EXPERIENCES OF NONTRADITIONAL STUDENTS ENROLLED IN THE
REGISTERED NURSING PROGRAM IN ZAMBIA

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HEALTH PROFESSIONALS

BY

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APRIL, 2004
DECLARATION

I, FREDAH SEKELETI ZULU declares that this dissertation titled ‘Experiences of Nontraditional Students Enrolled in the Registered Nursing program in Zambia’ is my own work, done at University of Natal. It has never been submitted for any other purpose. All sources of information utilized in this work have been acknowledged by means of referencing.

Signature: ___________________________ Date: 30th APRIL, 2004
DEDICATION

This work is dedicated to my children

Nyangu and Dalitso

For what they have gone through during my period of study.
ACKNOWLEDGEMENTS

First and foremost I would like to thank the Lord God Almighty for giving me the grace and guidance to see me through each step of the way during my studies.

I would like to sincerely thank my supervisor Professor Gwele for her understanding, guidance and untiring support.

Special thanks go to my immediate family, and in particular to my husband Michael, for his prayers and encouragement, and to our two children Nyangu and Dalitso. To Dalitso, who did not seem to understand my long absence from home, but you accepted anyway.

To Nyangu, for sacrificing your spare time to assist in taking care of the house chores even though you were also a student at that time.

I would also like to thank all the conversion students and the teaching staff of all the nursing schools that participated in the study.

I would also like to extend my gratitude to Ms Elizabeth Lambwe for readily accepting to assist in the distribution of the questionnaires to the nursing schools, even though it was at short notice.

Lastly, but not the least, I would like to thank Sida Institutional Collaboration Project (Training) for the financial support to see me through my studies.
ABSTRACT

This was an exploratory, descriptive survey employing both qualitative and quantitative approaches.

The aim of the was to explore and describe the experiences of nontraditional students enrolled in the registered nursing program in Zambia in order to facilitate an understanding of their meaning perspectives of the program. A total of 13 participants took part in the qualitative part of the survey. Qualitative data were collected by means of semi-structured interviews. The interviews were audio taped then transcribed. The data were then analysed according to categories and themes derived from respondents' statement. Unit of analysis was the whole statement. Each unit of meaning was categorized and transformed into themes that express its implicit or explicit meaning. The transformed statements were synthesized into statements of the participants' experiences.

As a way of validating the results, a questionnaire was then designed from the themes of the qualitative part of the survey. The questionnaire comprised of 16 statements, to which conversion students in the other three nursing schools, which did not participate in the qualitative component, were requested to respond. The questionnaires were mailed to 55 students and the response rate was 71%. Descriptive statistics was used to analyse the data and this was done by means of frequencies and percentage.

The results of the survey have shown that participants went through transformed meaning perspective and appreciated their participation in the program. They viewed the program as providing them with new knowledge and an opportunity for personal and professional development. Technical support from teachers and clinical staff, collaborative learning, family support and availability of facilities such as the library
were seen as facilitating factors to learning. The hindering factors identified were
inadequate clinical supervision, lack of material resources and limited access in the
library as this did not allow for search of information after working hours.
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CHAPTER ONE

INTRODUCTION

Background

Rogers and Gottlieb (1999) noted that the number of students in the educational programs in the health care field is increasing. The decisive factors pushing one to return to tertiary education are continuously changing job demands, career options, as well as family transition, wishes for self renewal and self fulfilment.

Many of these students have diverse backgrounds and life experiences, which may present different types of problems compared to those presented by the traditional students. Rogers and Gottlieb (1999) maintain that when non-traditional students enter a classroom full of young students, a gnawing, anxiety producing and psychologically disturbing feeling comes over them. According to these authors, the youthful environment can be terrifying and challenging for them to prove themselves. Many nontraditional students may find the atmosphere of academia intimidating and anxiety producing for a number of reasons. According to Bamber and Tett (2000) these students feel different from traditional students. The time they spend studying takes them away from their home responsibilities and they feel a need to be successful since they are making the commitment to educational life. In a study of non-traditional students by Rau (1999) it is stated that women more than men experience guilt (with respect to family and children) and believe themselves ill prepared for tertiary education.

Rogers and Gottlieb (1999) in their study of returning physical therapist’s self concept, stated that adults entered the programmes highly motivated yet intimidated by academic and university environment, and nervous about asserting themselves in clinical situations involving patients and colleagues. According to these two authors, the self concept is described as the
personal characteristics, feelings and images that individuals have of themselves. It is formed by different areas of self representation that are composed of positive experiences, negative experiences and some experiences of what one would like to be but has not actually achieved.

With the greater number of adults seeking further formal education, educators have become increasingly aware of the different needs and abilities of the adult learners. Knowles (1980) has popularised the word ‘andragogy’ meaning the intentional and professionally guided activity that aim at a change in adult education. For the adult learner the opportunity to seek educational credit through different means increases participation in educational ventures. The use of different methods of instruction designed to best serve adult learning needs can help students to get involved in their own learning. An additional factor is the attitude and role support of teachers, adults need guidance and support but often resent an authoritarian figure (Rau, 1999).

Adult students bring an assortment of life experiences into higher education because of varied job experiences and multiple family responsibilities (Sedlak, 1994). Requirements with respect to age and work experience make it obvious that non-traditional applicants into tertiary education come with a great deal of experiences. A particular issue for learners who bring life and work experiences to their studies is how that experience can be used in an academic context. York and Sharoff (2001) state that by exploring the meaning of an experience, the student is able to gain a deeper understanding of his/her habits of mind and critically reflect on previously held assumptions. This process involves more than dialogue. It requires connecting with the affective dimensions of the student’s experience.
Study Context

The Registered Nurse Conversion (RNC) program was introduced in 1990 in the colleges of nursing in Zambia. The program was initiated for enrolled nurses who wanted to convert to registered nursing. The aim of introducing the program was to accord the enrolled nurses a chance to develop themselves since their program had no well defined career structure. There are eight registered nursing schools in Zambia but only four of these offer the conversion program. Currently the numbers of the nontraditional students are estimated to be at least one third of the total registered nursing student population and this number has been steadily rising since the program was initiated. For instance according to the records of the General Nursing Council (GNC) there were 557 registered nursing students in 2002 and out of these, 174 were conversion students (GNC, 2003).

The enrolled nursing program takes two years and the major component of this training focuses on practical work and therefore the enrolled nurses are practically oriented (GNC, 1970). The range of nursing care which the enrolled nurse is qualified to render is more restricted than that of registered nurses. The generic registered nurse program takes three years. It offers natural and biological science subjects, social science subjects as well as clinical nursing subjects. It is believed that this preparation lays a broad foundation to enable the nurse rise to higher heights of academic and professional excellence (GNC, 1997). The conversion students take the same class as the traditional (post-secondary school education) students.

The criteria for enrolment in the conversion program is that one must be an enrolled nurse, and must have worked for at least two years after qualifying and must possess at least three O’levels at secondary school level. The traditional method of curriculum organisation by use of the block system is still being followed. The principal means of teaching is through the lecture
method. The conversion program students are exempted from certain aspects of the registered nurse program and as such they study for a period of two years to qualify to registered nursing. During the period of training the conversion students skip some aspects of training and move forward to join other classes of registered nursing students ahead until they complete with the finalists of that year. Table 1 illustrates the structure of the two programs. The only approved methods of conducting nursing education and training programs in Zambia is on full time basis.
Table 1. The structure of the Registered Nurse and Conversion Programs

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<td>Specialities</td>
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<td>3rd and 4th Lecture Block</td>
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Statement of the Problem

For non-traditional students the decision to begin or finish an advanced educational program is not taken very lightly especially by women (Crompton & Shock, 2000). With the term non-traditional students comes many decisions and responsibilities including balancing a career, family and class work. Adults who have been away from academia for sometime frequently experience high anxiety on re-entering school. They have fears of academic failure, which is much magnified because they are balancing other life roles such as mother, father, employee and community member (Rau, 1999). Adults worry about a number of things including the embarrassment of asking dumb questions and giving dumb answers (Knowles, 1984).

Since the inception of the conversion program no studies have been conducted to ascertain the learners’ experiences as returning students. Evidence exists elsewhere, however that non-traditional students expectations and demands are different from those of the traditional students (Bamber & Tett, 2000; Bowl, 2000; Garvey, 1983; Rau, 1999). Incorporating non-traditional students in a program ideally designed, planned and delivered for traditional students may not always be the best approach to ensuring access and success for the returning adult students. Pearson and Peel (2001) have stated that flexibility in structuring courses has potential to facilitate access, enable mature and part-time students to study for qualifications while employed and facilitate transfer between courses.

Much of the information on adult learners is based on experiences of adult learners in the developed world with long established democracies such as United Kingdom and United States of America. It is not surprising to note that such literature exalts the importance of learner-centred approaches as well as the creation and maintaining of a dialogical and self-directing
learning environment. Brookfield (1986, p. 211) warns that this "prescriptive" view of adult learning fails to take into account the different cultural, social and class backgrounds from which adult learners are drawn.

Little is known about the experiences of the returning nontraditional students in Africa, specifically in Zambia. With the continent's effort to massify the tertiary education environment, as this is apparent in the increasing figures of enrolments, nursing schools are faced with a challenge to design and deliver programs that would ensure retention and access for this group of learners. Within the context of this study, these are the returning enrolled nurses registered in the conversion program in Zambia. A study of this nature is long overdue. Policy makers and educational planners need empirical data on which to base future decisions regarding human resource development in health.

**Study Purpose and Objectives**

The purpose of the study is to explore and describe the experiences of nontraditional students enrolled in the registered nursing program in Zambia.

The objectives are to:

- explore and describe the returning students' interpretations of their experiences in the registered nursing program.
- identify factors that facilitate and/or hinder the students' learning as described by the nontraditional students.

**Significance of the Study**

According to General Nursing Council records there are 14,053 enrolled nurses in Zambia. Out of these 550 (428 females and 22 males) have graduated as registered nurses through the conversion program since 1990. Although enrolled nurses converting to registered
nursing represent one of the fastest growing cohorts in nursing colleges, very little is known about what they find meaningful about their educational experience. Their learning needs and expectations are very different from those of the traditional, generic students. The importance of this study lies in the fact that the findings of the study might allow for more flexible approaches to the program and enable more students access into the program. Furthermore, this study should provide the much needed information on the experiences of the returning adult African nursing student which would provide invaluable contextual data for interrogating the existing adult learning perspectives with regard to their relevance for the African student.

**Operational Definitions**

**Traditional students.** These are post-secondary school students in the schools/colleges of nursing who are aged between 18-24.

**Nontraditional students.** These are students who are returning to college/school of nursing usually after two years of practising as an enrolled nurse. In the context of this study the words nontraditional student and returning student will be used synonymously.

**Experience.** The sum total of what one has observed, learnt or undergone (English concise dictionary) as a returning student.

**Conversion program.** An educational/academic/in-service program designed for the enrolled nurses to become registered nurses.
CHAPTER TWO

LITERATURE REVIEW

Introduction

Globalisation and liberation of world economy seem to be a major characteristic of the last years of the millennium. Developments related to these characteristics have led to financial difficulties in more or less every country and have heavily influenced all parts of national society (Rau, 1999). The major topic of discussion here is the search for education in response to the above. Not only does the subject as defined relate to different demands but even more so to a totally different body of students who are seeking personal development, economic upliftment and boosting of self-esteem (Arms, Chenevey, Karner & Rumpler 1984; Beeman, 1988; Hill &MacGregor, 1998). A significant portion of this body of students is described as nontraditional students.

Nontraditional Student Participation in Tertiary Education

Current enrolment demographics have demonstrated an increase in the number of adult, nontraditional students. In 1984 more than 23 million Americans were involved in adult education according to the National Centre for Education statistics. That number rose to 76 million in 1995; some anticipate it will reach more than 100 million by the year 2004 (Crompton & Shock, 2000). The influx of adults into tertiary education in the last 25 years has changed the demographics of higher education around the world and according to Merriam and Cafarella (1998) this dramatic shift in the student population has led to equally dramatic changes in the academy’s approach to instructional delivery and program design. Retaining these students requires a change in perspective among educators and administrators
accustomed to dealing with the traditional-age student population.

According to Morley (2000), the rising number of applications and the growing student number in tertiary education have not only brought more students into higher education but have also brought new students: women from different social strata, old students, and students with various kinds of life and work experiences. In tertiary education at least more than two thirds of the non-traditional students are women (Rau, 1999). This trait is quite obviously closely related to the chosen field of study. Women students remain concentrated in certain subject areas such as education and the humanities (Morley, 2000).

Women's career progression is often hindered by ambiguity of their role in society, their own self image, discriminatory practices in the work place and ineffective equal opportunity policies (Morley 2000). Enrolled Nurses, many of whom are women, (Hill & MacGregor, 1998) have worked for years with little hope of progressing in their careers and have been barred from professional development opportunities available to first level practitioners. Bowl (2001) states that feminist methodology recognises that women have been systematically disadvantaged by educational and occupational structures. They experience barriers, which relate to their gender position as mother, frequently as lone carers and as workers directed towards particular occupational roles with poor wage and career structure.

**Educational Theorizing and the Returning Students**

Pedagogy is based upon the premise that the purpose of education is to transmit knowledge and skills. The student is dependent upon the teacher. However, adults today want more than this (Neilson 1992). For the adult, education is a lifelong process of continuing inquiry and the development of skills needed for self-directed inquiry. In 1968 Malcolm Knowles coined a
new word, which was to contrast the word pedagogy. The new word ‘Andragogy’ is a set of assumptions about how adults learn.

Malcolm Knowles’ (1984) theory of andragogy outlines effective methodologies for adult learning. When this theory is integrated into the design of learning environments it is possible to create experiences that not only serve the needs of students to use but also focus on their requirements as adults. One premise of andragogy is that as a person matures his or her self-concept moves from one of being a dependent personality toward one of being a self-directing human being. Andragogy includes ideas such as an adult’s readiness to learn, the role of the learner’s experiences, the faculty member as a facilitator of learning, an adult’s orientation to learning, and the learner’s self-concept.

Knowles explained that adults become ready to learn something when “they experience a need to learn it in order to cope more satisfyingly with real-life tasks or problems” (1980, p.44). It is important that lessons developed should, where possible, be concrete and relate to students’ needs and future goals. These may be adapted from the goals of the course or learning program but can also grow out to the requests for student expectations. In addition, the teacher can encourage students’ readiness by designing experiences, which simulate situations where the student will encounter a need for the knowledge or skill presented.

A defining condition of being human is that individuals have to understand the meaning of their experience. For some, any uncritically assimilated explanation by an authority figure will suffice. But in contemporary societies people must learn to make their own interpretations rather than act on the purposes, beliefs, judgments, and feelings of others. Facilitating such understandings is the cardinal goal of adult education. Transformative learning develops autonomous thinking (Mezirow 1997, p. 5).
According to Bowers (cited in Mezirow, 1990) critical self-reflection is central to the nature of adult learning in modern cultures. It is a process of testing the justification or validity of taken for granted premises, the role of dialogue becomes salient. It is through dialogue that individuals attempt to understand, to learn what is valid in the assertions made by others and attempt to achieve consensual validation of their assertions. Education for adults may be understood as centrally involved in creating and facilitating dialogic communities to enable learners to engage in rational discourse and action. From this point, adult education becomes the process of assisting those who are fulfilling an adult role to understand the meaning of their experiences by participating more fully and freely in rational discourse to validate expressed ideas and to take action upon resulting insights.

Mezirow, (1990) states that the meaning of learning has been so encapsulated in the world of formal education that individuals tend to reduce the meaning of adult learning to a cognitive behaviour related to requirements of an educational programme. To become acquainted with adult learning it becomes necessary to understand the processes that characterise their life history. Brookfield (1986) points out that the most significant personal learning adults undertake cannot be specified in advance in terms of objectives to be attained or behaviours to be performed. Therefore, significant personal learning can be defined as that learning in which adults come to reflect on their self-images, change their self-concept, question their previously uncritically internalised norms (behavioural or moral), and re-interpret their current and past behaviours from a new perspective. This is similar to what Mezirow (1991) refers to as perspective transformation.

The Concept of Perspective Transformation

Mezirow (1991) states that perspective transformation is the process of becoming
critically aware of how and why people’s assumptions have come to constrain the way they perceive, understand and feel about their world, of reformulating these assumptions to permit a more inclusive and integrative perspective, and of these new understandings. More inclusive, discriminating, permeable and integrative perspectives are superior perspectives that adults choose if they can, because of their experience. Meaning perspectives that permit individuals to deal with a broader range of experience, to be more discriminating, to be more open to their perspectives, and to better integrate their experiences are superior perspectives.

**Distortion in Meaning Perspective**

Mezirow identified three areas of distortion in perspectives. These are (a) epistemic (b) socio-cultural and (c) psychic. Meaning perspectives are transformed through critically reflective assessment of epistemic, socio-cultural and psychic distortions acquired through the process of introjection, which is the adoption of ideas or attitudes of others.

**Epistemic distortion.** This has to do with the nature and use of knowledge. It means seeing a phenomenon produced by social interaction as immutable, beyond human control like the law. Another example of epistemic distortion is using as prescriptive, knowledge that is based on description (Mezirow, 1991).

**Socio-cultural distortion.** Socio-cultural distortion involves taking for granted belief systems that pertain to power and social relationships, especially those currently prevailing and legitimised and enforced by institutions. If it is believed that members of a subgroup are lazy, unintelligent, and unreliable and treat them accordingly they may become lazy, unintelligent and unreliable (Mezirow, 1991).

**Psychic distortion.** Psychological distortions have to do with presuppositions generating unwarranted anxiety that impeded action. This result in a lost function such as ability to
confront, or take risks that must be regained if one is to become a fully functioning adult. The learner must be helped to identify both the particular action that he or she feels blocked about faking and the source and nature of stress in making a decision to act (Mezirow, 1991).

From the perspective transformation theory Mezirow (1991) states that there are ideal conditions for full realization of adult learning. These conditions can serve as standards for judging both the quality of adult education and the social conditions that facilitate or impede learning. The understanding of the nature of significant adult learning provides the educator with a rationale for selecting appropriate educational practices and actively resisting social and cultural forces that distort and delimit adult learning. Gordon-Ross (2002) states that choices about what to consider in teaching adults should be based on numerous considerations including factors related to content, learner background and learner personal characteristics.

Emancipatory education, which helps learners become aware and critical of presuppositions that shape their beliefs, is not the same thing as prescribing a preferred action to be taken nor does the transformed meaning perspective itself prescribe the action to be taken. Instead, it presents a set of rules, tactics, and criteria for judging. The decision to act upon a new perspective is an essential part of the transformation learning process. Adult education values accumulated wealth of knowledge and life experiences that students bring with them and looks at ways of capturing this experience, building on it with knowledge being newly expounded in the human social sciences, creating a climate where critique can be informed and dialogue serves to enhance the experiences of the learners (Mezirow, 1991).

Research into Experiences of Nontraditional Students in Tertiary Education

Research into adult learners in general education. Bowl (2000) conducted a research on the experiences of non-traditional students as they make the transition to higher education. The
study draws on stories of three of the participants to highlight some of the institutional barriers experienced by mature minority ethnic students. The study reveals the non-traditional student as a frustrated participant in an unresponsive institutional context and questions the tendency to problematize students rather than the institutions responsible for their progress.

In a study by Bamber and Tett (2000) that looked at transforming the learning experiences of nontraditional students, they presented a contextual model of internal and external factors affecting students' learning. These researchers suggested that a two way process of change and development is required if nontraditional entrants are to enjoy a successful experience of tertiary education. This process involves students in negotiating a series of stages, or transformations, regarding their entitlement to participation in tertiary education, their disposition towards the course, and their approach to theory and practice. This means providing sustained support to students throughout the course in relation to external and internal factors affecting the learning process.

Rau (1999) in his study of nontraditional students in a traditional system of learning found that non-traditional students were generally more achievement oriented than traditional students. They were highly motivated and eager to link their lives and work experiences with their studies. Much more clearly than their fellow traditional students, adult students viewed their studies as an investment. The study concluded that it is necessary to accept the varying interests and motives of the increasing numbers of non-traditional students as well as those of the traditional fellow students.

Justice and Dornan (2001) investigated aspects of metacognitive differences and motivational variables that may distinguish the learning process of adults in higher education from those of traditional age students. Developmental changes in metacognitive and
motivational variables and their relationship to academic performance were examined for both
traditional and non-traditional students. The findings revealed that there was no significant
difference in course performance due to age or gender and both traditional and non-traditional
students reported similar levels of memory ability.

**Research into experiences of nontraditional students in nursing.** Research into
experiences of non-traditional students enrolled in registered nursing programmes is scarce. A
lot of researchers have employed various theoretical stances to study professional re-
socialisation, stress and coping frameworks and psychological constructs of motivation
(Beeman, 1988).

Studies by Garvey (1983) and Uphold (1983) have described innovative variations of
programs but they have not addressed the distinctive challenges facing adult students. Kinney,
Knoll and Maclean, (1985) in their study of the evolution of a Baccalaureate program for
registered nurses stated that the registered nurses philosophy and assumptions indicated the
need for separating registered nurses from traditional (generic) students starting from the
introductory level in nursing. Work and life experiences determined unique and varying needs.
In large classes of generic students these registered nurses' needs might be overlooked or
perceived as less urgent.

Rather (1994) in a phenomenological study to unveil common meanings embedded in the
lived experiences of registered nurses returning to school for their baccalaureate degree,
described how the contested ideology of professionalism and traditional behavioural teaching
strategies were used to prescribe the thoughts, values and behaviours of the returning students.
The author concluded that in order for curriculum as praxis to be realistic, educators must
foster learning environments that empower individuals to participate in dialogue as
Beeman (1988) in the study of the registered nurses perceptions of their programme states that the returning students perceived differently their respective programmes' ability to meet their adult learning needs. The study points out that nurse educators in planning and managing successful programmes must be aware of the diversity of student population that they serve.

Linares (1989) in a comparative study of learning characteristics of registered nurses (RN) and generic students found that adult learners are characterised by the ability to be self-directed, have experiences that serve as resource for future learning, and are interested in immediate applicability of learning within a problem solving framework and are ready to be actively involved in increasing their competence to perform adult roles and tasks. These characteristics may make traditional curricula inappropriate for the adult returning students.

In a survey of the response of higher education to the shortage of nursing school applicants Grubbs (1989), found that most of the schools of nursing had a separate or accelerated RN to Bachelor of Science in Nursing (BSN) program that gave special consideration to the fact that the returning students were older and more experienced adult learners. These schools reported a greater tendency to evaluate registered nurses individually rather than adhering rigidly to admission requirements as they did for generic students. All schools that had an RN to BSN program reported an increase in their number of registered nurses over the years because of the flexibility in dealing with non-traditional students.

Fotos (1987) in a survey to describe more clearly who the registered students were and to identify some of the reasons or motivational dimensions that precipitate their return to higher education, also found that most of the students were beyond the traditional age group and therefore represented an adult learner group with different needs and varying life experiences.
The results also indicated that giving the students the options of flexible scheduling of classes and clinical experiences might help accommodate the demands of their responsibilities and serve as an alternative incentive for others to enrol in the program.

For many years educators have sought to provide the perfect curriculum that would ensure the best educational outcomes for all students. In a study to compare perceptions and attitudes towards professional nursing in entering and exiting registered nurse students enrolled in generic and second step baccalaureate programs, Thurder (1988) reports that the baccalaureate educational program has often sought to re-mediate the basic preparations of registered nursing students rather than accept certain intrinsic values and build upon them.

Sullivan, Brye, Koch, Olson, Wrennae and Shabel (1984) identified that lack of articulation between nursing educational programs is making upward career mobility a frustrating experience for many students. Movements from one level to the other is sometimes impossible without beginning all over and repeating content already covered in a previous program. The authors report that educators should work towards a goal of providing the returning students with the opportunity to obtain a BSN program without having to repeat content and experiences. According to Sullivan et al. there is need to provide flexible, individualised programs which are built upon previous knowledge and skills.

Summary

Literature on experiences of conversion students enrolled in a registered nursing program is scarce. Most literature reviewed refer to RNs returning to BSN program. The literature reviewed has mainly focused on the characteristics of adult learners, their expectations of the educational programs and factors affecting learning in returning students in higher education. The studies also review that it is necessary to bear in mind the varying needs and expectations
of returning students as adult learners. Empirical data point out that adult learners come into tertiary education with a great deal of experience that serve as resource for future learning and therefore programs for adults need to build on what is known rather repeating content of the previous programs.

**In defence of Literature Review before Data Collection in a Qualitative Study**

According to Polit, Beck and Hungler (2001) there are conflicting ideas among qualitative researchers regarding the performance of a literature review at the outset of the study. Their concern is that prior studies might unduly influence the researcher's conceptualisation of the phenomena under study. Others believe that the researcher should conduct at least a cursory up-front literature review to obtain guidance, including guidance in identifying biases in the previous studies. In this survey, the researcher conducted literature review upfront in order to obtain guidance from the previous studies, and does not think that this has any influence on the survey conducted.

**Conceptual Framework**

The researcher was not able to find an already developed conceptual framework to fit this study. A number of variables were identified in the background and literature reviewed to help come up with a conceptual framework. The variables include learner's characteristics, family characteristics, returning students' experiences, and institutional reactions of the adult learner's expectations. Although some substantive concepts of Mezirow's theory (1991) were used, it was felt that his theory was not enough for exploring the range of experiences which these students might have undergone. The identified variables together with some aspects of Mezirow's theory were grouped into contingencies, intervening variables and outcomes. See Figure 1.
Contingencies. Adult students come into higher education with varied backgrounds, which may have an influence on the process of their learning. Learner characteristics such as age, marital status and other family commitments have been shown to affect participation in adult learning to some extent (Morley, 2000; Bamber & Tett, 2000).

According to Beeman (1988) program structure should focus on helping adults learn in an atmosphere of active learning and mutual understanding. The author continues that the program should consider the needs and abilities of returning students whose needs and expectations may not be same as those of the traditional students. Knowles (1980) and Ross-Gordon (2002) state that the structuring of programs for adults should be based on numerous considerations including factors related to content, learner background knowledge and learner personal characteristics.

Intervening variables. Mezirow (1991) states that adult learners bring with them experiences, different meaning perspectives and communicative competence which helps them to negotiate meaning and purpose instead of passively accepting the social realities defined by others. According to Mezirow (1991) people interpret their experiences in their own way and the way they understand this is as a result of their perceptions of their experiences. The person’s experience is filtered through meaning perspective and for most people, these perspectives are uncritically assimilated ways of knowing, believing and feeling (Mezirow, 1991). In the context of this study intervening variables include the learner meaning perspectives about the conversion program, their views about the program before participating in it, their experiences in the program as well as institutional reactions to the adult students expectations.

Outcomes. Perspective transformation explains how the meaning structures which adults
have acquired over a lifetime become transformed. These meaning structures are frames of reference that are based on the totality of individual’s contextual experiences and that influence how they behave and interpret events. For learners to change their ‘meaning schemes’ they must engage in critical reflection on their experiences, which in turn leads to a perspective transformation (Mezirow 1991, p. 167). In the context of this study, perspective transformation refers to views of the students about the program as shaped by their experiences of the program as they relate to personal, professional, educational, administrative and structural views about the conversion program.
Figure 1: Interrelationship between Contingencies, Intervening Variables and Outcomes in Nontraditional Nursing Students' Experiences.
CHAPTER THREE

METHODOLOGY

Research Design

This was an exploratory, descriptive survey using both qualitative and quantitative approaches. Polit and Hungler (1997) describe a survey as an activity whereby an investigator gathers information from a selected population group to examine the characteristics, opinions or intentions. The above authors and Van Maanen (1983) state that the advantage of designing multi-method research lies in the potential for enhancements to the validity of the study findings and for examining the extent to which the context helps to shape the results and arrive at convergence. Therefore this survey initially employed qualitative methods of data collection and later used quantitative data collection by use of a questionnaire to validate the results of the qualitative component of the survey. According to Polit and Hungler (1997) and Blaikie (2003) multiple data collection methods provide an opportunity for evaluating the extent to which an internally consistent picture of the phenomenon emerges.

Sample and Sampling Procedures

The targeted population were all the students in the conversion program in Zambia. There are four colleges of nursing where the conversion program is conducted namely Lusaka, Ndola, Mufulira and Kitwe schools of nursing. The structure of the programs is the same as that presented in Table 1, for all the four nursing schools.

Qualitative data was collected from the Lusaka School of Nursing. In all there were 21 second year conversion students at the participating school of nursing (Lusaka School of Nursing). The enrolment of first year students for this particular year had apparently been
postponed to a later date due to changes in the curriculum, which needed time for the teaching staff to first be oriented to the changes. Purposive sampling was used to select participants from the second year group, which was the only group with conversion students in the school at the time of data collection. Selection of participants continued until saturation was achieved and in the end 13 second year conversion students participated in the qualitative component of the study.

Participants from the remaining three schools were used to validate the results. Questionnaires were designed on the results of the interviews, mailed to the schools and distributed to the students with the assistance of their tutors. There were altogether 55 conversion students at the time of data collection. A total of 39 conversion students responded to the questionnaire giving a response rate of 71%.

Data Collection and Data Collection Instruments

The researcher initially used qualitative methods of data collection. According to Burns and Grove (1997) qualitative research is conducted to generate knowledge concerning with meaning and discovery. Based on Burns and Grove (1997) an interview guide was designed by the researcher before the data collection. Semi-structured interviews were used to collect data on participants views about the program and factors that facilitated or hindered their learning.

The researcher found interviews as the most appropriate method used since it allowed for probing for clarity or more information where need be (Sorrel & Redmond, 1995), and modification of questions in order to get more information from participants.

The interview guide had a part for demographic data and open ended questions. See appendix 9. Open ended questions were used to elicit information on the students' views about the conversion programme, and factors that facilitated and/or hindered their learning.
The researcher probed to get additional information from the participants. Individual interviews were conducted each lasting for 30-45 minutes. Of the 13 participants that were interviewed eight were interviewed twice. In all, 21 interviews were conducted. The second interview focused mainly on validating the researcher's interpretations of the participants' experiences as well as probing for clarity in instances where the researcher identified gaps from the information obtained during the initial interview.

Each interview was audio taped and tapes were labelled. The audiotapes were then transcribed. The researcher was actively involved in transcribing the taped interviews into text and found this to be an extremely time consuming exercise but very beneficial. It allowed the researcher to internalise the narratives in a very active way.

A total of 17 categories emerged from the analysed interview narratives. These categories were used to design a five point Likert scale questionnaire which was then mailed to second year students enrolled in the conversion program in the remaining schools of nursing. The Likert scale required that the students rate the statements in the scale according to the extent to which they agree or disagree with the given variables. See Appendix 11.

Data Analysis

The qualitative data analysis was done by use of computer programme QSR NVIVO to analyse the data. See Appendix 10. QSR NVIVO was developed by QSR International, the makers of Nudist (now known as N4, N5, or N6). The program has features that facilitates analysis of qualitative data.

According to Baker, Stern and Wuest (1992) the transcriptions of the interviews are read to achieve a sense of whole. The transcriptions were re-read and segments of data that revealed some aspects of the phenomenon were identified. The researcher initially used line by line
analysis of interviews in order to avoid missing out important aspects of data, which were likely to be missed out in paragraph or whole document analysis. This was followed by analysis of whole statement and then paragraphs. Units of meaning were identified from the text and labelled. Each unit of meaning was categorised and transformed into themes that express its implicit or explicit meaning. These transformed statements were synthesized into statements of the participant’s total experience.

Quantitative data analysis was done by use of statistical package computer program SPSS. Frequencies and percentages were computed for all the variables to analyse the participants responses to the questionnaire.

Academic Rigour

According to Burns and Grove (1997) rigour is associated with discipline, adherence and strict accuracy. Beevy, Parker and Rose (1995) and Oiler (1986) state that rigor is assessed in terms of credibility, intuition and congruency:

Credibility. According to Oiler (1986) one of the processes in ensuring trustworthiness is by bracketing. This involves recognising intentionality, which refers to the direction of the mind to an object. Bracketing was achieved by the researcher explaining who she was to the interviewees, her involvement in the program and how this could have affected their responses. In qualitative research the researcher suspends or lays aside what is known about the experience being studied. This facilitates ‘seeing’ all facets of the phenomenon (Burns and Grove, 1997, p. 80). The researcher’s perceptions of the phenomenon, which exists as a result of intentionality were held in check. Furthermore, the second interview with the participant provided the researcher with an opportunity to validate interpretations of the interviewee’s responses, and thus ensure credibility of results. Credibility was also ensured by means of
triangulation with the purpose of cross-checking the validity of the results. Blaikie (2003, p 267) uses the term ‘corroboration’, which is the use of triangulation of methods to establish validity. In this survey two methods of data collection were employed, which was by semi-structured interviews and a validation questionnaire.

**Intuition.** This process requires absolute concentration and complete absorption with the experience being studied. This was ensured in that all interviews were conducted by the researcher in privacy. A sign was put on the door stating that interviews were in progress and that there should be no disturbance. Interviews were not conducted in a hurry, but enough time was given to each interviewee to talk freely.

**Congruency.** Burns and Grove (1997) states that the researcher must become closely involved in the subjects’ experience in order to interpret it. Knapp (cited by Beevy, Parker and Rose, 1995) points out that during qualitative data collection there should be shared values, interaction and interpersonal relationship. This enables a full appreciation of the participant’s perceptions of the event. The researcher believes that this was established during the interactions with the respondents and time was allowed during interviews to establish and maintain rapport.

**Ethical Considerations**

**Permission.** Permission to carry out the study was sought from the following:

- The Research Ethics Committee: Ethical clearance was obtained both from the University of Natal and the University of Zambia research ethics committees. See appendices 7 and 8.
- The Ministry of Health in Zambia through the office of the Permanent Secretary (see appendix 4).
• The Hospital Managing Director (see appendix 5) and the school authority at the Lusaka school of nursing (see appendix 6). The researcher approached the nursing education manager and the principal tutor to request access to the students. A meeting was arranged for the researcher to meet with the students. At this meeting the researcher explained the purpose of the meeting, the process to be followed as well as ethical considerations.

**Consent.** According to Holloway and Wheeler (1996) informed voluntary consent is an explicit agreement by research participants, given without threat or inducement based on information which any person would want to receive before consenting to participate in a study. Informed consent was sought from the respondents. Each student was given a comprehensive written (Appendix 1) and verbal explanation of the study before signing the consent form (Appendix 2). Indication of willingness to participate in the study was considered to be consent.

**Confidentiality.** Burns and Grove (1997) state that confidentiality means that the researcher keeps confidential that which the participant does not wish to disclose to others. The researcher maintained confidentiality in that the tapes of interviews were labelled by means of codes rather than participants' names and pseudo names were used in the transcripts.

**Limitations**

According to Burns and Grove (1997) limitations are restrictions in a study that may decrease the generalizability of the findings. The results of this study may not be generalized because of the context of the study. Although not generalizable, this study, similar to most studies using a qualitative design, it is believed that it enriched the understanding of the conversion students' experiences in the conversion program.

The researcher is one of the teachers in one of the nursing colleges that were studied. This
might have caused the participants not to freely discuss their experiences. Validation of the findings by means of a questionnaire might have helped to overcome this shortcoming.
CHAPTER FOUR

FINDINGS

The findings from the study are described in terms of (a) contingencies (learner characteristics, family characteristics and program characteristics) which may have affected the students' experiences, (b) intervening variables (learner meaning perspective about the conversion program, returning students' experiences and institutional reactions to expectations of the adult learner), and (c) outcomes (transformed meaning perspective about the conversion program).

CONTINGENCIES

Learner characteristics

The following is a description of the participants in the qualitative part of the survey which has been illustrated in terms of frequencies. As can be seen in Figure 2, there were more females (n=8) compared to males (n=5) in the sample.
Figure 2: Gender of the Participants (n = 13)
Most of the participants (n=7) were in the age group 25-30, five were in the age group 31-35, while one participant fell in the age range 36-40. Figure 3 displays a bar chart of the distribution of the participants by age.

Figure 3: Age Range of Participants (n = 13)
Most of the participants ($n = 7$) had worked for over three years before coming into the program, while five ($n = 5$) had worked between 1-3 years and only one ($n = 1$) had worked for just a year. This information is presented in Figure 4.

Figure 4: Work Experience of the Participants ($n = 13$)
Family Characteristics

Of the thirteen participants nine of them were married and four were single. Eight indicated that they have children while five of them indicated that they have no children. The ages of participants' children ranged from one to eighteen years. This is illustrated in Figure 5.

Figure 5: Age Range of Participants' Children (n = 13)
Eight of the participants, said that they have elderly parents but they are not staying with them and five indicated that they do not have elderly parents. See Figure 6.

Figure 6: Participants with Elderly Parents (n = 13)
Most of the participants \((n = 8)\) indicated that they have home-help while some of them \((n = 5)\) do not have. This is displayed in Figure 7.

**Figure 7: Participants with Home Help \((n = 13)\)**

Frequencies computed on demographic data of the validation questionnaire revealed that 35 (89.7%) of the respondents fell in the age group 25-35, and of these 25 (64.1%) were females. All of the respondents indicated that conversion students are mature people with varied backgrounds. A total of 43.6% strongly agreed to this category and 54.4% agreed.
Social support from family. Most of the participants found support from family as a facilitative factor to learning. They got a lot of encouragement from family members, which acted as a source of motivation for them to study even harder as was stated by these respondents:

"My family has been very helpful. I am married with one child we are a small family and leaving them in the place where I was working which is so many kilometres away needs understanding, my family is supportive. They write to me and encourage me, so that is very comforting."

"My guardians...I have always lived with my aunt and my uncle. They have really been supportive. They showed me that life is not leaning on someone or piling your hopes on some else’s achievements. But you must have your own achievements for you to stand in future..."

"Uuuh... What I can say maybe is just to appreciate the care that my wife is giving by looking after my children. Otherwise I would imagine if I had no one to look after my children it would disturb me psychologically. I would be thinking of how safe they would be wherever I would have left them."

The responses of the validation questionnaire revealed a total of 33 (82.1%) of the respondents agreeing that family support has an effect on the students performance. This information is presented in Table 2. This therefore means that students need a lot of support and encouragement from family for them to concentrate on their studies.
A total of 33 (82.1%) of the respondents are in agreement that family support has an effect on the students' performance, 2 (5.1%) strongly disagree while 5 (12.8%) indicated a neutral view.

For one interviewee however, the husband was not very willing to let her go to school and leave him with the responsibility of looking after the children. This demonstrates conflict in role responsibility as in most cultures women are the ones' who are expected to be at home to look after the family. This is stated in the following statement:

"It is just normal for many husbands to react to this issue of going to school. On the part of children it gave him a thought such that he was somehow trying to refuse, but in the end as you convince them they would allow you to go to school with a bit of restrictions here and there but you really have to stand your ground."
Program Characteristics

Structure. From the data on participants’ experiences with the program two themes emerged. These were mainly (a) psychologically challenging and (b) intellectually non-stimulating.

Psychologically challenging experiences referred to those experiences which the interviewees described as demanding a lot from them emotionally. Most of the time this occurred when learners were moved from group of students to join another as they progress in their level of training, according to the program requirements. The following are excerpts from the respondents’ statements to illustrate this observation:

“Okay it is tricky on the psychological aspect in that the group you started with, you get used to them, you accept them the way they are. You actually fit in then at a later stage you are put in another group where you have to adjust psychologically and you have to start learning to know them and understand them. These are the difficulties.”

“It is okay except that there are a few misunderstandings that we have had, and there is a bit of inferiority and superiority complex but as days go by you get to know each other and you flow together at the same level.”

On the other hand those experiences which were seen as either a repetition of what was already learned or known or even boring, were categorized as intellectually non-stimulating. This is indicated in the following statements:

“I feel it is not interesting especially that the things we learn here we have learnt them in EN school, but to be in the same class with people who do not know anything, it is really boring.”

“To be in the same class with people who do not know anything, they have no knowledge of nursing .... then you start learning what is a thermometer, what is body temperature it is boring at times.”

Data obtained from the validation questionnaire revealed that 84.6% of the respondents
perceived the introductory block content as intellectually non-stimulating. Similarly, there was 82.1% agreement that being in the same class with post-secondary school students was psychologically challenging.

**Table 3: Views About Program Structure**

<table>
<thead>
<tr>
<th>Views about program structure</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intellectually non stimulating</td>
<td>20 (51.3%)</td>
<td>13 (33.3%)</td>
<td>1 (2.6%)</td>
<td>4 (10.3%)</td>
<td>1 (2.6%)</td>
<td>39 (100%)</td>
</tr>
<tr>
<td>Psychologically challenging</td>
<td>21 (53.8%)</td>
<td>11 (22.8%)</td>
<td>2 (5.1%)</td>
<td>2 (5.1%)</td>
<td>3 (7.1%)</td>
<td>39 (100%)</td>
</tr>
</tbody>
</table>

However, these themes were found to relate mostly to the introductory block participation in the program. Data in learner experiences revealed that not all of the programme was viewed as intellectually non-stimulating.

**Positive Factors Affecting Teaching/Learning Process**

A number of elements were identified by the interviewees as factors that facilitated their learning. The themes that emerged were (a) technical support from teachers and clinical staff, (b) available facilities, (c) social support from friends, (d) the school environment itself and services provided by the hospital, which have provided good exposure to a variety of conditions to learn from.

**Technical support from teachers and clinical staff.** Most of the respondents who mentioned this factor raised very positive attitudes of the staff towards students’ needs both in the school and clinical areas. The participants appreciated the accessibility and willingness of the teachers and clinical staff to help students whenever needed. This is indicated in the following statements:
"...mostly the doctors, clinical teachers and tutors. They have been really helpful to us. Like if you see a new case on the wards you just go and inform them, they will come in and just explain everything to you and they will demonstrate if at all there is need to demonstrate any procedures. And then the other thing is maybe when there is nothing to do on the wards, you ask the sister-in-charge to help you."

“Our tutors have always been there for us, as long as you approach them. They have been quite helpful.”

“......the tutors themselves have been very helpful, and apart from teaching us what we need in the program they also bring us new things to add on to the information that we need.”

Another participant appreciated the idea of allocating tutors to a specific number of students, which was found to be very beneficial to the students. This is indicated in the following excerpt:

“What has helped me to learn is the teaching itself though there is room for improvement. I say this because here tutors are given specific number of students for coaching. That has helped me to understand the concepts of nursing....”

Information from the validation questionnaire shows that 21 (53.8%) of the respondents are in agreement that teaching and clinical staff are responsive to the needs of the conversion students as adult learners while 9 (23.1%) of responses have indicated neutral. This is presented in Table 4 below.
Table 4: Teaching and Clinical Staff Responsive to Needs of Conversion Students as Adult Learners.

<table>
<thead>
<tr>
<th>Respondents views</th>
<th>Frequency</th>
<th>Percent</th>
<th>Percent</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly agree</td>
<td>7</td>
<td>17.9</td>
<td>17.9</td>
<td>17.9</td>
</tr>
<tr>
<td>Agree</td>
<td>14</td>
<td>35.9</td>
<td>35.9</td>
<td>53.8</td>
</tr>
<tr>
<td>Neutral</td>
<td>9</td>
<td>23.1</td>
<td>23.1</td>
<td>79.6</td>
</tr>
<tr>
<td>Disagree</td>
<td>5</td>
<td>12.8</td>
<td>12.8</td>
<td>89.7</td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>4</td>
<td>10.3</td>
<td>10.3</td>
<td>100</td>
</tr>
<tr>
<td>Total</td>
<td>39</td>
<td>100</td>
<td>100</td>
<td></td>
</tr>
</tbody>
</table>

Availability of library and boarding facilities. The participants pointed out that the availability of the library facilities was found to encourage active search of information. This is highlighted in the following statements:

"....the other thing is that we have a library in the school, it has boosted my morale to study hard. If I need something to go and search I just go to the library and I find all the information that I need, that has assisted me a lot."

"Books are there though most of them are outdated. At least there we are catered for. There are some few latest books that are not lent out, but one can use them in the library since they are classified as reference books."

"In terms of books we are adequately provided for at least, books are there in the library and a lot of them are very informative."

Yet another participant pointed out that the boarding environment was very conducive to learning especially for those with families. This enabled them to have enough time to study as opposed to when they are coming from home. This is pointed out in the following statement:
"The other factor I can say is the environment itself. Being a boarding school, we have enough time to study, than if one is coming from home. You won’t have enough time to yourself as home. Some of us have families and you find that the whole morning you are doing house chores. But here in school you give yourself enough time to go through books and that has really helped us to study."

The participants’ responses on the validation questionnaire have overwhelmingly indicated that the library is important to the learning process, with 37 (94.8%) rating it as important. Similarly the other facilities namely practice suite (n=37, 94.9%), study room (n=37, 94.9%) and lecture theatre (n=35, 89.7%) were also ranked important by most of the respondents. This is indicated in Table 5.

Table 5: Importance of Facilities to Learning Process.

<table>
<thead>
<tr>
<th>Facility</th>
<th>Very important</th>
<th>important</th>
<th>neutral</th>
<th>Not very important</th>
<th>Of no importance</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Library</td>
<td>35 (89.7%)</td>
<td>2 (5.1%)</td>
<td>1 (2.6%)</td>
<td>0 (0%)</td>
<td>1 (2.6%)</td>
<td>39 (100%)</td>
</tr>
<tr>
<td>Practice suite</td>
<td>33 (84.6%)</td>
<td>4 (10.3%)</td>
<td>1 (2.6%)</td>
<td>1 (2.6%)</td>
<td>0 (0%)</td>
<td>39 (100%)</td>
</tr>
<tr>
<td>Study room</td>
<td>34 (87.2%)</td>
<td>3 (7.7%)</td>
<td>2 (5.1%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>39 (100%)</td>
</tr>
<tr>
<td>Lecture theatre</td>
<td>25 (64.1%)</td>
<td>10 (25.6%)</td>
<td>3 (7.7%)</td>
<td>1 (2.6%)</td>
<td>0 (0%)</td>
<td>39 (100%)</td>
</tr>
</tbody>
</table>

Collaborative learning. Some of the participants pointed out that group discussions enabled them to share ideas and fostered a spirit of collaboration and enhanced their understanding. This is indicated in the following statements:

“I have found group discussions to be very helpful because there is sharing of ideas and as such we learn a lot from each other.”
The students gave each other encouragement, which enabled them to see positive aspects of an otherwise bad situation and this facilitated their learning as one participant pointed out in the following statement:

"Mostly it is my friends who have helped me a lot. When we are in class sometimes we miss a lot of hours, but I usually sit with my friends and we try to discuss some topics."

Table 6 presents data on the students' views about collaborative learning. Group discussions were perceived as a way of sharing ideas and fosters a spirit of collaboration by 14 (35.9%) respondents who strongly agreed and 25 (64.1%) indicated agree.

Table 6: Sharing of Ideas Fosters a Spirit of Collaboration

<table>
<thead>
<tr>
<th>Respondents' views</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid strongly agree</td>
<td>14</td>
<td>35.9</td>
<td>35.9</td>
<td>35.9</td>
</tr>
<tr>
<td>agree</td>
<td>25</td>
<td>64.1</td>
<td>64.1</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>39</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

Negative Factors Affecting Teaching/Learning

There were some factors identified in the school and work environment, which affected learning in a negative way. The themes that emerged were (a) inadequate clinical supervision, (b) lack of material resources, and (c) limited time of access into the library.

Inadequate clinical supervision. The students' views about support in the workplace indicated how for some students such support was not available as they were not regularly supervised or guided in the clinical setting. This is reflected in the following statements:
"Since we went to the clinical area it is like we have not been having adequate supervision. It is rare that we have clinical instructors to demonstrate, control or guide us where we are going wrong."

"Maybe there I would say lack of guidance from our clinical teachers, you find that the students are on their own most of the time and this affects the students’ proficiency in performance of procedures."

**Lack of material resources.** The concern about lack of material resources was expressed by most of the participants as a hindering factor to learning especially in the clinical area. It was pointed out that this caused a lot of delays in performing certain procedures as students took time to look for the materials required for use. This is highlighted in the following excerpts:

"But in the practical area that is where we find a problem. You find that there are no material resources to use. The cupboards are empty and even the practical suite, that is where we are supposed to practice as nurse students, there is inadequate equipment and the place is under utilised."

"......lack of equipment to use in certain procedures is a big problem. You find that one has to trot from one ward to another to look for equipment to use because it is not readily available on the wards."

Another participant thought that this was quite disorientating especially during examination time when one is expected to set up for the procedure methodically using instruments, which are rarely used. This is stated as follows:

"When it is examination time you find yourself going around looking for materials or instruments to use, which you rarely used before exams. It is difficult to start rearranging your mind so that you set the trolley in order."

With regard to the negative factors that affect teaching/learning, 30 (77%) of the respondents to the validation questionnaire indicated that inadequate supervision affects proficiency in performing procedures and 6 (14.4%) disagree, and all the respondents have agreed that lack of material resources was a hindering factor to learning. This information is presented in...
Table 7.

Table 7: Negative Factors Affecting Teaching/Learning

<table>
<thead>
<tr>
<th>Variables</th>
<th>Strongly agree</th>
<th>agree</th>
<th>neutral</th>
<th>disagree</th>
<th>Strongly disagree</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inadequate supervision</td>
<td>15 (38.5%)</td>
<td>15</td>
<td>3</td>
<td>5 (12.8%)</td>
<td>1 (2.6%)</td>
<td>39 (100%)</td>
</tr>
<tr>
<td>Lack of material resources</td>
<td>33 (84.6%)</td>
<td>6</td>
<td>0</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>39 (100%)</td>
</tr>
</tbody>
</table>

Limited access into the library. This has been stated as a problem since the library is not accessible to students at certain times when they want to use it. This has implications on self-study outside the normal working hours as indicated in the following statements:

“There are times when the hostels are a bit noisy and one would maybe like to use the library to study and access the books but you find that the library closes after 16.00 hours and during the time when we are supposed to use the library that is the time when we are working or we are in class.”

“According to what I have seen the library is the major problem, I have seen that the library closes at 16.00 hours. This makes it difficult for us especially if we want to search for information after working hours in the evening.”

INTERVENING VARIABLES

Learners’ Meaning Perspective About Conversion Program

Participants had different understanding of the conversion programme before enrolling in it. Seven of the thirteen participants had very high pre-entry views about the program whereas three were not sure of what exactly the program entailed, and the other three saw the program as a stepping stone to other areas in the profession.

The themes that emerged from the statements made by those who had high and positive
perceptions about the program were: (a) provision for vertical career progression, (b) stepping stone to professional advancement and imparting new knowledge, and (c) a separate and distinct program.

**Vertical career advancement.** Very high pre-enrolment views about the program were expressed by most of the respondents who indicated that they believed the program offers an opportunity for vertical career advancement and some of the statements were as follows:

"My views were very high. I thought when I go for conversion program I was going to be an administrator. I was going to be in-charge of the enrolled nurses and become an administrator of nursing services...."

"To start with what inspired me to come into the conversion program is what I have seen happening. I have worked for sometime now and have seen those young ones come then after they graduate they become my bosses. They become managers immediately upon completing their training. This is because as an EN whether you have worked for twenty years you can never become a manager but an RN once she completes whether she works for six she becomes your boss. That has really forced me to come to school."

"What I thought about the program is that it will help me to upgrade in this my nursing and in Zambia that is the only way you can know a lot of things. The only option that is there for enrolled nurses is Midwifery which I am not very much interested in. But when I get to do conversion course it will help me to do a lot of things in my career."

**Stepping stone to professional advancement.** Other respondents viewed conversion program as a stepping stone to other areas in the profession as stated in these statements:

"The program is a step forward in my career professionally, and it will enable me to go ahead into other fields for example I can enter into theatre school, post basic nursing at the university and maybe specialize in public health."

"Well before I enrolled I thought this was a good idea because it gives an opportunity for people who are enrolled nurses to upgrade in their profession and it also promotes professional advancement, so that was my view. The idea was a brilliant one and I liked it myself."

"In terms of education it is like a step ahead in the profession because before I came here I was a certificate holder but now by the time I finish the program I will be a diploma holder meaning I have achieved a step that can gain me employment even in other countries."
Very high views about the program were also expressed by 38 (97.5%) of the respondents to the validation questionnaire, who perceived the program as a stepping stone to professional advancement and only 1 (2.6%) did not seem to agree with this. See Figure 7.

Figure 8: Views on the Conversion Program as a Stepping stone to Professional Advancement
Returning Students Experiences

Themes emerging from the data on students' experiences in the conversion program ranged from mainly negative to positive. Negative experiences were mainly stated in relation to lack of recognition of students' previous experience and problems associated with the student status. Positive experiences were mainly on the social aspect of being adult learner.

Lack of recognition of students' previous experiences. Some of the participants had mixed feelings about the program since they were not sure what to expect apart from the fact that they needed to upgrade to a higher level in the profession. Hence, the realisation that the program did not recognise that they were returning students with some knowledge of nursing took some of them by surprise. A number of participants lamented the fact that they were expected to learn things that they had already covered in the EN program. For these students some of the content was not seen as challenging. For example some of the participants stated as follows:

"My first impression of the program was that I was thinking that RN training was quite different from EN program but when I came into school I found out that most of things we did in enrolled nursing there were no major differences."

"At first I did not know exactly what goes on, I was just asking myself questions like 'do they learn things that are very new, and things that are not tackled in enrolled nursing, what exactly goes on in this program?' until when I came that is when I came to understand that there are certain similarities."

One participant however, viewed the repetitious part of the course content as an advantage due to the fact that time had elapsed since the last academic exposure, and considered this as a kind of revision. This is expressed in the following excerpt:

"... concerning the materials covered so far, what I can say is that most of the things we did in the EN course. The only advantage is we went to school some years back and now it is like we are revising, except for nursing administration and research that is what I think is new, but most of the things we did them in EN school, but it is a good thing that we are
revising because to be frank we have forgotten those things which we learnt and now we are being reminded about the things we learnt."

Data obtained from the validation questionnaire indicate that 34 (87.2%) of the respondents corroborated the interviewee’s views about lack of recognition of students previous experience in the conversion program. See Table 8.

**Table 8: Lack of Recognition of Students' Previous Experience Leading to Learning Content Covered in Enrolled Nursing Program**

<table>
<thead>
<tr>
<th>Respondents Views</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid strongly agree</td>
<td>20</td>
<td>51.3</td>
<td>51.3</td>
<td>51.3</td>
</tr>
<tr>
<td>agree</td>
<td>14</td>
<td>35.9</td>
<td>35.9</td>
<td>87.2</td>
</tr>
<tr>
<td>neutral</td>
<td>1</td>
<td>2.6</td>
<td>2.6</td>
<td>89.7</td>
</tr>
<tr>
<td>disagree</td>
<td>4</td>
<td>10.3</td>
<td>10.3</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>39</td>
<td>100.0</td>
<td></td>
<td>100.0</td>
</tr>
</tbody>
</table>

Most of the respondents, 34 (87.2%) acknowledge that lack of recognition of students previous experience, in the conversion program, leads to learning of content that was covered in the enrolled nursing program. A total of 20 (51.3%) indicated that they strongly agree, 14 (35.9%) indicated that they agree, 4 (10.3%) indicated that they do not agree while 1 (2.6%) were neutral.
Lack of recognition of students' previous experience was evident in more than just the program content. As returning adult students the conversion students have a wealth of experience, which they use as a resource for learning more meaningfully. However, from the data it emerged that this experience was sometimes not valued in the program as was stated by this participant:

“This depends on which tutor is with you. There are those who say that what we know we must keep to ourselves. They are not interested in what we learnt in EN school. But sometimes in the clinical area they might tell you to coach other students and then later come and counter check.”

Problems associated with dual student status. As conversion students it was pointed out that in the clinical area staff expected them to be involved in doing the routines of the ward especially with the shortage of staff instead of them following their laid down school program. One participant stated it in this way:

“In foundation block when we are sent to the clinical area to practice basic procedures the staff would ask us to do other procedures and say ‘could you please catheterise this patient? could you please set up for intravenous infusion?’ and we find it a problem to say no I am just a foundation student especially to things that you can actually do.”

A total of 31 (79.5%) responses from the validation questionnaire have indicated that routine tasks have no bearing on students' clinical learning experience. It does enable students to learn any new things at all. There were 4 (10.3%) of the respondents who indicated neutral and another 4 (10.3%) who disagreed. This is presented in Table 9.
Table 9: Performing of Routine Tasks in the Clinical Area does not Contribute to Students' Clinical Performance.

<table>
<thead>
<tr>
<th>Respondents' Views</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>strongly agree</td>
<td>7</td>
<td>17.9</td>
<td>17.9</td>
<td>17.9</td>
</tr>
<tr>
<td>agree</td>
<td>24</td>
<td>61.5</td>
<td>61.5</td>
<td>79.5</td>
</tr>
<tr>
<td>neutral</td>
<td>4</td>
<td>10.3</td>
<td>10.3</td>
<td>89.7</td>
</tr>
<tr>
<td>disagree</td>
<td>4</td>
<td>10.3</td>
<td>10.3</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>39</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

**Responsiveness to learner social circumstances.** Most of the participants indicated that the institution was very responsive to the needs and expectations of the conversion students as adult learners. This was expressed with regard to the school administration's willingness to assist students especially those with social problems that may have affected the students' learning. This is indicated in the following excerpts:

"They react positively. I remember I had a family problem one time and I was given permission to go. They supported me. It is only when maybe one member of staff is away and the one who is acting may not exercise authority and grant you permission fast, but they will still assist you."

"What I can say is that they have been quite supportive each time we ask for assistance. I think there is no problem there."

The majority of the respondents, (n=26,66.7%), of the validation questionnaire indicated that social support by the administrative structure is a facilitative factor to learning in the conversion program, while 3 (7.7%) disagree, 1 (2.6%) strongly disagree and a notable number of respondents 9 (23.1%) indicate neutral. See Figure 9.
Figure 9: Social Support by administrative Structure is a Facilitative Factor to Learning.

OUTCOMES

Transformed Meaning Perspective About the Conversion Program

With reference to their meaning perspectives the participants saw the program as a very big challenge. According to them the conversion program is empowering and has enabled them to acquire new knowledge which they can tap on in any given situation relating to patient care.

A challenging and informative program. Data obtained from the participants’ views about the program at the time of data collection revealed that for the most part their meaning perspectives about the program were transformed from merely seeing the program as stepping stone for professional advancement to including aspects related to educational and personal growth. Most of the participants showed transformed meaning perspectives of the program
and indicated that the program is a big challenge to them especially that there were new things that they learned in the program. In some cases it was the extensiveness of what was learnt that was seen as challenging. This is highlighted in the following statements:

"I feel it is very important and I feel that it is helpful to me and to the nation as a whole because there are quite a big number of areas where we have gone into details. We talk of anatomy and physiology we really go into details than in enrolled nursing program. As an individual I feel it is very challenging that I have to pursue this program in the sense that it will be very helpful on my side."

“And then on the educational part of it, I feel it is also good. There are some new subjects that are introduced, I will site an example research which we did not do at EN level and so if I am to pursue research, I would be better off than the way I was when I came and so education wise I have got something.”

**Source of empowerment.** Some participants have indicated that the program has empowered them to function in a number of settings and has also uplifted their status in that they feel that they will now be able to contribute to decision making as indicated in these excerpts:

“"I think since I came here it has opened my mind to know that there is actually a lot that I can do. Before that I did not know that there are a lot of opportunities for us, and it has made me feel like I have wasted so much time, I could have upgraded long back, maybe this time I could have been doing something else.”

“"Professionally, it means a lot to me, because from here now I can contribute to a lot of things. I can also be able to make decisions, the things that I never did before.”

“"On a personal basis this is some thing that I have been looking forward to. As an enrolled nurse I know that even if I finish the course my status will change and in terms of clinical experience that will change for the better. The conversion program is perceived by many as an informative and challenging program, which enables them to gain new knowledge that can be tapped on in many areas of patient care. A total of 38 (97.4%) of the validation questionnaire respondents have agreed with this as compared to only 1 (2.6%) who rated this category as strongly disagree. See Table
Table 10: New Knowledge is Gained as a Result of Participating in the Conversion Program

<table>
<thead>
<tr>
<th>Respondents’ views</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>strongly agree</td>
<td>32</td>
<td>82.1</td>
<td>82.1</td>
<td>82.1</td>
</tr>
<tr>
<td>agree</td>
<td>6</td>
<td>15.4</td>
<td>15.4</td>
<td>97.4</td>
</tr>
<tr>
<td>strongly disagree</td>
<td>1</td>
<td>2.6</td>
<td>2.6</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>39</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

The preceding chapter focused on presentation of findings. The following chapter focuses on discussion and/or interpretation of the study findings.
CHAPTER FIVE

DISCUSSION OF FINDINGS, CONCLUSION AND RECOMMENDATIONS

This chapter gives an overview of the discussion of the findings of the study, conclusion and recommendations. The findings are discussed based on the deduction of literature reviewed and results of the both the qualitative and quantitative part of the survey. It is also important to note that new literature, which did not appear earlier has emerged due to new areas identified in the data.

DISCUSSION OF FINDINGS

The demographic data of this survey has shown that most of the participants were females, married with dependent children and more than four years of working experience before enrolling in the program. This is congruent with Ehlers (1994), Fotos (1987), and Linares (1989) from the literature reviewed, who stated that most of the re-entry students are beyond the traditional age group and they represent an adult learner group with varying life experiences. Data obtained from the validation questionnaire supports this fact. A total of 43.6% of the respondents strongly agree and 56.4% have indicated agree. Rau (1999) and Morley (2000) in their studies also noted that most of the non-traditional students were mature with family responsibilities and the time they spend on studying takes them away from home responsibilities and hence they feel a need to be successful.

It is noteworthy that a few of the participants in the qualitative part of the survey had worked for less than two years before enrolling in the program. Recently enrolled nurses are evidently continuing their registered nursing education soon after initial licensure. This is comparable to the findings of Linares (1989) and Grubbs (1989) who reported that a good
number of registered nursing re-entry students were younger and most had worked for less than five years after initial licensure. This cohort of returning students appears to be still too small in Zambia, but one would hope that the numbers will rise as more and more enrolled nurses want to convert to registered nursing.

**Family Social Support**

From the data it also emerged that most of the participants received a lot of encouragement and support from their family members and this was seen as a facilitating factor to their learning. It emerged from the data that the spouse to one of the participants however, was not very willing to let her go to school. This is in agreement with Brandenburg (1974) who states that reports by women returning to school indicated several reaction patterns by husbands and family ranging from open hostility to continuous support. According to this author such reactions depend on how one interprets the changed responsibilities in the home. Ehlers (1994) is also in agreement with this and states that married nurses attempting to re-enter higher education without their husbands’ approval might be subjected to sever role strain. A supportive husband could reduce the stress experienced by the re-entry spouse by performing more household tasks and especially by assuming greater child care responsibilities. From this study it has been pointed out that most of the spouses and guardians were very encouraging to the participants and this was psychologically motivating for them to study even harder. The responses from the validation questionnaire have indicated a total of 82.1% of the respondents agree to the fact that family support has an effect on the students learning performance and therefore a lot of encouragement from family would do well to help them concentrate on their studies.
Program Structure

It has emerged from the data that the present structure of the registered nursing program where post-secondary school and conversion students are put in the same class was found to be psychologically challenging as they were meant to move from one group to another and each time finding that they have to learn about the new group and then adjust accordingly. This view was also supported by 82.1% of the respondents of the validation questionnaire.

Thurder (1988) and Fotos (1987) stated that as schools of nursing attempt to respond to the continuing educational needs and career goals of returning students it is equally important for them to respond to special needs of these returning students who are in a setting that is accustomed to responding to the needs of the traditional students. Bamber and Tett (2000), Bowl (2000), Beeman (1988) and Garvey (1983) also agree that expectations of the non-traditional students are quite different from those of traditional students and incorporating them in a program designed for traditional students may not be the best approach to ensure access and retention of these students.

The participants also pointed out that some of the content covered in the introductory block was too basic for them as conversion students and this made this part of the education experience to be intellectually non-stimulating. Data obtained from the validation questionnaire also indicate that a total of 84.6% of the respondents agree to the fact that the introductory block course content is too basic for their level. The literature reviewed indicate that the choices about structuring of programs for adults should be made based on numerous considerations including factors related to content, learner background knowledge and learner personal characteristics (Knowles 1980, Ross-Gordon 2002).

Grubbs (1989), Sullivan, Brye, Koch, Olson and Shabel (1984) maintain that the faculty
of the program serving the returning students needs to offer content appropriate to a higher level of learning which is not repetitive of previous education. Supporting the above notion Grubb (1989) indicated that those schools of nursing, which had a separate or accelerated RN to BSN program gave special consideration to the fact that these students were older and more experienced. This author noted that these schools reported an increase in the number of intakes over the years because of flexibility in dealing with needs of non-traditional students.

Teaching/ Learning Process

On positive views about the program some participants appreciated the type of teaching and support that they received. The participants stated that they had received good support especially from their tutors, the doctors and other clinical staff. The helpful behaviours of the teachers that students reported were flexibility, willingness to assist and accessibility when students needed them. Beeman (1988) states that to learn adults seem to need much support from the educational environment, faculty and peers, and this was evident in this study through technical support and collaborative learning among students. However, there were a lot of variations in the responses of the validation question with 66.7% agreeing and quite a high score of 23.1% placed on the neutral value indicating that there were a number of respondents who were neither/nor. This may indicate that the quality of administrative social support needs further investigation.

Other positive views about the program pointed out from the data include availability of library and boarding facilities. The library was said to encourage search for information since most of the books that were found in the library were quite informative. This is one of the facilities that were rated highly as being very important to students learning in the validation questionnaire with score of 94.8%. The teaching staff therefore need to ensure flexibility in
library hours in order to give more time to students to utilise the library, especially in the evenings. Yet another participant indicated that the boarding environment was a good arrangement especially for those with families at home. This means that it gave them time to concentrate on studies and that they did not have to divide their attention between studies and family responsibilities.

**Collaborative learning.** Active learning in terms of group discussions was found to be a very suitable way of sharing of ideas and fostering a spirit of collaboration. All the respondents of the validation questionnaire also support this idea suggesting that it is a good approach that enhances students learning. A total of 35.9% of the respondents strongly agreed to this and 64.1% agreed. This is in agreement with Neilson (1992) who pointed out that adult students work better in groups and in a teaching/learning process of mutual inquiry with educator serving as the resource person.

**Inadequate Clinical Support**

Majority of the students expressed concern over the inadequate clinical supervision and indicated that this may have an effect on their proficiency in performing procedures because most of the times they worked without guidance. This view was equally expressed by 76.9% of the respondents of the validation questionnaire indicating that students need regular supervision and guidance from the teaching staff in order for them to effectively relate theory to practice. Viverais-Dresler and Kutschke (1992) maintain that faculty members as clinical teachers are needed in the clinical setting because students require support and re-enforcement as they acquire and learn cognitive, affective and psychomotor skills. Bamber and Tett (2000) and Rau (1999) also emphasise the need for support to the non-traditional students in the learning environment. Clinical experience serves not only to enhance the cognitive and
affective development of the students but also their professional development. The clinical learning experiences equip students with more factual and theoretical knowledge and thus make them better practitioners but however this was in most times lacking because of the inadequate supervision.

**Lack of Materials Resources**

Although nursing students acknowledged the existence of the clinical learning environment, they also were dissatisfied about the extent to which the existence of this environment influenced or assisted them in meaningful clinical learning. The students lamented the delays in carrying out procedures because they have to look for equipment, which was not readily available on the wards. One student stated it that was disorientating to get to set up for procedures especially during examinations. Data obtained from the validation questionnaire also indicate that lack of material resource in the clinical area is a hindering factor to learning. This was expressed by 84.6% of the respondents who strongly agreed and 15.4% who agreed. Addressing the issue of lack of material resources in the clinical environment Bezuldenhout, Koch and Netshandama (1999) noted that availability of appropriate learning aids for students in the clinical area enabled students to meet their clinical learning needs and promotes growth.

The other factor that was identified as negatively affecting learning/teaching was limited access into the library which is not accessible to the students after working hours. The students were unable to engage effectively in self study and search for information because of the non accessibility of the library facilities to the students after working hours.

**Meaning Perspectives about the Conversion Program**

Very high pre-entry views about the program were expressed by most of the students.
Most of them viewed the program as a way of vertical career progression and a steppingstone to professional advancement and that they were going to acquire new knowledge. Similarly a total of 97.5% of the respondents of the validation questionnaire also perceived the conversion program as offering a lot of opportunities for advancement. This is congruent with Arms, Chenevey, Karner and Rumpler (1980) who indicated that nontraditional students are seeking for personal development, economic upliftment and boosting of self-esteem.

**Returning Students Experiences**

Adult education is characterised by active learning and self directed learning. This type of learning makes a valuable contribution in developing transferable skill, which are very important in the nursing profession. From the data however, it has emerged that adult learning principles were not followed leading to students not being given the chance to engage in active, participatory learning approaches.

**Lack of recognition of students' previous experience.** The realisation that the program did not recognise that they were returning students with some knowledge of nursing took some students by surprise. The students stated that they found this part of the program not to be very challenging. Data from the validation questionnaire showed a total of 87.2% of the respondents acknowledged that lack of recognition of students previous experience leads to learning of content that was covered in enrolled nursing program. Recognition of students' previous experience is important in determining the cognitive levels of the students so as not to offer repetitive content which may not be challenging to the students.

**Problems associated with dual student status.** As returning students the conversion students have a wealth of experience with some of them having worked for more than four years before enrolling in the program. From the responses obtained the students expressed
discontent in that some of the clinical staff however, seemed to take advantage of this by assigning routine tasks to the them. Chabeli (1999) agrees with this concern and states that it is not practical to be part of the workforce and be a student at the same time as one robs the other, and that students need time to reflect on their learning experiences. Mezirow (1990) states that professional practice that comprise of largely routine and habitual action is non-reflective and is guided by impulse, tradition and authority.

Respondents in this study pointed out routine tasks as a hindering factor since it did not contribute much to their learning experience. This was expressed in relation to the dual status of the students where clinical staff were requesting students to do routine tasks. Notably a total of 79.5% of respondents of the validation questionnaire also seem to be in support of the view that routine tasks do not contribute to their clinical learning, and unfortunately the students, in such a case, are just used as helpers to the staff. Beckett (cited in Gwele, 1994) also shared the same views that there is no meaningful clinical learning experiences which takes place when students are used as helping hands to make up for the shortage of staff.

**Transformed Meaning Perspective about the Program**

Schon (1993) has stated that the situations professionals deal with are characterised by uncertainty, rapid technological change and rapidly accumulating knowledge. This emerged as one of the reasons why some respondents enrolled in the conversion program, so that they could adapt to the new changes in a dynamic world. Very high views about the program were also expressed by most respondents who indicated that the program was an opportunity for gaining new knowledge, and for professional and vertical career advancement. This is in agreement with Justice and Dorman (2001) who state that adults are more likely to attend school for intrinsic reasons such as self-esteem or cognitive interests. This has been indicated
by some of the participants who stated that apart from gaining new knowledge the program is believed to enable them to participate in decision making. A total of 97.4% of the validation questionnaire respondents support the view that participating in the conversion program enables one to gain new knowledge that can be applied in many areas of patient care.

Although there were many barriers to learning some students made significant developments in their experiences and underwent perspective transformation (Mezirow, 1991) that led to change in the way they viewed the conversion program. These are identified as an increase in professionalism, autonomy in decision making, and more self confidence to challenge the status quo and make their own judgements.

For the most part, the participants' meaning about the program had been transformed through participating in the program. Admittedly for most of them, the program was still seen as having increased their opportunities for career advancement.

CONCLUSION

This survey has identified some factors regarding learning experiences of the returning students', which have positive and negative effects on the students' learning process. Therefore some changes will need to be instituted to take care of the areas of concern in order for the program to effectively achieve its goals. Faculty support, however, has been identified to be readily available to the students except for the concerns raised in the clinical area. It is also apparent that the participants have very high views about the program and participation in the program is seen as the only way for the conversion students' professional and vertical career advancement. Through participation in the program the students have transformed meaning perspectives in that they have come to realise that the program offers a lot of opportunities for them and prepares them to function effectively in many areas of patient
RECOMMENDATIONS

Nursing education. It is recommended that the program planners in nursing education come up with ways and means of assessing prior learning for the returning students to avoid repeating content and experiences already learnt. Flexibility in structuring the program has potential to facilitate access into the program. A modification of the program structure is also required to facilitate and enhance the learning expectations of the conversion students.

Adult learners need a more active approach to learning that supports group discussions, projects and collaborative learning. More innovative methods of learning/teaching may be employed to make the program more challenging for the returning students.

To encourage search for information and independent self-study human resource, especially for such an important facility as the library, needs to be strengthened or alternatively arrangements may be made whereby senior nursing students can be requested to manage the library after working hours. This will ensure that students have optimal time of access into the library.

Nursing Management. Measures need to be taken by both clinical teaching and ward managers to ensure that required learning resources are available to the nursing students in the clinical areas at all times. Effective management should provide for the smooth running of the clinical units and clinical obstacles to learning should be attended to promptly.

Research. More investigations may also be done to establish the returning students’ perceptions of a conducive clinical learning environment. This is more so in relation to the problems associated to dual status of students.
REFERENCES:


General Nursing Council of Zambia, Nurses and Midwives Act, Number 103. 1970.


Dear Student,

Re: Request for conversion student's participation in a research study

I am a student at the University of Natal in the Master of nursing education program. I am doing a research study and the title of the study is 'Experiences of non-traditional students enrolled in the Registered Nurse Conversion program in Zambia.'

The aim of the study is to explore the experiences of the non-traditional students in order to facilitate an understanding of their meaning perspectives of the course. Data will be collected by interviews and analyzed. The results will provide information on the experiences of the returning adult nursing students in a conversion program.

I am therefore requesting you to take part in the study, and spare some time to answer a few questions from me in an interview. Participation is voluntary and you have a right to withdraw from the study. Your refusal or acceptance to participate will not in any way affect your studies at the Nursing School.

Your participation in this regard will be highly appreciated.

Yours sincerely,

Fredah S. Zulu

Supervisor: N. S. Gwele
APPENDIX 2

CONSENT FOR PARTICIPATION IN A RESEARCH STUDY

I am a student at Natal University, Durban, South Africa. I am doing a research project at the Lusaka School of Nursing. The title of the study is ‘Experiences of non-traditional students enrolled in the Registered Nursing Program in Zambia’

The aim of the study is to explore the experiences of the non-traditional students in order to facilitate an understanding of their meaning perspectives of the course. Data will be collected by interviews. The results will provide information on the experiences of the returning students in a conversion program.

I am therefore requesting you to take part in the study, and spare some time to answer a few questions from me in an interview. Participation is voluntary and you have a right to withdraw from the study.

Kindly fill in the slip below and sign.

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

I am WILLING / NOT WILLING to take part in the said study.

Full name: .......................................................... ..........................................................
Signature/Thumb print..........................................................
Date: ..........................................................

CONTACT DETAILS:

FREDAH ZULU
University of Natal
School of Nursing
Faculty of Community and Development Disciplines
Durban 404
South Africa.

LOCAL TELEPHONE: 097 822598

The Permanent Secretary
Ministry of Health
P. O. Box 30205
Lusaka
Zambia

Dear Sir,

Re: Request for permission to conduct a Research Study

I am a student at the University of Natal, Durban in the School of Nursing department. I am requesting for permission to conduct a research study. The title of the study is "Experiences of the non-traditional students enrolled in the Registered Nursing programme in Zambia".

The aim of the study is to explore and describe the lived experiences of the non-traditional students in the conversion programme. Interviews will be conducted to collect data from the students in the programme. Participation will be voluntary and confidentiality will be maintained.

Enclosed herewith is a summary proposal and ethical clearance from the University of Natal, Research Ethics committee.

It will be highly appreciated if my request receives your favorable consideration.

Yours sincerely,

Fredah S. Zulu

Research Supervisor: Professor N. S. Gwele
All correspondence should be addressed to the
Permanent Secretary
Telephone: 25304015
Fax: 253344

REPUBLIC OF ZAMBIA
MINISTRY OF HEALTH
NDEKE HOUSE
P.O.Box 30205
LUSAKA

11th July 2003

Ms. Fredah S. Zulu
University of Natal
Faculty of Community & Development Disciplines
School of Nursing
DURBAN

Dear Ms. Fredah Zulu

RE: PERMISSION TO CONDUCT A RESEARCH STUDY

I refer to your letter of June 19th, 2003 on the subject above.

It is indeed an honour for the Ministry of Health to be accorded the opportunity to contribute towards your research work.

Foremost, let me mention that the objectives of this study relate very well to the priority areas for improving health care delivery in Zambia. I have no doubt this study will substantially contribute towards improved in-service training and curricula development of our Nurses, an important cadre in the delivery of quality health care in our health facilities in Zambia.

Let me now draw your attention to the importance of obtaining ethical clearance from the UNZA Ethics Committee.
Once this is done, you will also be required to work closely with the General Nursing Council of Zambia (GNCZ) and indeed the Central Board of Health for technical guidance throughout your study.

I wish you good luck.

Yours sincerely,

Dr. S. K. Miti
Permanent Secretary
MINISTRY OF HEALTH
University Teaching Hospital

P/Bag RW 1
Lusaka - Zambia
Tel: 253947 (Switch Board)
250305 (Direct)
Fax: 250305
Telex: ZA 40299

OFFICE OF THE MANAGING DIRECTOR

Our Ref:

Your Ref:

22nd July 2003

Ms Fredah S. Zulu
University of Natal
School of Nursing
Faculty & Community & Development Disciplines
SOUTH AFRICA

Dear Sir,

Re: REQUEST FOR PERMISSION TO CONDUCT A RESEARCH STUDY.

Refer to the above subject and to your letter dated 19th June 2003 on the above.

Approval is granted that you conduct research study at the University Teaching Hospital whose title of the study is EXPERIENCES OF THE NON-TRADITIONAL STUDENTS ENROLLED IN THE REGISTERED PROGRAMME IN ZAMBIA.

Authority is also granted to you to conduct interviews and collect data from the students in the programme.

By copy of this letter, head of department, Nursing Services Manager and Director of Nursing are informed of this programme.

Yours faithfully,

UTH BOARD OF MANAGEMENT

Dr. T.K. Lambart
MANAGING DIRECTOR

c.c. Director of Nursing - UTH

c.c. Nursing Education Manager
Our Ref:

Ms Fredah S Zulu
University of Natal
Faculty of Community of Development Disciplines
School of Nursing
DURBAN
South Africa

Dear Ms Fredah Zulu

Re: PERMISSION TO CONDUCT A RESEARCH STUDY

I refer to your letter of June 19th, 2003 on the above subject.

It is an honor and privilege for the Lusaka School of Nursing to be accorded the opportunity to contribute towards your research work. This study will definitely contribute towards improved in-service training for students in the conversion programme, especially that this School is one of the four that offer this programme.

I wish you the best.

Yours sincerely

LUSAKA SCHOOLS OF NURSING

Concepta N Kwaleyela (Ms)
ACTING NURSING EDUCATION MANAGER

/alm
# RESEARCH ETHICS COMMITTEE

Student: ____________________________

Research Title: ____________________________

A. The proposal meets the professional code of ethics of the Researcher:

YES NO

B. The proposal also meets the following ethical requirements:

<table>
<thead>
<tr>
<th>Requirement</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Provision has been made to obtain informed consent of the participants.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Potential psychological and physical risks have been considered and minimised.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Provision has been made to avoid undue intrusion with regard to participants and community.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Rights of participants will be safeguarded in relation to:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.1 Measures for the protection of anonymity and the maintenance of confidentiality.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.2 Access to research information and findings.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.3 Termination of involvement without compromise.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.4 Misleading promises regarding benefits of the research.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Signature of Student: ____________________________ Date: ____________________________

Signature of Supervisor: ____________________________ Date: ____________________________

Signature of Head of School: ____________________________ Date: ____________________________

Signature of Chairperson of the Committee: ____________________________ Date: 23/10/2005

(Professor F Frescura)
THE UNIVERSITY OF ZAMBIA
RESEARCH ETHICS COMMITTEE

[Letterhead]

SUBMITTED RESEARCH PROPOSAL

The following research proposal was submitted to the Research Ethics Committee on the 10th of July, 2004, where changes were recommended. We would like to acknowledge receipt of the revised proposal. The revised proposal has now been approved. Congratulations!

Title of Proposal: "Experiences of non-traditional students enrolled in the Bachelor Nursing Programme in Zambia"

Contributors:

- This proposal is based entirely on your submitted proposal. Should there be need for additional changes to the study design or methodology, you will need to seek advice from the Research Ethics Committee.
- If you need further clarification, please consult the Research Ethics Committee.

Thank you for your application.

[Handwritten Signature]

[Name and Position]

[Date]

RESEARCH ETHICS COMMITTEE

[Letterhead]

[Date]

[Name and Position]
## APPENDIX 9

### INTERVIEW GUIDE

### SECTION A

#### DEMOGRAPHIC DATA

1. **Gender**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>Male</td>
<td>1</td>
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<tr>
<td>Female</td>
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2. **Age group**

<table>
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<tr>
<td>25-30</td>
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<td>31-35</td>
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<td>36-40</td>
<td>3</td>
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<tr>
<td>41-45</td>
<td>4</td>
</tr>
<tr>
<td>46-50</td>
<td>5</td>
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3. **Work experience**

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<tr>
<td>1-12 months</td>
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</tr>
<tr>
<td>13-24 months</td>
<td>2</td>
</tr>
<tr>
<td>25-36 months</td>
<td>3</td>
</tr>
<tr>
<td>37-48 months</td>
<td>4</td>
</tr>
<tr>
<td>49 and more</td>
<td>5</td>
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4. **Marital status**

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<tr>
<td>Single</td>
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<tr>
<td>Married</td>
<td>2</td>
</tr>
<tr>
<td>Widowed</td>
<td>3</td>
</tr>
<tr>
<td>Divorced</td>
<td>4</td>
</tr>
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</table>

5. **Personal situation**

- **Children**

<table>
<thead>
<tr>
<th>Yes</th>
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</tr>
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<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
</tbody>
</table>
-Age

<table>
<thead>
<tr>
<th>Age</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-4 years</td>
<td>1</td>
</tr>
<tr>
<td>5-9 years</td>
<td>2</td>
</tr>
<tr>
<td>10-14 years</td>
<td>3</td>
</tr>
<tr>
<td>15-18 years</td>
<td>4</td>
</tr>
<tr>
<td>19 and more</td>
<td>5</td>
</tr>
</tbody>
</table>

-Elderly parents

<table>
<thead>
<tr>
<th>Response</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
</tbody>
</table>

-Home help

<table>
<thead>
<tr>
<th>Response</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
</tbody>
</table>

SECTION B

QUALITATIVE DATA

1. What were your views about the conversion program before you enrolled?


2. Do those views still hold?
   What has changed? Why?


3. What does it mean to you to be enrolled in this program?


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4. Can you describe factors that have facilitated your learning?

5. What are the factors that might have hindered your learning? Why?
   - Home environment
   - Work/clinical area
   - School
APPENDIX 10

Node: family support
Created: 9/3/03 - 2:57:13 PM
Modified: 9/7/03 - 12:35:02 PM
Description:

Encouragement from family

Documents in Set: All Documents
Document 1 of 13 ALICE
Passage 1 of 1 Section 16, Para 52, 191 chars.

52: I think I was encouraged to come to school. Though when I came it was the first time of being away from home it was difficult for them but I think this time the have accepted that I am here.

Document 2 of 13 BETTY
Passage 1 of 1 Section 18, Para 40, 225 chars.

40: Mostly it is my family members who encouraged to come.

Document 3 of 13 GRACE
Passage 1 of 1 Section 13, Para 53, 440 chars.

53: My guardians, ......... I have always lived with my auntie and my uncle. They have really been very supportive. They taught me that I should learn to stand on my own..........

Document 4 of 13 JOHN
Passage 1 of 1 Section 9, Para 23, 228 chars.

23: As a married person, my wife has assisted me by giving me morale support, she has been able to encourage me ........
71: I just want to appreciate the support of my wife. Otherwise I would imagine if I had no one to look after my children it would disturb me psychologically.

55: At my home my mother actually encouraged me to come. And my husband was encouraging as well. He encouraged me to come here.

41: My family has been very supportive to my side, and they want to see me through up to the last and support wise and financially they have been so helpful.

36: I think pertaining to my family they are so responsible since I started my training here they have been supporting me financially and socially.

30: My family has been very helpful. They write to me they support me, so that is very encouraging.
APPENDIX 11

QUESTIONNAIRE

INTRODUCTION

TO THE CONVERSION STUDENT

I am a student in the Masters Nursing Education programme at University of Natal, Durban South Africa. I conducted a research on 'Experiences of Nontraditional students enrolled in the Registered Nursing program at Lusaka School of Nursing. The purpose of the study was to explore and describe the experiences of non-traditional students enrolled in the conversion program in Zambia in order to get their meaning perspective of the program.

I am therefore requesting you to respond to this questionnaire as a way of validating the results of the study.

N.B. In this study Nontraditional students are those students who are returning to college/school of nursing after 2 years of practising as an enrolled nurse, and Traditional students are post-secondary school students in the college/school of nursing who are aged up to 24 years.
## Instructions
Indicate to what extent you agree or disagree to the following statements.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Strongly disagree</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Most of the conversion students are mature people with varied backgrounds</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. The present structure of the registered nurse program where pre-secondary school students are put in the same class with conversion students is found to be psychologically challenging.</td>
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<tr>
<td>3. Most of the course content cover in introductory block is a repeat of what was learnt in EN program, and the conversion students find this part intellectually non-stimulating.</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>4. Lack of recognition of students previous experience in the conversion program leads to learning of content that were covered in enrolled nursing program.</td>
<td></td>
<td></td>
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<tr>
<td>5. Lack of material resources for use in the clinical area is one of the hindering factors to learning.</td>
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<tr>
<td>6. The teaching and clinical staff are very responsive to the needs of conversion students as adult learner.</td>
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<tr>
<td>7. Inadequate supervision in the clinical area affects proficiency in performing procedure.</td>
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</tr>
<tr>
<td>8. Conversion program is</td>
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</tbody>
</table>
viewed by many ENs as a stepping stone to professional advancement.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Strongly disagree</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. Administrative social support is a facilitative factor to learning in conversion program.</td>
<td></td>
<td></td>
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<tr>
<td>10. Family support has an effect on the performance.</td>
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<tr>
<td>11. The conversion program enable one to gain new knowledge that can be tapped on in many areas of patient care.</td>
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<tr>
<td>12. Group discussions enables students to share ideas, fosters a spirit of collaboration and enhances their understanding.</td>
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<tr>
<td>13. Performing of routine tasks in the clinical area does not contribute to students clinical performance.</td>
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<tr>
<td>14. How important are the following facilities to the students learning process?</td>
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<tr>
<td>- Library</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Practical Suite</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Study room</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Lecture theatre</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

15. What is your age?------------------------

16. What is your sex?----------------------

17. State your work experience in years.----------------------

87