appreciated being active in AI research process. Throughout the phases of AI, the participants did what Haynes (2007) calls a "hands-on-minds-on learning experience with facilitation from the lecturer". The finding is consistent with aspects of learning; that it takes place as a result of being personally involved in the process and that an important facet of 'learning by doing' is what the student learns from the experience rather than the quantity and quality of the experience (Hayes 2007). The activities of the various phases of AI which formed part of the participants' learning experience included sharing positive peak nursing stories, formulating provocative propositions and related action plans for achieving their desired future image of nursing.

In relation to clinical experiences, some of the participants mentioned that AI changed their views of ward placement in a positive direction and created a greater appreciation for the clinical experiences, resulting in a positive attitude towards ward allocation. These were apparent in the following sample responses:

> P03: "Eehhh ... it made me see the importance of time spent in clinical where you meet different types of patients giving different experiences from which to learn. I have never forgotten her (the patient in the peak nursing story) what can I say, maybe her courage and acceptance (of her impending death), made me appreciate the learning experiences from contact with patients in nursing"
>
> P06: "I think allocation to the wards is good for learning, never thought I would say that (chuckles) since well it provided us with experiences. Of course some experiences were negative and others positive; but our focus in AI was on learning from the positive ones"

The feedback from the interviews also showed that participation in AI created appreciation for collaborative and shared learning among student nurses who reported that AI:

- Created a sense of ownership of the future image of nursing. This finding was supported by the constructionist principle of AI which postulates that people create their reality and meaning through interaction with and within a social system.
- Developed positive and appreciative relationship within groups of participating student nurses.
- Developed and strengthened interpersonal and communication skills such as listening, self-confidence, self-expression, non-judgmental attitude and decision making among student nurses.
- Provided opportunities for reflection; to share the results of each phase of AI and to explore own values.

In summary, participants described their engagement in AI as a positive and enjoyable experience. AI was described by most participants as a different and fresh approach capable of creating a safe and positive environment conducive to free expression of views and positive thinking. The activities of different phases of AI were described by the participants as interesting, exciting, funny, amazing, enjoyable, valuable and educational. Similar findings were reported that the student nurses who took part in AI described their engagement as enjoyable, equal, positive, rewarding, motivating and empowering (Kavanagh et al 2010:5; San Martin & Calabrese 2011:117; Shuayb et al 2009:10)

- **Reflections about individual interviews findings**

As indicated in previous paragraphs, the findings of individual interviews addressed research question: *'How did the student nurses experience AI'?* The experiences of AI were found to be similar among student nurses in that they were all positive even though the research question was not positive, affirmative or appreciative; meaning that it did not ask for positive experiences only. The similarity of participants'

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experiences reinforces the assertion that AI places people in a fundamentally different and positive stance required for positive thinking and action. I believe that AI had the same effect on the participants of this study who became selectively attentive to affirming only the best and highest qualities of appreciative interviews. There was no mention of the negative aspects of experiences.

The participants' feedback was mainly related to the positive approach of the AI process, the effects AI had on their outlook/ views about themselves and nursing. There was no feedback on the structure and duration of the session. The views on the process of facilitation of appreciative interviews were limited; only 2 participants commented as follows:

> P02: We were given extra time and help"
> P05: The facilitator also reminded us to focus on positive aspects when we forgot and started talking negative issues"

As indicated in paragraph 7.3.4, all the participants' non-verbal communication such as body language, tone of voice and gestures were congruent with the positive emotions they were describing. This for me was a reflection of honest answers to the interview questions because their emotions were reflected in their body language.

8.3.5 Stage 5

In order to achieve the basic purpose of MMR, namely to integrate quantitative and qualitative research procedures and data, the researcher implemented the approaches as suggested by O'Cathain et al (2007; 2010) and Creswell and Plano Clark (2011). These approaches were implemented at the various stages of the research process as discussed in the paragraphs that follow.

8.3.5.1   *Integration by combining paradigms or philosophies*

Figure 8.1 shows integration by combining paradigms as used in this study to support the use of both quantitative and qualitative methods and to avoid a forced choice between the existing paradigms (Vankatesh et al 2013:37).
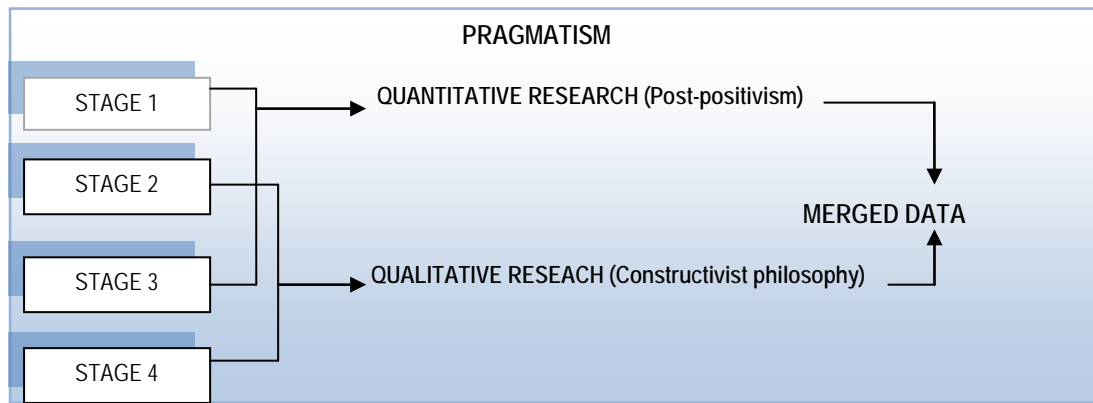
Figure 8.1   The 'integrated' mixed research philosophical paradigm

8.3.5.2   Integration at the design level

Integration at the design level (conceptualization of the study) was accomplished through the use of a combination of basic and advanced mixed methods frameworks as described in chapter 4 (paragraph 4.4.1). The nature of the design of this study required that quantitative data collection and analysis take place first in stage 1 before qualitative data collection and analysis as shown in the notation (quan⇨[QUAL]⇨[quan+QUAL]⇨QUAL) used in this study. The aim was to use the results of stage 1 to purposively select participants and to develop appreciative interview questions for stage 2; hence the use of the sequential mixed methods design.

Advanced mixed methods frameworks encompass adding to one of the basic designs a larger framework that incorporates the basic design (Fetters et al 2013). The larger framework used in this study involved conducting mixed methods intervention as described in paragraph 8.2.2. Qualitative data was collected to support the implementation of appreciative inquiry, to understand contextual factors during the intervention that could affect the outcome and to explain the results after the intervention is completed (Creswell et al 2009; Fetters et al 2013). This approach is also known as embedding. In addition the database of secondary priority was embedded within a larger primary design by collecting data on the participants' experience of the AI intervention.

8.3.5.3 Integration at the methods level

According to Creswell et al (2011) in Combs and Onwuegbuzie (2010), integration occurs through linking the methods of data collection and analysis by means of connecting, building, merging and embedding. The methodological integration in this study occurred through connecting stage 1 to stage 2 through sampling of extreme cases. In addition, the integration between stage 1 and 2 occurred through building when stage 1 database was used to inform the data collection of stage 2. This was achieved when the results of stage 1 were used to develop the interview schedule for stage 2.

Another methodological integration occurred through triangulation when different methods were used to measure the same phenomenon, namely the image of nursing. Quantitative and qualitative data on the image of nursing were collected by means of surveys and interviews respectively. In addition, data were collected in three nursing education institutions (multiple sites) on 3rd and 4th year student nurses who were studying nursing at diploma and bachelor's degree level. The researcher also collected data on different dates and times allocated by the management of the nursing college and universities. This assisted in examining the consistency of the data and interpretations over time. Different techniques were also used to balance each other out; short engagement and long engagement when collecting quantitative and qualitative data respectively (Holloway & Wheeler 2010:309; Polit & Beck 2008:543). Triangulation served the expansion purpose of mixed methods because the different methods used expanded the scope of the study.

Fetters et al (2013) explain that merging occurs when two databases are brought together for analysis and comparison. In this study, merging occurred between stages 2 and 1. Qualitative findings of stage 2 (appreciative interviews) expanded and deepened the understanding of the results of the pre-test. Pre-test (stage1) and post-test (stage 3) results were compared to determine if positive change in the student nurses' perceptions of the image of nursing had taken place following AI intervention. Lastly the database of secondary priority was embedded within a larger primary design by collecting data on the participants' experience of the AI intervention. The use of embedding for integration as described in paragraph 8.3.5.1

is supported by various mixed methods researchers as an approach which generally occurs in an intervention design (Caruth 2013; Creswell et al 2011; Fetters et al 2013; O'Cathain et al 2007, 2010).

8.3.5.4 Integration through interpretation and reporting

According to the results of the quantitative stage 1, some of the aspects of the image of nursing were perceived negatively. These results were confirmed by the qualitative findings of appreciative interviews in stage 2. A large number of student nurses who participated in appreciative interviews reported lack of respect, recognition and appreciation for nurses and nursing and this finding was consistent with the results of the pretest. Some of the qualitative data from appreciative interviews were transformed to quantitative variables (table 6.3) in order to determine the number of times each theme emerged from the participants' positive stories. Only the themes that appeared in more than seven responses were reported. The aim was to identify common personal and nursing core values. Respect, caring, compassion and helping others resurfaced several times throughout the interview data.

The comparison of the pre- and post-test results showed significant and positive changes in the perception of nursing among student nurses following the implementation of AI. The post-appreciative perception of the image of nursing was that of a profession that is respected and appreciated. In addition, the findings of individual interviews (stage 4) provided a rich source of qualitative data on the student nurses' experiences of AI which corroborated the quantitative findings (post-test).Most participants mentioned that AI changed their views on the image of nursing in a positive direction confirming the post-test results shown in table 8.2.

A staged approach to integration was used for reporting the findings of each stage of this study (Fetters et al 2013:2147) with sufficient referencing to other studies and to the findings of other stages in the same study. The results of the pre-test in chapter 5 were reported first as description of student nurses' pre-intervention perceptions of the image of nursing, followed by the findings of appreciative interviews, the intervention in chapter 6. The post-intervention results and the student nurses'

experiences of AI were reported in chapter 7. Lastly, the integration of quantitative and qualitative data was presented in the final chapter of the study namely chapter 8.

Because the researcher was considered as the main instrument for qualitative data gathering, analysis and interpretation, researcher bias could not be avoided (Onwuegbuzie, Leech & Collins 2008). To minimize researcher bias, prior to collecting interview data, the researcher reflected on, acknowledged and suspended her prejudgments and preconceived ideas about the image of nursing and appreciative inquiry. These were documented. The researcher bias was also minimized through the use of debriefing sessions with study promoters as described in chapter 4.

In summary, integration highlighted a 'fit' between qualitative and quantitative findings, that is stages where the qualitative findings confirmed the quantitative findings (Fetters et al 2013:2150) and this 'fit' resulted in an expansion of understanding. In addition, the integration ensured that the knowledge yield from this study was not equivalent to that from a qualitative study and a quantitative study undertaken independently, it achieved a "whole greater than the sum of the parts (O'Cathain et al 2007:147).

8.4   CONCLUSIONS

The research was based on the assumption that a positive core of nursing experiences exist among student nurses. Through positive storytelling, the participants tapped into their positive core of experiences (peak experiences) and they were able to describe their most valued attributes and to identify the positive core of nursing. The findings of this study and literature show that AI generate positive emotions and make people feel good about themselves. The findings also showed that, as a result of engagement in AI, the student nurses began to value and appreciate themselves and they expressed a feeling of being appreciated. According to Whitney and Trosten-Bloom (2008:158) people grow and thrive with appreciation and recognition. The use of past positive experiences has relevance in teaching and positive outcomes.

The findings of the pre-test showed that certain aspects of the image of nursing are perceived negatively by student nurses. The relevance of this finding for nurse educators is that nurse educators have to assess the perceptions of the image of nursing continually and plan appropriate strategies to promote a positive orientation and image of nursing among student nurses. The pre-intervention results highlighted the negative perceptions of the image of nursing that needed intervention.

The study produced some interesting insights into the application of AI as teaching strategy to transform the perception of the image of nursing among student nurses. The positive focus of AI and peak experiences created an environment conducive to free expression of views and positive thinking. Consequently the student nurses were able to envision their ideal, vision of the future image of nursing, draw provocative propositions and related action plans. The use of a variety of individual and group activities accommodated student nurses' preferences in respect of teaching-learning styles. In addition, the various individual and group activities promoted active participation of all students nurses. The principles of teaching-learning and those of AI were found to be complementary. From the findings of individual interviews, the activities of AI promoted appreciation of research and the conclusion is AI can also be used for teaching research.

The post-intervention survey results showed that the student nurses' perceptions of some aspects of the image of nursing changed significantly and in a positive direction. Another noteworthy finding was that AI did not merely change negative perceptions, but the positive perceptions of the image of nursing among student nurses were further reinforced. The characteristics, principles and assumptions of AI that correlated with the post-intervention positive perceptions of the image of nursing were not surprising. The study found that AI created recognition for self-worth and appreciation for nurses and nursing. In addition, the study found that AI created appreciation of collaborative and shared learning and created a sense of ownership of the future image of nursing. This finding was supported by the constructionist and the positive principles of AI. Positive and appreciative relationship within groups of participating student nurses, interpersonal and communication skills such as listening, self-confidence, self-expression, non-judgmental attitude and decision making among student nurses were developed and strengthened. AI also provided

opportunities for reflection. AI can therefore be used as a teaching strategy to transform the image of nursing among student nurses.

The post-appreciative inquiry survey results also showed an increase in the number of responses disagreeing that nurses earn a lot of money. The possible explanation for this finding could be related to their 'new' and positive view of themselves as well as the expressed increase in their self- worth that the student nurses felt they deserved better pay

8.5   RECOMMENDATIONS

Although the findings were specific to the setting, time and participants of this study, they can be used as a model for learning and future research, these will be discussed as implications for nursing education practice and suggestions for further research.

8.5.1 Implications for nursing education practice

This study suggests that the use of AI as a teaching strategy can result in positive perceptions of the image of nursing. The participants in this study described positive results when the facilitator used activities designed to create an appreciative, warm, caring and positive learning atmosphere. The findings also showed that AI enabled participants active engagement at all levels including the opportunity to share positive experiences. This suggests that AI should be retained as a teaching strategy.

It would not have been possible for me to effectively facilitate the AI process if it were not for the training I underwent that was suggested by my study promoters. The recommendation is that AI should form part of nurse educators' curriculum and a professional development exercise for the already qualified educators for AI to be effectively used in various aspects of the nurse educators' function.

8.5.2 Implications and suggestions for further research

The implementation of action plans and on-going communication of results (post-inquiry activities) were not addressed because they were not in line with the study objectives. There is, however, a need for studies evaluating the sustainability of post-appreciative inquiry perceptions on a long-term basis. Further research focusing on a broader population need to be conducted using the same research methodology as this study.

8.6   CONTRIBUTIONS OF THE STUDY

The findings of the study have contributed to the body of knowledge of the student nurses' perceptions of the image of nursing. The knowledge generated through this study regarding the student nurses' perceptions about the profession is important for nurse educators in understanding how the student nurses view the profession and how their perceptions impact on their decision to remain committed to the nursing profession.

The study has contributed to the body of knowledge of nursing education regarding innovative teaching strategies pertinently designed to promote a professional image and appreciation of nursing among student nurses. The study has demonstrated step-by-step how AI can be used as a teaching strategy to diagnose the student nurses' perceptions of nursing that need attention and improvement and to change the student nurses' negative perceptions of the image of nursing. The findings of the study have also demonstrated how positive perceptions of the image of nursing can be reinforced by the use of AI. Based on the findings of the study, AI has shown potential as a teaching strategy to enhance professional self-image and positive orientation towards the nursing profession. In promoting the positive and professional image of nursing among student nurses, the researcher believes that the student nurses will portray the positive image in their practice and every day. This might in turn attract new people and retain students in nursing programmes.

The importance of focusing on the transformation of the image of nursing among the 3rd and 4th year student nurses was to address the negative perceptions of the image of nursing that persisted among student nurses before the end of training and to

retain the desired perceptions gained through the years of training. The findings suggest that the application of the AI process to learning produced a positive nursing image change among student nurses and the researcher believes that they will enter professional ranks with perceptions which will make them proud to be nurses and as professionals who will ensure that the student nurses' interest in nursing is maintained by providing positive experiential learning for student nurses during ward placement.

8.7   STRENGTHS AND LIMITATIONS OF THE STUDY

The following were regarded as strengths of the study:

8.7.1   The sample size, multiple sites and good response rates

A site sample with a large pool of students was required because the sample selection of participants would be greatly depleted by the generated sampling technique. Three hundred and fifty (350) out of 495 student nurses from 3 sites (nursing education institutions) participated in the study. Because of the good response rate of 70% in the pre-test, the sample size of 220 participants was adequate for statistical analysis and representativeness. In addition, the sample was adequate for extracting two extreme cases of 28 participants for participation in stage 2 appreciative interviews. This number is consistent with the typical small sample size of less than 30 in purposive sampling.

Collecting the student nurses' perceptions of the image of nursing in quantitative form enabled the researcher to generalize the pre-test survey results to the 3rd and 4th year student nurses in the selected NEI'S in the Gauteng province of South Africa.

8.7.2   The limitations

Quantitative results were specific to nursing education institutions in the City of Tshwane in the Gauteng province of South Africa; so, the survey results cannot be generalized to other nursing education institutions in Gauteng and other provinces of South Africa. In addition, the study focused on 3rd and 4th year student nurses; so, the survey results cannot be generalized to 1st and 2nd year student nurses in all NEI's in Gauteng and other provinces of SA.

The four-point Likert scale used in the survey questionnaire had limited options and may have resulted in early pre-test saturation of responses. A visual analogue scale (VAS) could have presented different findings with regard to the pre-test/post-test differences especially for item 4.3 (table 7.4). There is evidence showing that visual analogue scales have superior metrical characteristics than discrete scales, thus a wider range of statistical methods can be applied to the measurements (Reips & Funke 2008). Further research need to be conducted using the same research methodology as this study using visual analogue scale in the survey questionnaire.

Even though the qualitative approach used in this study provided richness and depth of understanding into various aspects of appreciative inquiry and the image of nursing, it can be criticized by others for lack of generalizability of the findings because of the sample size. The goal of the qualitative strand of this research was not to generalize findings but to provide a rich, contextualized understanding of the individual participant's' peak experiences and experiences of AI (Polit &Beck 2008:220; 2012:489). The description of the research method, design, procedures, population and setting in this study served as thick description of and detailed information needed to support the transferability of results by allowing the readers to decide whether or not the findings might be transferable to other settings (Ulin et al 2005:27).

As indicated in Chapter 1, the researcher was identified as the research instrument; consequently, the researcher bias could not be avoided during data collection, analysis and interpretation of results. The researcher wrote reflections to acknowledge and to suspend any preconceived ideas she may have had about the image of nursing and AI.

In addition, this study focused on one application of AI of 3 hours duration as an intervention strategy to transform the image of nursing among student nurses. The post-intervention survey was conducted within a day and the results showed that AI changed some aspects of the image of nursing in the positive direction. It is therefore not possible to report on the sustainability of the nurses' reported positive change in the image of nursing beyond that period. Although the results of the intervention study to promote attitude change by Sinatra and Mason (2008) revealed that even short-term interventions lasting less than 90 minutes can serve to promote attitude

and conceptual shifts, it would be interesting to observe the sustainability of the positive changes in the image of nursing among student nurses who participated in the study.

8.8   CONCLUDING REMARKS

This study represented a fully mixed methods design because it complied with core characteristics of mixed methods research suggested by Combs and Onwuegbuzie (2010:2) and Creswell (2010:5). According to the same authors, mixed methods designs should:

1) *specify the rationale/purpose for the use of the design.* The researcher has provided the readers with justification for the use of mixed methods in chapters 1 and 4; that the rationale for the study involved development, compensation, diversity, expansion and triangulation.

2) *incorporate philosophy and theoretical orientation underpinning the mixed methods design.* The belief system that characterized this research was pragmatism, assumptions and stances of which were described in chapter 1. AI and Frankl's existentialism were the theoretical foundations which formed the basis for the study discussed in chapter 2. There was a fit between the two theoretical foundations because both focus on the importance of meaning and people's subjective experience.

3) *state number of data types collected and data analysis types.* Quantitative and qualitative data collection and analyses were done as described in chapter 4.

4) *describe the time sequence of data collection and analysis.* Sequential data collection and analysis were done as shown in chapter 1 (table 1.1) and described in chapter 4. Quantitative data were collected and analysed first in stage 1 before the qualitative data collection and analysis in stage 2 commenced. Both the quantitative and qualitative data collection and analyses resumed in stages 3 and 4 respectively.

5) *consider priority, dominance or weight of paradigms.* The qualitative paradigm was given a dominant status in this study.

6) *describe the level of integration between quantitative and qualitative data*. This was achieved throughout all stages of the study for purposes such as participants' selection, development of interview questions, compensation, expansion and triangulation and by different means such as building, connecting, embedding and merging as described in chapter 4.

7) *Provide visual presentations of procedures used in the study;* these were provided in various chapters of the study.

Adequate measures were taken to ensure validity and reliability of the quantitative findings and to increase the credibility of the qualitative findings. As a result of mixed methods used in this study, the objectives were met and the research questions stated in chapter 1 were adequately answered.

Through this study, I have learnt a lot about AI from the training I attended and from applying it in this study. As a result of the theoretical-philosophical structures underlying this research and my experience with the participants, I developed a more positive orientation towards nursing education, AI as teaching strategy, and the image of nursing. I can honestly say that all of these contributed to a "spiritual" change and growth within me leaving me a very different person – a change for better. I trust that this study would contribute in some way to readers' and future researchers' lives as it did to mine.

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ANNEXURES

ANNEXURE A

ETHICAL CLEARANCE

CERTIFICATE

UNISA

UNIVERSITY OF SOUTH AFRICA
Health Studies Higher Degrees Committee
College of Human Sciences
ETHICAL CLEARANCE CERTIFICATE

HSHDC/17/2012

Date of meeting: 22 February 2012   Student No: 511-551-5

Project Title: Transforming the student nurses' image of nursing : An appreciative inquiry approach.

Researcher: Mrs Motshedisi Eunice Chauke

Degree: D Litt et Phil   Code: DTS890B

Supervisor: Prof O van der Wal
Qualification: D Litt et Phil
Joint Supervisor: -

DECISION OF COMMITTEE

Approved [√]   **Conditionally Approved** [ ]

Prof E Potgieter
CHAIRPERSON: HEALTH STUDIES HIGHER DEGREES COMMITTEE

Dr MM Moleki
ACTING ACADEMIC CHAIRPERSON: DEPARTMENT OF HEALTH STUDIES

PLEASE QUOTE THE PROJECT NUMBER IN ALL ENQUIRES

ANNEXURE B

LETTERS REQUESTING PERMISSION TO CONDUCT THE STUDY

P.O.Box 392

UNISA

Department of Health Studies

0003

Directorate: Policy, Planning and Research

Department of Health: Gauteng Province

Attention: Dr Likibi

Tel: 011 298 2319/2316

Fax: 011 298 2396

Dear Sir/Madam

PERMISSION TO CONDUCT

I am a student, registered with the University of South Africa (UNISA) for a D Litt et Phil degree. I request permission to conduct research at SG Lourens Nursing College and the nursing departments of the University of Limpopo (Medunsa campus) and the University of Pretoria. The title of the study is **Transforming student nurses' image of nursing: An appreciative inquiry approach**

The aim of this mixed methods research is to explore the potential of appreciative inquiry as a teaching strategy to transform the student nurses' image of nursing and to describe the student nurses' lived experiences of the process of appreciative inquiry. The findings of the study have potential to contribute to the body of knowledge of nursing education regarding innovative teaching strategies pertinently focusing on enhancing professional self-image and positive orientation towards nursing among student nurses. The research is focused on the 3rd and 4th year basic nursing students. Data will be collected by means of a self-administered questionnaire and interviews (appreciative group interviews and individual in-depth interviews) for the quantitative and qualitative data respectively

I shall carry out the study in strict accordance with the ethical protocols stated in the approved proposal to protect the rights of the institutions and those of the study participants, the student nurses. The study will be conducted under the supervision of Prof. D van der Wal and Prof ADH Botha. Herewith the research protocol, data collection instruments and the ethical clearance certificate from UNISA

Sincerely

Mrs Motshedisi Chauke (student number 5115515)

Mobile   : 0722070009/ Email   : chaukme@unisa.ac.za

P.O.Box 79237

Mamelodi East

P.O.Rethabile

0122

The Head of Department

University of Limpopo: MEDUNSA CAMPUS

Private Bag 142

MEDUNSA

Dear Sir/Madam

PERMISSION TO CONDUCT RESEARCH

I am a student, registered with the University of South Africa (UNISA) for a D Litt et Phil degree. I request permission to conduct research at your department. The title of the study is **Transforming student nurses' image of nursing: An appreciative inquiry approach**

The aims of this mixed methods research is to explore the potential of appreciative inquiry as a teaching strategy to transform the student nurses' image of nursing and to describe the student nurses' lived experiences of the process of appreciative inquiry. The research is focused on the 3rd and 4th year basic nursing students. The findings of the study have potential to contribute to the body of knowledge of nursing education regarding innovative teaching strategies pertinently focusing on enhancing professional self-image and positive orientation towards nursing among student nurses. Data will be collected by means of a self-administered questionnaire and interviews (appreciative group interviews and individual in-depth interviews) for the quantitative and qualitative data respectively

I shall carry out the study in strict accordance with the ethical protocols stated in the approved proposal to protect the rights of your institution and those of the study participants, the student nurses. The study will be conducted under the supervision of Prof. D van der Wal and Prof ADH Botha

Herewith the research protocol, data collection instruments, the ethical clearance certificate from UNISA and the letter granting permission to conduct the study from Department of Health: Gauteng province

Sincerely

Mrs Motshedisi Chauke (student number 5115515)

Mobile: 0722070009 / Tel   : 012 429 8815

Email   : chaukme@unisa.ac.za

P.O.Box 79237

Mamelodi East

P.O.Rethabile

0122

The Head of Department

University of Pretoria

Department of Nursing

Dear Sir/Madam

PERMISSION TO CONDUCT RESEARCH

 I am a student, registered with the University of South Africa (UNISA) for a D Litt et Phil degree. I request permission to conduct research at your department. The title of the study is **Transforming student nurses' image of nursing: An appreciative inquiry approach**

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Sincerely

Mrs Motshedisi Chauke (student number 5115515)

Mobile: 0722070009 / Tel   : 012 429 8815

Email   : chaukme@unisa.ac.za

P.O.Box 79237

Mamelodi East

P.O.Rethabile

0122

The Principal

S.G.Lourens College of Nursing

Private Bag X755

PRETORIA

Dear Sir/Madam

PERMISSION TO CONDUCT RESEARCH

 I am a student, registered with the University of South Africa (UNISA) for a D Litt et Phil degree. I request permission to conduct research at your college, SG Lourens Nursing College. The title of the study is **Transforming student nurses' image of nursing: An appreciative inquiry approach**

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Herewith the research protocol, data collection instruments, the ethical clearance certificate from UNISA and the letter granting permission to conduct the study from Department of Health: Gauteng province

Sincerely

Mrs Motshedisi Chauke (student number 5115515)

Mobile: 0722070009 / Tel   : 012 429 8815

Email   : chaukme@unisa.ac.za

ANNEXURE C

LETTERS GRANTING PERMISSION TO CONDUCT THE STUDY

CONDITIONS OF APPROVAL OF A RESEARCH STUDY
PROPOSAL

GAUTENG PROVINCE HEALTH

REPUBLIC OF SOUTH AFRICA

POLICY, PLANNING AND RESEARCH
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CONTACT DETAILS OF THE RESEARCHER	
Date	26 June 2012
Contact number	+2712 429 8815/+27 722 070009
Email	chaukme@unisa.ac.za
Researcher /Principal investigator (PI)	ME Chauke
Supervisor	Prof D van der Wal
Institution	UNISA
Research title	Transforming the student nurses image of nursing: An appreciated inquiry approach

Approval is hereby granted by the Gauteng Department of Health for the above mentioned research study proposal for a study to be conducted within GDH domain. Approval is limited to compliance with the following terms and conditions:

1. All principles and South African regulations pertaining to ethics of research are observed and adhered to by all involved in the research project. Ethics approval is only acceptable if it has been provided by a South African research ethics committee which is accredited by the National Health Research Ethics Council (NHREC) of South Africa; this is regardless of whether ethics approval has been granted elsewhere.

Of key importance for all researchers is that they abide by of all research ethics

principles and practice relating to human subjects as contained in the Declaration of Helsinki (1964, amended in 1983) and the constitution of the Republic of South Africa in its entirety. Declaration of Helsinki upholds the following principles when conducting research, respect for

- Human dignity;
- Autonomy;
- Informed consent;
- Vulnerable persons;
- Confidentiality;
- lack of harm;
- Maximum benefit;
- and justice
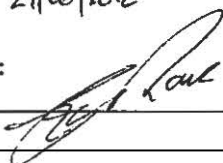
2. The GDH is indemnified from any form of liability arising from or as a consequence of the process or outcomes of any research approved by HOD and conducted within the GDH domain;
3. Researchers commit to providing the GDH with periodic progress and a final report; short term projects are expected to submit progress reports on a more frequent basis and all reports must be submitted to the Director: Policy, Planning and Research of the GDH;
4. The Principal Investigator shall promptly inform the above mentioned office of changes of contact details or physical address of the researching individual, organisation or team;
5. The Principal Investigator shall inform the above office and make arrangements to discuss their findings with GDH prior to dissemination;
6. The Principal Investigator shall promptly inform the above mentioned office of any adverse situation which may be a health hazard to any of the participants;
7. The Principal Investigator shall request in writing authorization by the HOD via PPR for any intended changes of any form to the original and approved research proposal;
8. If for any reason the research is discontinued, the Principal Investigator must inform the above mentioned office of the reasons for such discontinuation;
9. A formal research report upon completion should be submitted to the Director: Policy, Planning and Research of the GDH with recommendations and implications for GDH, the Directorate will make this report available for the HOD.

AGREEMENT BETWEEN THE GAUTENG DEPARTMENT OF HEALTH (GDH) AND THE RESEARCHER

_____

Suele Roux
Director: Policy Planning & Research

Date: 27|06|2012

Signature: _____

_____

Name and surname of Principal Researcher:
M E CHAUKE

Research/Academic Institution

UNISA

Date: 28/06/12

Signature

UNIVERSITY OF LIMPOPO
Medunsa Campus

PO Medunsa
Medunsa
0204

Nursing Science Department
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MEDUNSA
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E-MAIL: Joyce.Mokoena@ul.ac.za
Elsie. vanAswegen@ul.ac.za

Mrs M.E. Chauke
Department of Health Studies
University of South Africa
PRETORIA
0001
Dear Mrs Chauke

RE: TRANSFORMING THE STUDENT NURSES' IMAGE OF NURSING:
AN APPRECIATIVE INQUIRY APPROACH.

Thank you for considering involving our students in your research project. The title of
your study is of special interest to us as a nursing department engaged with the
undergraduate student nurses in the B. Cur programme.

It is our pleasure to give you permission to conduct your data collection with us. We
trust that you will be so kind as to share with us your findings at a later stage.

Thanking you in advance.

Sincerely
Dr JD Mokoena
SENIOR LECTURER: ACTING HEAD OF DEPARTMENT
NURSING SCIENCE
May23, 2012

African Excellence - Global Leadership

Navrae / Enquiries:

☎ : (012) 354-2125
🖨 : (012) 354-1490
💻 : nursing@medic.up.ac.za

Private Bag X323 ARCADIA 0007 Pretoria – Republic of South Africa
Web: https://www.up.ac.za Tel: (012) 354-2125 Fax: (012) 354-1490

1 June 2012

Mrs ME Chauke
Department of Health Studies
PO Box 392
UNISA
0003

Dear Mrs Chauke

Permission to conduct study

I hereby granted you permission to do your research in the Department of Nursing Science, University of Pretoria.

However you need to get permission from the students.

Kind regards

Prof FM Mulaudzi
Head: Department of Nursing Science
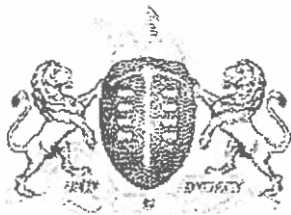
GAUTENG

PROVINCIAL

GOVERNMENT

SG LOURENS

NURSING COLLEGE

DEPATMENT OF

HEALTH

To: Mrs Chauke

From: Mrs Rakubu
        Chairperson Research Committee

Date: 08.09.2012.
Contact numbers; 0123195662/0742044015

Re : Application to conduct research.

I hereby acknowledge receipt of your letter of request for permission to conduct research at our institution. I also acknowledge receipt of all documents required to process your application.

Permission is hereby granted for you to continue with your research process. Please take note of the following:

You are reminded that participation of the respondents is voluntary

You collect data on your own and your time of collecting data should not interfere with the functioning of the College.

You are requested to furnish the College with the final results of your study.

As discussed with you telephonically, the students are busy with examinations in the September and October month. The third year students will be having a College day on the 3rd October 2012, which means they will all be here. The lecturers will be with the students until 12h00 and they have agreed that they can give you time after 12hoo. Contact person is Mrs Erica Cronje 0725351191.

Best wishes

Mrs   K Rakubu

SG LOURENS NURSING COLLEGE, PRIVATE BAG X755, PRETORIA,0001

ANNEXURE D

INFORMED CONSENT

CONSENT FORM

Dear Student

My name is Motshedisi Chauke. I am a doctoral student at the University of South Africa (UNISA). I am conducting a research project entitled '**Transforming student nurses' image of nursing: an appreciative inquiry approach'.** The main aim of this study is to explore the potential of appreciative inquiry as a teaching strategy to transform the student nurses' image of nursing. The second aim is to describe the student nurses' experiences of the process of appreciative inquiry.

I would appreciate it very much if you could consider being a participant in my research. Your participation will provide valuable information and deep understanding of the perceptions of the image of nursing among student nurses. In addition, the findings of this study have potential to contribute to current literature on perceptions changing teaching strategies. Because the study will be conducted in stages, your participation will firstly involve completion of a questionnaire, followed by participation in appreciative interview and lastly participation in the face to face interview between the researcher and yourself at a later stage on the dates suitable for you. There are no foreseeable physical, psychological or social risks or discomforts associated with this study.

Participation in this study is voluntary. Should you willingly agree to take part in the study, you will be requested to sign a consent form, indicating your willingness to take part in the interviews. The signed consent form is not required for the questionnaire; your anonymous response to the questionnaires implies voluntary consent. With your permission, a recording device will be used during the interview to ensure that the information you give is accurately documented. As a participant in this study,

- You are under no obligation to take part; you may refuse to participate or withdraw from this study at any time without penalty or fear of reprisals.
- Your identity and the information you give during the interviews shall be treated as highly confidential and it shall not be reported in a manner that identifies or links you with the information.
- Your privacy will be protected

By signing this form, you acknowledge that Motshedisi Chauke has explained the research study purpose and activities, you understand the nature of the study and the means by which your identity will be protected and that the information you give will be kept confidential. Your signature on this form also indicates that you are 18 years old or older and

that you give permission to voluntarily participate in this study. Your signature here also grants permission for your interview to be recorded.

Signature of the interviewee _____ Date _____

Signature of the researcher _____ Date _____

Your participation in this research is highly appreciated. You are welcome to contact me for additional information.

Sincerely

Motshedisi Chauke

ANNEXURE E

QUESTIONNAIRE

QUESTIONNAIRE

STUDENT NURSES' PERCEPTIONS OF NURSING

SECTION A

BIOGRAPHICAL DATA

- Please write some form of identification (initials or pseudonym) in the space provided in item 1. The aim is to enable me to compare the pre-test on this questionnaire with those of the post -test if you were to take part in the post-test

- Please make a cross **(X)** in the appropriate box to indicate your response to items 2-6

For official use

1. Identification (pseudonym or initials) :

10

2. Gender

Male	1	
Female	2	

11

3. Age

18 - 20 years	1	
21 - 23 years	2	
24-26	3	
27>	4	

12

4. Are you currently registered with SANC as a student nurse doing a 4 year course?

Yes	1	
No	2	

13

5. Study programme

Diploma in nursing	1	
Bachelors' degree in nursing	2	

14

6. Level of training

Third (3rd) year	1	
Fourth (4th) year	2	

15

PERCEPTIONS OF NURSING

Below are the statements about the image of the nursing profession and nurses. After reading each statement carefully, please make a cross **(X)** in the appropriate box to indicate how strongly you agree or disagree with each statement.

The rating scale values are interpreted as:

    1   **Strongly agree**
    2   **Agree**
    3   **Disagree**
    4   **Strongly disagree**

1. Nature of nursing	1	2	3	4	For official use
Nursing is					
1.1 not just a job but a career profession or vocation					
1.2 dependent on the doctor, nurses follow doctor's orders without question					
1.3 a respected profession					
1.4 based on helping others					
1.5 an appreciated profession					
1.6 an independent profession					
1.7 a prestigious profession					
1.8 a cognitively challenging profession					26
1.9 an emotionally challenging profession					
1.10 a job requiring competence for providing quality patient care					
1.11 a job that entails caring					
1.12 very practical in nature					
1.13 an indispensable profession in any society					
1.14 Respect and devotion towards the profession is important					
1.15 physically challenging					
2. Nursing as a career …	1	2	3	4	
2.1 provides opportunities to care for individuals, families and communities in time of need					
2.2 provides opportunities to help the community to live healthy lifestyles					34
2.3 is good for men					
2.4 is good for people who want a secure job					
2.5 is rewarding					
2.6 offers a wide range of jobs					
2.7 offers opportunities to build a career					
2.8 offers opportunities for career advancement					
2.9 nursing is exciting					
2.10 is a good career choice for students with good grades					39
3. The characteristics and qualifications required for entry **Nursing …**	1	2	3	4	
3.1 should be a university programme					
3.2 does not require a high level of education					
3.3 does not require a high degree of intelligence					
3.4 requires new knowledge gained through research					
3.5 requires considerable skill in working with one's hands					etc….
3.6 requires a high degree of scholastic ability					
3.7 After becoming a nurse a person may pursue graduate work and obtain a doctorate degree in nursing					
4. Working conditions	1	2	3	4	
4.1 Nurses work in a safe place					
4.2 Nurses work with high technology					
4.3 Nurses make / earn a lot of money					
4.4 Nurses are major players within the high tech medical world					
5. Nurses	1	2	3	4	
5.1 will always have a job					
5.2 need good grades					
5.3 are appreciated					

5.4 are respected				
5.5 are recognized enough for their contribution				
5.6 make decisions for themselves				
5.7 are caring people				
5.8 are competent				
5.9 are well-educated				
5.10 must have a powerful need to take care of others				
5.11 are independent thinkers				
5.12 are men and women of diverse backgrounds				

6. Gender in nursing	1	2	3	4
6.1 Males are as good nurses as females				
6.2 Male nurses are more accepted by patients than female nurses				
6.3 Doctors prefer male nurses more than female nurses				
6.4 Male nurses are not respected by others				

7. Meaningfulness of nursing	1	2	3	4
7.1 I love being a nurse				
7.2 Working as a nurse gives my life a meaningful content				
7.3 Nursing has given me a clear purpose for my life				
7.4 I applied to nursing because I was going to be unemployed				
7.5 I have discovered a satisfying mission for my life through nursing				
7.6 Nursing has made me understand my life's meaning				
7.7 I am looking for something that makes my life feel significant				
7.8 I am seriously considering leaving nursing				
7.9 I do not have any regrets about choosing nursing as a career				
7 10 I intend to pursue a career in nursing				
7.11 I would recommend nursing to others any time				

Thank you for being part of my study

ANNEXURE F

LETTER TO EXPERTS

&

CONTENT VALIDATION

QUESTIONNAIRE

Dear experts

I am a student, registered with the University of South Africa (UNISA) for a D Litt et Phil degree. The title of my study is **Transforming student nurses' image of nursing: An appreciative inquiry approach.**

The aim of this sequential mixed methods research is to explore the implementation of appreciative inquiry as a teaching strategy to transform the student nurses' image of nursing and to describe the student nurses' experiences of the process of becoming appreciative of the profession, departing from an initial established non-appreciative existential baseline. The research is focused on the 3rd and 4th year basic nursing students.

The quantitative part of the study involves a pre-test and a post-test using a self-designed Likert scale type questionnaire. The pre-test will also serve as participant sampling opportunity of extreme case sampling. The data gathered will also serve as baseline pre-test data on student nurses' perception/ image of nursing. The students will be involved in a series of appreciative inquiry sessions. Once the series has been concluded, the questionnaire will be administered as a post test and pre- and post-test scores will be compared to determine whether significant change in these students' perception/image of nursing has occurred. Appreciative inquiry will thus serve as intervention strategy. The study is conducted under the supervision of Prof. D van der Wal and Prof ADH Botha.

I hereby invite you to review and rate the relevance of the content of the measure in the attached Likert scale. Your knowledge and expertise is vital in establishing the content and construct validity of the scale as measured against standard professional codes of practice, the caring ethic and appreciation of the nursing profession in general. This constitutes the first step of expert appraisal of my data collection instrument. The next step consists of pilot testing the measures with 3rd and 4th year student nurses to examine internal consistency reliability, test-retest reliability, and construct validity.

Please find attached the questionnaire and Content Validation Questionnaire. The measure will be revised based on your responses and the responses from other scholarly experts as well as 3rd and 4th year student nurses.

If you have any questions that arise during the process of this evaluation, please do not hesitate to contact me using this e-mail or at 0722070009 or 021 429 8815

Thank you for your willingness to provide me with your valuable time and expertise.

Sincerely,
Mrs Motshedisi Chauke

CONTENT VALIDATION QUESTIONNAIRE

STUDENT NURSES' PERCEPTIONS OF NURSING

PERCEPTIONS OF NURSING

- Read each item included in the measure
- Determine the extent to which the content of the item is relevant in capturing the perceptions of the nursing profession and   career and nurses
- Identify any aspect of the item that may have been omitted.

For each item content, mark with a tick (√) in the appropriate box to rate its relevance in reflecting the perceptions of the nursing profession and   career and nurses

  5   Not relevant
  6   Unable to assess without item revision
  7   Relevant, but needs minor revision
  8   Very relevant and succinct

	How relevant are these items in reflecting the image of nursing as a profession and a career as well as its social status and prestige? Nursing is not just a job but a career profession or vocation	1	2	3	4
1					
2	dependent on the doctor, a nurse is the assistant of a doctor				
3	a respected profession				
4	an appreciated profession				
5	a good career choice for students with good grades/ high academic achievement record				
6	a career that provides opportunities to care for individuals, families and communities in time of need and help them live healthy lifestyles				
7	a good career for men				
8	a good career for people who want a secure job				
9	very practical in nature and therefore does not require a high degree of intelligence				
10	an independent profession				
11	a prestigious profession				
12	a rewarding career				
13	physically challenging				
14	a cognitively and emotionally challenging profession				
15	an indispensable profession in any society				
16	Based on helping				
17	Does not require high level of education				
18	should be a university programme				
19	Offers a wide range of jobs				
20	Offers opportunities for career advancement				
21	offers opportunities to build a career				
22	caring and competence are important in nursing for the provision of quality patient care				
23	Respect and devotion towards the profession is important				

24	Professional knowledge should be enhanced through research				
	How relevant are these items in reflecting the perceptions about nurses? **Nurses**				
25	will always have a job				
26	are caring people				
27	are appreciated				
28	make / earn a lot of money				
29	are respected				
30	need good grades				
31	make decisions for themselves				
32	work with high technology				
33	are competent, independent men and women of diverse backgrounds				
34	are well-educated , independent thinkers and major players within the high tech medical world				
35	Must have a powerful need to take care of others				
36	work in a safe place				
37	Need good grades				
38	are recognized enough for their contribution				
	How relevant are these items in reflecting the perceptions about gender in nursing and male nurses?				
39	important members of the nursing team				
40	not respected by others				
41	As good nurses as females				
42	More accepted by patients than female nurses				
43	More preferred by doctors				
	How relevant are these items in reflecting self perceptions and nursing/ reasons for becoming nurses? **Choice of nursing as a career**				
44	I love being a nurse				
45	Working as a nurse gives my life a meaningful conte**nt**				
46	Nursing has given me a clear purpose for my life				
47	I applied to nursing because I was going to be unemployed				
48	I have discovered a satisfying mission for my life through nursing				
49	Nursing has made me understand my life's meaning				
50	I am looking for something that makes my life feel significant				
51	I am seriously considering leaving nursing				
52	I do not have any regrets about choosing nursing as a career				
53	I intend to pursue a career in nursing				
53	I would recommend nursing to others any time				

ADDITIONAL REMARKS

The items are an adequate representative sampling of all the domains of the image of nursing from the perspective of the student

Yes/No

Please explain and suggest deletions and/or additional domains
……………………………………………………………………………………………………
……………………………………………………………………………………………………
……………………………………………………………………………………………………
………………
The items are mutually exclusive.

Yes /No

Please explain and suggest revisions
……………………………………………………………………………………………………
……………………………………………………………………………………………………
……………………………………………………………………………………………………
………………
The order in which the items are presented is satisfactory.

Yes /No

Please explain and suggest revisions
……………………………………………………………………………………………………
……………………………………………………………………………………………………
……………………………………………………………………………………………………
………………

The instructions for completing the measure are clear and provide adequate direction

Yes/No

Please explain and suggest revisions
……………………………………………………………………………………………………
……………………………………………………………………………………………………
…………………………………………………………………………………………………

Thank you

ANNEXURE G

INVITATION TO APPRECIATIVE INTERVIEW

INVITATION TO AN APPRECIATIVE INQUIRY INTERVIEW

Good morning

In July 2012, you completed a questionnaire for my doctoral study on the image of nursing and indicated that you were willing to take part in the second stage interviews of my study. Based on your performance in the questionnaire, you have been selected for the interview. In this phase you will be taking part in a group appreciative interview. The duration of the interview is 3 (three hours)

If you have decided since the completion of the questionnaire that you do not want to be interviewed, I understand and respect your choice.

Please choose the date and time that is most convenient and comfortable for you. If you respond to this e-mail with a list of possible dates and times, I will communicate with you to confirm the date and time for the interview suitable for all the selected participants.

You are welcome to contact if have a need for clarification or additional information at 0722070009 /012 429 8815

Thank you for taking part in my study. I am looking forward to the interview

Mrs M E Chauke

email: chaukme@unisa.ac.za

ANNEXURE H

THE APPRECIATIVE INQUIRY

INTERVIEW PROCESS

THE APPRECIATIVE INTERVIEW PROCESS

Thank you for agreeing to take part in my study. My name is Motshedisi and I will be facilitating an appreciative inquiry interview into the image of the nursing as an ***Appreciated profession.*** All of you have completed the questionnaire in the first stage of this study; am I correct?

Before we start, I would like to explain how this interview is going to be conducted because it is different from what you may be used to. Appreciative Interviews are different from traditional interviews because, rather than asking questions about how things do not go well or problems and how they can be fixed, appreciative interviews ask questions about the times when things are at their best; the experiences of successes in our organization so that we find out what works, and also find ways to infuse more of it into our nursing profession. In appreciative interviews positive questions are used to collect data about what is already good and right about the topic; ***nursing; the appreciated profession.*** The aim is to discover the best of what the image of nursing has been when nursing was at its best and then find ways of intentionally creating more of what we want the future image of nursing to be.

Although appreciative interview is a group interview, your participation will involve individual activities, paired interviews and small group activities. You will also be expected to take notes. You are under no obligation to participate in this interview; you can to decline to participate or to withdraw from the study at this point without explanation or consequences.

I promise to treat all information collected from this interview as highly confidential and it shall not be reported in a manner that identifies or links you with the information. And please, no information or discussion outside the group should take place in order to ensure confidentiality. At the end of the interview, I will take all the documents you created as individuals and groups because the information on those documents constitutes very important data for the study. Please do not write your name on any documents. This interview will take about three hours.

Do you have any questions?

Thank you for signing the consent form.

THE APPRECIATIVE INTERVIEW PROCESS

This is how we will proceed, following the phases of appreciative inquiry

DISCOVERY PHASE

Tell your positive story

- Working in pairs, take turns to interview each other and inquire into into the most positive images you hold of nursing or *life-giving* properties of nursing. Person A interviews person B and in turn B interviews A.

(Life giving forces are those experiences within nursing's past or present that represent the strengths of nursing when it is operating at its very best. A life-giving force could be a single moment in time such as a particular interaction with a client/patient or it could be large in scope (http://www.centerforappreciativeinquiry.net).

- Use the interview schedule as your script and ask questions as they are written on the interview schedule
- Let the interviewee tell his/her story; don't give your opinion about the experiences of the interviewee
- Listen deeply, take notes about high points and quotable quotes
- Each participant completes the interview summary; do not write your name and that of the person you interviewed.
- Check with partners if you have captured from the positive stories the highlights that mattered most to them

Examples of probing questions to use during appreciative interviews include *tell me more, why do you feel that way, why was that important to you, what do think was really making it work, how has that changed you?*

Share the stories and identify life-giving forces

- In groups made of the same pairs, a facilitator/presenter and time keeper is chosen.
- The groups have to share stories (for five minutes each person), share the most exciting and energising stories and quotable quotes that your interview partner told you

- Work together as a group and sift the stories and quotes in order to discover the positive core. Using the flip chart given, create a brainstormed list of high point and high energy themes that were present and common to the stories. Also write related quotable quotes
- From that list, as a group discuss and agree on 3 (three) themes that the stories of exceptionally positive moments have in common (not the same words but same in spirit)
- Please do not vote on the themes, have a dialogue
- Each group write its themes on a clean sheet of flip chart and post on the wall
- Individually, decide which of the themes you find most exciting and energizing that you would include in your vision of *nursing; the appreciated profession;* place the given coloured stickers on your selected themes

DREAM PHASE
- Create images of a dream about *nursing; the appreciated profession* you want to create together.
- Use visual images.

DESIGN PHASE
- Draft a word image from the visual image/ metaphor created in the dream phase.
- Write provocative propositions.

DELIVERY PHASE

- Write ways (action plan) in which the desired image can be realized (30 minutes).
- Submit all the documents you used

ANNEXURE I

THE APPRECIATIVE INQUIRY

INTERVIEW SCHEDULE

APPRECIATIVE INQUIRY INTERVIEW SCHEDULE

PART 1: Introductory / stage setting questions

There are few questions I need to ask you first before we start the appreciative inquiry part of this process. These questions are about my interest in you and your interest in nursing. You are not obliged to answer any questions that you feel uncomfortable answering,

- When did you start training as a nurse?
- Was nursing your first choice of career?
- What is the story of why you chose to become a nurse?
- What were your hopes and aspirations when you chose to become a nurse?
- What is it about nursing today that keeps you motivated to continue pursuing it as a career choice?

PART 2: APPRECIATIVE INQUIRY QUESTIONS

Discovery phase

(i) Best (peak) experience and identification of life-giving forces

Tell me a story about the best times that you have had with nursing. Think of all of your years of experience as a nurse, from first year of training to now and recall a peak experience (a time when you felt most alive, most involved, most excited about being a nurse and a time you felt nursing and nurses were extremely appreciated and recognized for its contribution to health care). Describe the event in detail focusing on the following;

- What happened; what was a high point (peak experiences)?
- How did it happen?
- When did it happen?
- What was it about you and about others that made this experience so exciting for you?

(ii) Values questions

Without being humble, please describe for me what you value most about yourself and then about your profession. Let us start with you.

- Yourself as a person and as a nurse?

- Nursing; as a job, career and as a profession?
- What is the single most important thing that your profession has contributed to your life and to the community?
- What is the most meaningful way your contribution and that of nursing is recognized and appreciated?
- What do you experience as the core value of your profession; nursing? Give some examples of how you experience those values?
- What would you like the core values of nursing to be?

DREAM PHASE

(i) Wishes questions

If you could make three wishes to enhance appreciation of the nursing profession that would come true in the next five years, what would they be?

DESIGN PHASE

(i) Images of the future questions

I would like to close this interview by asking you about your hopes and dreams for the future image of an appreciated nursing profession. Describe the hopes and dreams in detail focusing on the following;

- What would be the ideal image of nursing as a profession?
- What should change about the current image of nursing as a profession?

DESTINY PHASE
- What can be done to achieve that ideal image of nursing?

ANNEXURE J

APPRECIATIVE INTERVIEW
SUMMARY SHEET

APPRECIATIVE INTERVIEW SUMMARY SHEET

1. What was the most compelling story that came out of your interview? What details and examples did your interviewee share? How were the interviewee and or others changed by the story?

----

2. What was the most *appreciative* quote that came out of this interview?

------

3. What was the most "life-giving" moment of the interview for you as the listener?

----

4. Did a particularly creative and or innovative example of a positive image of nursing emerge during this interview? If so, describe what you learnt from it

----

----

5. What three themes that stood out for you during the interview?

Thank you for being part of my study

ANNEXURE K

INDIVIDUAL INTERVIEW TRANSCRIPTS

INDIVIDUAL INTERVIEW TRANSCRIPTS

Legend; R: Researcher   **P:** Participant

Participant: 01

Gender: Female

Level of training: 3rd year, University student

Duration: 8 minutes

R	How did you experience the appreciative inquiry process?
P	It was a very positive experience for me personally. We shared our positive, peak nursing experiences and not the problems about the image of nursing. What a change!!! Some of the experiences made us laugh while others made us very proud of ourselves. What was different between the AI group discussions and other ones was that there was no negative feedback and everybody's ideas and opinions were accepted. I personally felt that my input was important. I also felt valued.
R	**What I heard you say is that sharing your peak experiences generated positive emotions of pride in yourselves and being valued. I also hear you say that the feedback you received contributed to the positive emotions you experienced and that all ideas and opinions from the participating student nurses were accepted.**
P	Yes and there was positive energy around us because of the positive language that was used which enabled us to identify the peak experiences.
R	**So, the positive climate created by positive conversations resulted in the identification of the positive core of nursing.**
P	Yes, and the peak experiences as well
R	**Oh yes. Please tell me more about your AI experiences**
P	Everybody was active in this research. I learned to write themes from the interviews, to draw brain maps during the dreaming…. (smile) stage and to write notes during the interview.
R	**It sounds like the experience was a learning opportunity for you.**
P	Yes, I learned a lot.
R	**How did that make you feel?**
P	I felt enlightened. Oh I also had the chance to practice interviewing and listening skills. These are the skills I learned from first and second year of training.
R	**How did you experience the destiny phase?**
P	Not as exciting as the discovery and the dream phase. It's a pity that we will not get the chance to implement the actions we suggested to realize our dream of a future image of nursing. That's all
R	**Thanks for sharing your experiences with me**

Participant: 02

Gender: Female

Level of training: 3rd year, Nursing College student

Duration: 10 min

R	How did you experience the appreciative inquiry process?
P	It felt so, *so* good to share my peak nursing experience story. I never had the chance to tell it to other people except my roommates after it happened. This patient was a woman in late adulthood, suffering from Ca cervix and I think she was terminal. She was very pale and weak from loss of blood per vagina and receiving lots of blood transfusion. She amazed me so much; she was very brave. When we went to put a unit of blood, I am not sure whether it was the fourth or fifth, she told us that she wished we could give the blood to young patients and patients with better chances of survival. She smiled as she told us that we are delaying the inevitable because, she said "I am looking forward to meeting my husband who passed away 4 years into our marriage; I miss him so much, and I am going to him." I have never seen anybody so brave, so not afraid of death. We gave her the blood anyway and she told us that the unit of blood we put up would be the last one to give her. When I came back from the weekend off, she had passed away.
R	**How did that make you feel?**
P	Not sure actually but I have never forgotten her what can I say,,,maybe her courage and acceptance, made me appreciate the learning experiences from contact with patients in nursing

R	Silence
	Yes …..And the whole story-telling thing also made me see why we should be allocated to the wards …I mean without the patients in the wards there would be no stories to tell neh? And as I was telling my story, my interviewer was listening attentively most of the time. I felt like my story had captured his imagination….hahaha (laugh) and he told me that he learned a lot from my story. As my partner was telling her peak nursing experience story , I learned and realized that each and every nurse contribute differently but in a special way to patient care
R	**So, you are saying that the peak experiences made you appreciate clinical placements more and that both of you learned from each other's peak experiences…**
P	Definitely and that each and every nurse contributes differently but in a special way to patient care
R	**Ok. Please tell me more about your experiences of AI**
P	The best for me was the research part … (pause). The research process was educative.
R	**If you could please be more specific and tell me what and how AI process was educational?**
P	I had the chance to interview somebody even though the interview questions were different …positive. Data analysis and themes were new to me, but I enjoyed doing it. We were given extra time and help. I was interviewed too.
R	**How did that make you feel?**
P	Interviewing and analyzing data or being interviewed?
R	**Start with interviewing and analyzing data.**
P	It was not the first time I do interviews but I did them with patients as part of assessment and evaluation. But this time it was for research you see,… with positive questions…...As for being interviewed, I felt important that somebody was listening when I talked and all my ideas were accepted because of there was no wrong or right answer
R	**Any experiences you still want to share with me?**
P	Yes. The wishes in the dream ehh,, stage were exciting and funny. The mind-map we designed was amazing, even if I have to say so myself. We never got a chance to put our action plans into practice…pity .. …but we understood why?
R	**Thank you for sharing your experiences with me**

Participant: 03

Gender: Female

Level of training: 4th year; University student

Duration: 10 min

R	**How did you experience the appreciative inquiry process?**
P	Eish (smile) it was fresh and different that's why I enjoyed taking part in it. I also learned a lot from the AI interview
R	**Please tell me more**
P	Eehhh….. it made me see the importance of time spent in clinical where you meet different types of patients giving different experiences from which to learn. Not all experiences are positive, but with AI we needed to focus on the positive ones. Listening to positive stories of others made me positive… (Chuckle)…the effect was "infectious" like yawning….(laughter) and when I shared my story with them, I saw they were interested…. (smile).
R	**Silence**
P	What I liked most was that we, as learners were given equal chance to talk in the groups and no one was wrong or right. Again I also liked it when we were told to forget about the negatives of nursing… no, not forget but eish how do I put it? To change the negative into what we want more of. For example instead of complaining that the society does not appreciate our profession, we should put it like 'we dream of an appreciated nursing profession' and so we work towards acting in a manner that the society will appreciate nursing and nurses. You understand neh?
R	**Yes I understand. What I heard you say is that the AI experience made you value clinical practice and yourself. You also said that listening to the positive story made you positive and that AI gave participants equal status**
P	That's what I said but I also mentioned that AI taught me to change the negative into the positive. Another thing...it was difficult to build one vision from the many themes that came out of the brainstorms sessions. They were all good and I wanted to choose those from my story, but as we were told, it was not about the best one but the most compelling, life-giving themes. We were not allowed to compete but work together. Working and learning like that together was nice.
R	**Oh yes, thank you. Please tell me more about your experiences of AI**
P	The research gave me the chance to use the skills I learned from first year for example interview but I also learned to analyze the data from the interview.
R	**How did you experience design and destiny phases**

P	Very interesting, very very busy, with lots of enjoyable activities
R	**Anything else?**
P	No
R	**Thank you for taking for sharing your experiences with me**

Participant: 04

Gender: Male

Level of training: 4th year, College student

Duration: 10 minutes

R	**How did you experience the appreciative inquiry process?**
P	Eish, for nna (me) I had fun listening to the interesting and important stories of good nursing care. The interview questions made me feel special because it focused on valuing me, the best of *who I am, my values and my story* (smiling). Another thing ….in group discussions, some people like to be forward and talk a lot like they know more than others, this time everybody talked and they listened as well. Even shy people like me talked and I was listened to.
R	**What I heard you say is that listening to positive stories of good nursing care was fun and that telling *your* story and talking about your *values* made you feel special. You also said that all participants in AI interviews participated actively and equally**
P	Yes.
R	**Please tell me more about your experiences**
P	It's boring sometimes to talk about problems, problems all the time; problems and there are no answers. When we discussed the wish lists we knew that we had to change something in the way we think about nursing....all the themes and wish lists were about making a difference in patients' lives, serving, competence and professionalism. I think when we start thinking about nursing in that way, our behavior as nurses will change and people will respect as the Florence Nightingales today (chuckling); because of our knowledge and skills
R	**So, you are saying that the problem-based approach does not provide answers and that discussing positive themes and wish lists made you realize that you had to change the way you think about nursing. You are also saying that if nurses start thinking positively about nursing, their behavior will change positively and the nurses will earn the respect they deserve**
P	Yes, wouldn't that be nice. Its ok to be regarded as angels, compassionate, caring and all that but we know and the patients need more…..
R	**Can you please be more specific**
P	Nurses should be competent and knowledgeable too. This will in turn justify the nurses' demand for a better pay and nurses will not be made to feel guilty by those expressions of nurses as angels when they exercise their rights to go on strike because angels do not go on strike right?…of course I am not suggesting that nurses should not be compassionate and caring.
R	**Silence**
P	I had lots of fun and learned a lot when we were creating that graph with sticker (scattergram) and dreaming was fun
R	**Anymore experiences?**
P	No but I would like to see it practiced like in real situation, not only as research, in everyday teaching.
R	**Thank you for taking for sharing your experiences with me**

Participant: 05

Gender: Male

Level of training: 3rd year, Nursing College student

Duration: 8 minutes

R	**How did you experience the appreciative inquiry process?**
P	To tell the truth, I had doubts about it at the beginning that it won't work cause I never thought that there was an alternative to problem solving but I enjoyed taking part in AI. The atmosphere was positive because we concentrated on positive and it affected me positively. The facilitator also reminded us to

	focus on positive aspects when we forgot and started talking negative issues"
R	**What I heard you say that you were surprised that there is an alternative to problem solving approach and that you enjoyed taking part in AI. You also said that the positive environment had a positive effect on you**
P	Yes… I mean…when participating in a process such as AI, one cannot not help but become positive in one's thinking and views
R	**Please tell me more about your experiences**
P	Participating in the research itself enlightened me. It was all theory that we learned put into practice. I learned new procedures for example getting themes out of positive stories, making a different type of graph (scattergram). Interesting...
R	**Silence**
P	I also enjoyed the presentation of the wish lists and action plans.
R	**Can you please be specific**
P	Sharing and comparing our individual wishes lists was interesting and it was amazing how we all wanted the same thing for the image of nursing; the wishes were the same for many people….to be appreciated and respected you know and for the community to know what our job entails..
R	**Any more experiences?**
P	No
R	**Thank you for taking for sharing your experiences with me**

Participant: 06

Gender: Male

Level of training: 4th year, Nursing College

Duration: 9 minutes

R	**How did you experience the appreciative inquiry process?**
P	Listening to many positive stories about nursing made me feel proud to be a nurse. The stories show that there is lot of good and right that nursing is doing. These negative reports about nurses and nursing in the media cannot all be correct. Why don't the media report on good things done by nurses?
R	**What I heard you say that the positive stories about nursing make you proud to be a nurse and that the media reports about nursing cannot be correct. You also said that you wonder why the media is not reporting on positive aspects of nursing**
P	Ja (yes)
R	**How did sharing your positive story made you feel?**
P	As I was telling my story, my partner was attentive and listening. I could see that what I was saying was important to him. That made me feel respected, I don't have the right words but I was feeling like important
R	**Please tell me more about your experiences**
P	We were guided to talk about what we wanted more of, and not what we didn't want about the image of nursing. Concentrating on what we wanted, what we valued and what was most important to the image of our nursing was like wow … smiling
R	**Silence**
P	Mmm…there was this positive vibe… the language used was positive, the stories told were positive and the thinking was positive; all positive ha (smile and exclamation) I loved it. I think this made the dreaming easier, we were thinking like big, positive and all that
R	**You are saying that positive atmosphere made it easier for you to dream big?**
P	Ja (yes).
R	**Please me more about your experiences**
P	I also think allocation to the wards is good for learning, never thought I would say that (chuckles) since well it provided us with experiences. Of course some experiences were negative and others positive; but our focus in AI was on learning from the positive ones. I can just end by saying it good experience from which I learnt a lot
R	**Thank you for taking for sharing your experiences with me**

Participant 07

Gender: Female

Level of training: 4th year, University

Duration: 9 minutes

R	How did you experience the appreciative inquiry process?
P	I was never put in a situation where I had to think about ehh this peak experience nursing story and this experience made me realize that we as nurses never give ourselves praise when its due. We wait for others to do it, like matrons who do not know our stories. It gave me lot of positive thoughts about nursing and nurses. I enjoyed it.
R	**What I heard you say is that this is your first experience and that AI gave you lots of positive thoughts about nurses and nursing. You also said that nurses do not appreciate themselves because they never tell their stories to praise themselves for the work well done**
P	Yes. Talking about my peak experiences reminded me about my purpose in life, take care of sick people, the love I have for nursing and why I chose it in the first place
R	**Please tell me more about your experiences**
P	I liked the research with this AI; I learned a lot from it. I liked the interview and the positive questions because they made me think positively and especially about nursing.. Another thing through the paired interview I got to know other people and their views.
R	**What I heard you say that is that you learned a lot through AI, and that the use of positive questions made you think positively. You also said that you got to know and accept people through AI**
P P	Yes and I also learned how to write themes from the interviews data and to draw brain maps during the dreaming…. (smile) stage. We did this practically…you know. I was able to practice the skill of listening especially during paired interviews
R	**Any more experiences?**
P	Yes. I participated in all the activities and I loved it. From the discovery I enjoyed paired interviews and the wishes were almost the same. It was a good experience really. I learned and I received positive feedback from fellow-students. "It would have been easy to take part in the programs we designed ourselves to teach the public about nursing'
R	**Thank you for taking for sharing your experiences with me**

Participant 08

Gender: Female

Level of training: 3rd year, University

Duration: 8 minutes

R	How did you experience the appreciative inquiry process?
P	AI was a good and enjoyable experience from which I learned. It made me look differently at nursing, with appreciation actually". Appreciative interviews allowed me to share my experiences and my views
R	**Please tell me more**
P	I learned new skills of research like reflection, analyzing data by themes, wishes lists and action plans. I also had the opportunity of doing them practically. I was using the positive questions for the first time by this interview, ya. "I also feel more confident because of it"
R	**Silence**
P	In the room neh, it was nice. I mean most of us were free, not afraid to make mistakes because there was no destructive negative feedback. Everybody talked and I feel more confident because of it. I learned not to judge other people's views through brainstorming, no right no wrong answer
R	**Are there more experiences to share?**
P	You know people are very different, and I was reminded of this by the way my values differed from those of others, but with nursing values, they were the same. It was fun and educational, we became like friends by the end of the session. That's it
R	**Thank you for taking for sharing your experiences with me**

Participant 09

Gender: Female

Level of training: 3rd year

Duration: 9 minutes

R	How did you experience the appreciative inquiry process?
P	It was a positive and a learning experience for me. Oh my goodness, we were excited, noisy and full of life

	and enthusiasm during peak experience story telling.
R	**Please tell me more**
P	Ok, I listened to the positive stories told by others, I started to realize that nursing makes a difference in many people's lives. "Another thing… It was good to hear so many positive stories from other students. I mean everybody had a positive story to tell.
R	**Silence**
P	Talking about my peak experience made me proud of the care I give to my patients, making a difference in their lives. It made me value my profession more; "Uh Mm... I felt like I am together with nursing….like more into nursing now than before. Bona (look) I am a nurse for life' (smiling). AI made me value ward allocation because if not allocated to the wards, where will the positive stories come from? I think we will all make sure that we provide quality nursing care to be able to have the peak experiences
R	**Please tell me more about your experiences**
P	As we continued, I think we connected somehow and we respected each other' opinions and felt a sense of belonging you know, like we're in this together. I learnt of research skills but with reflection I feel like it needs lots of practice to learn. That is all I have to say.
R	**Thank you for taking for sharing your experiences with me**

Participant 10

Gender: Female

Level of training: 3rd year

Duration:10 minutes

R	**How did you experience the appreciative inquiry process?**
P	"It was fun
R	**Please tell me more**
P	I enjoyed listening to the peak nursing stories. I learned that we as nurses are responsible for the negative or positive image of nursing. If we complain about nursing all the time, telling negative things about the profession we chose, what does that say about ourselves……that we can't deal the choices we make? Some people stay in nursing but they talk badly about it.. Why stay if you don't like it? I mean, I began to see nursing more in a positive light.
R	**Silence**
P	It was also interesting to share what I value about myself. Never thought about that before
R	**How did that make you feel?**
P	Important and appreciated. Sharing one's views and values was encouraged by the fact that there was no negative feedback
R	**Please tell me more about your experiences**
P	I also learned how to analyze interview data by identifying themes. The interview summary sheet was helpful with the writing,, no I mean the recording of themes. The best part for me was that all of were involved and we were able to create OUR own dream of the future image of nursing. The wish lists were exciting for me and I just feel one can use them in one's life planning
R	**What I heard you say that is you learned data analysis by means of themes and that you experienced the interview summary sheets as helpful and wish lists as exciting and something one can use in planning one's life.**
P	Yes.
R	**Any more experiences you want to share with me?**
P	We ended up knowing and accepting other people as we shared experiences, dreamed together and wrote action plans. that's all
R	**Thank you for taking part in my study**

ANNEXURE M

VERIFICATION OF TRAINING
AIFT

The Center For.
Appreciative Inquiry

Facilitating Positive Change in Human Systems since 1989

Verification of Training

August 30, 2012

Motshedisi Eunice Chauke,

Title of Training: Appreciative Inquiry Facilitator Training© (AIFT)

August 27-30, 2012

Training Hours Completed: Twenty-six hours

Cape Town, South Africa

This is confirm that the person listed above has completed the four day Appreciative Inquiry foundations course which included mini-lectures, and experiential learning (individual, pairs, trios, small group, and large group) as well as auditory and visual materials to enhance the learning experience. Attendance for all four days is required and each day began promptly at 9 a.m., and ended at 4:30 p.m. for a total of 26 hours.

This course prepares individuals to plan, design and deliver appreciative inquiries. Following the training, each person has up to one (1) year to successfully complete their first inquiry under supervised guidance. Once successful, each participant will receive certification as a facilitator which may be updated to ensure currency and relevancy in the field.

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President

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ANNEXURE N

LETTER FROM THE EDITOR

21 Galangal Street

Lotus Gradens

Pretoria

0008

10 February 2014

TO WHOM IT MAY CONCERN

This letter serves to confirm that I have done the language editing and proof-reading of Mrs M.E.Chauke' thesis entitled: **"TRANSFORMING THE STUDENT NURSES' IMAGE OF NURSING: AN APPRECIATIVE INQUIRY APPROACH"**

I found her work easy and enjoyable to read. Much of my editing basically dealt with obstructionist technical aspects of language which could have otherwise compromised smooth reading as well as the sense of the information being conveyed. I also formatted the dissertation. I hope that the work will be found to be of an acceptable standard. I am a member of Professional Editors Group and also a lecturer in the Department of English at the University of South Africa.

Thank you.

Hereunder are my particulars:

Jack Chokwe (Mr)

Department of English (Unisa)

Cell 072 214 5489

Phone (012)4296232

jmb@executivemail.co.za

Student number: 5115515

I declare that **TRANSFORMING STUDENT NURSES' IMAGE OF NURSING: AN
APPRECIATIVE INQUIRY APPROACH** is my own work and that all the sources that I have used
or quoted have been indicated and acknowledged by means of complete references.

....
SIGNATURE
(MRS M E CHAUKE)

2014. 08. 15
....
DATE