UNIVERSITY OF NAIROBI
COLLEGE OF HEALTH SCIENCES
SCHOOL OF NURSING SCIENCES

IMPACT OF BACHELOR OF SCIENCE IN NURSING CURRICULUM IMPLEMENTATION ON STUDENT'S ATTITUDES TOWARDS THE NURSING PROFESSION IN KENYAN UNIVERSITIES.

BY
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H80/81561/09

A RESEARCH THESIS SUBMITTED IN PARTIAL FULFILLMENT OF REQUIREMENTS FOR THE DEGREE OF DOCTOR OF PHILOSOPHY IN NURSING AT THE SCHOOL OF NURSING SCIENCES, UNIVERSITY OF NAIROBI.

NOVEMBER, 2014
DECLARATION

STUDENT DECLARATION

“This thesis is my original work and has not been presented for a degree in any other university or for any other award”.

Signature----------------------------------- Date-25/11/2014-

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SUPERVISOR DECLARATION

I confirm that the work in this thesis was carried out by the candidate under my supervision.

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<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tr>
<td>OSCE</td>
<td>- Objective Structured Clinical Examination.</td>
</tr>
<tr>
<td>ANOVA</td>
<td>- Analysis of Variance</td>
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<tr>
<td>RITA</td>
<td>- Record of In- training Assessment</td>
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<tr>
<td>BScN</td>
<td>- Bachelor of Science in Nursing</td>
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<tr>
<td>WHO</td>
<td>- World Health Organization</td>
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<tr>
<td>KDHS</td>
<td>- Kenya Demographic Health Survey</td>
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<tr>
<td>SPSS</td>
<td>- Statistical Package for Social Sciences</td>
</tr>
<tr>
<td>KEMU</td>
<td>- Kenya Methodist University</td>
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<td>MU</td>
<td>- Moi University</td>
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<td>KU</td>
<td>- Kenyatta University</td>
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<tr>
<td>RN</td>
<td>- Registered Nurse</td>
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<tr>
<td>UON</td>
<td>- University of Nairobi</td>
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<tr>
<td>KNH</td>
<td>- Kenyatta National Hospital</td>
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<tr>
<td>JAB</td>
<td>- Joint Admissions Board</td>
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<tr>
<td>HELB</td>
<td>- Higher Education Loans Board</td>
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<tr>
<td>SLT</td>
<td>- Social Learning Theory</td>
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NLN - National League for Nursing

SREB - Southern Regional Education Board

WICHE - Western Interstate Commission for Higher Education
DEDICATION

To my family and friends, for their encouragement, love, care and support during the entire period of this study.
I would like to express my sincere gratitude to several people for their role in enabling me undertake and accomplish this study. I extend my deep appreciation and special thanks to my supervisors, Professor Anna Karani and Professor Grace Omoni for their unwavering guidance, patience, support, availability and enthusiasm during the planning and execution of the study. I am grateful for their endless hours of listening, teaching, drawing of illustrations, and telling of encouraging scenarios to help me understand the persistent and tenacious thought provoking activity of research. Besides, these supervisors are exceptional mentors and shared lots of their brilliant thoughts and extraordinary command of words in helping me to shape my muddled thoughts into practical and coherent information. Their inspiration, advice, encouragement and being there to read and comment on my proposal and theses helped to ensure production of quality work. Moreover, their tenacity helped to mould me into the scholar I longed to be.

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EXECUTIVE SUMMARY

Attitude toward nursing has been linked to students’ decisions to enter nurse training and their decision to continue or withdraw from the nursing profession. Nursing education and training plays an important role in the production of well-trained nurse with the right attitude. Student nurses undergo various experiences during their training. These include both curriculum stipulated and extracurricular activities. Nurse training should shape and strengthen the students’ positive attitude towards nursing which in turn contribute to improved nursing care. Certain studies have indicated that a great number of Bachelor of Science in Nursing (BScN) graduates do not want to practice the actual nursing (hands on practice). This is a great concern because a lot of efforts and resources go along with their training. This study aimed at analyzing the attitudes of nursing students at the beginning and at the end of their training in order to determine the impact of the nurse training curriculum implementation on attitudes towards the nursing profession in order to recommend improvement.

Both qualitative and quantitative data was collected through analytical Cross-sectional study design. The main study sites were Kenyan Nurse training public universities. A random sampling was done to get 162 nurse students as the respondents. 71.6% of these were first years while the remaining 28.4% were final/fourth year BScN students. Data was also collected from three key informants. From the student respondents, six focus groups discussions were conducted. The study instruments comprised of structured questionnaire, attitude scales, focus group discussion guides and key informant interviews. Quantitative data was analysed using Statistical Package for Social Studies version 17. Variation of responses among BScN Students from first and fourth years were analysed by the use of Chi square, independent student t statistical tests and ANOVA. Qualitative data from focus group interviews was analysed thematically. The results were presented descriptively graphs, pie charts, tables and percentages.

Overall findings indicated statistically significant effect of BScN educational curriculum intervention on attitudes of the BSc Nursing students toward the nursing profession ($\chi^2 = 62.9, P < 0.000$ at 2 df and $t = -4.80, P<0.000$), classroom BScN training curriculum bringing a positive attitude ($\chi^2 = 78.6, P < 0.000$ at 4 df), while others like poor financial motivation yielding to negative attitude toward the profession. Modifying factors of age, gender, financial problems and study institutions have no impact on student nurse attitudes ($F = 1.244, P = 0.296$, 4 df). Analysis of the results helped in formation of EM’s Nurse training model which can help in implementation of the main curriculum aspects contributing to a positive attitude towards the nursing profession. In conclusion the main aspects of BScN training curriculum have impact on the student’s attitude. Modifying factors have no impact on student nurse attitudes. Nurse students face several challenges during their training. The main recommendations are that there is need to regularly review the nurse training curriculum to ensure adequacy of the content. Also nurse payment policies need to be rectified and a specific BScN clinical mentorship study is necessary. Besides, new BScN students need to be briefed about the nursing profession in order to make appropriate career decision. The EM’s model needs more piloting to make it operational.
# TABLE OF CONTENTS

- DECLARATION ............................................................................................................ ii
- LIST OF ABBREVIATIONS AND ACRONYMS .......................................................... iii
- DEDICATION ................................................................................................................ v
- ACKNOWLEDGEMENT ............................................................................................... vi
- EXECUTIVE SUMMARY ............................................................................................ viii

## CHAPTER 1: STUDY INTRODUCTION ........................................................................ 1

1.1 Background Information ......................................................................................... 1

1.2 Problem Statement .................................................................................................. 5

1.3 Study Justification .................................................................................................... 8

1.4 Significance of the Study ......................................................................................... 10

1.5 Research Objectives ................................................................................................ 12

1.5.1 General Objective ................................................................................................. 12

1.5.2 Specific Objectives .............................................................................................. 12

1.6 Research Questions ................................................................................................ 12

1.7 Research Hypothesis .............................................................................................. 13

1.7.1 Null Hypothesis .................................................................................................. 13
1.7.2 Alternative Hypothesis ...................................................................................... 13

1.8 Operational Definitions............................................................................................ 13

1.9 Underlying Motivation for the Research ................................................................. 14

1.10 Scope of Practice................................................................................................... 14

1.11 Theoretical Frame Work ...................................................................................... 15

CHAPTER 2: LITERATURE REVIEW .............................................................................. 21

2.1 General Attitude Formation and Change ................................................................. 22

2.2 Attitude of the Nursing Students Towards Nursing................................................ 47

2.3 Attitude of Nursing Students Toward Nursing profession...................................... 49

2.4 Nursing Curriculum and Interest to Join the Nursing Profession.......................... 52

2.5 Theory Practice Gap............................................................................................... 53

2.6 Clinical Experiences and Assessments................................................................... 54

2.7 Social Academic Environment................................................................................. 55

2.8 Attitude of Nursing Profession among Outgoing Nursing Students...................... 55

2.9 Clinical Environment and Students Learning...................................................... 58

2.10 General Effect of Training on Attitude Development........................................... 59
CHAPTER 3: METHODOLOGY ................................................................................ 61

3.1 Study Area ........................................................................................................ 61

3.2 Target Population................................................................................................. 62

3.3 Research Design ................................................................................................. 63

3.4 Sample Size Determination and Sampling Techniques ....................................... 63

3.4.1 Sample Size Determination ........................................................................... 63

3.4.2 Sampling Technique ....................................................................................... 65

3.5 Inclusion and Exclusion Criteria ......................................................................... 66

3.5.1 Inclusion Criteria ............................................................................................ 66

3.5.2 Exclusion Criteria ......................................................................................... 67

3.6 Study Instruments and Data Collection Procedures .............................................. 67

3.6.1 Attitude Measurements ............................................................................... 67

3.6.2 Attitude Measurement Tool ......................................................................... 69

3.6.2 Focus Groups Discussions ............................................................................. 70

3.6.3 Personal in-Depth Interviews With Key Informants ..................................... 71

3.6.4 Semi-Structured Questionnaires ................................................................... 72

3.7 Pre Testing of the Study Instruments .................................................................. 72
3.8 Validity and Reliability of the Study Instruments ................................................... 73

3.8.1 Validity of the Study Instruments ...................................................................... 73

3.8.2 Reliability of the Study Instruments .................................................................. 73

3.9 Data Collection Procedures .............................................................................. 75

3.9.1 Recruitment and Training of the Research Assistants ....................................... 76

3.9.2 Data Collection Among the BSc N Students .................................................. 77

3.9.3 Key Informant Interviews .................................................................................. 81

3.10 Basic Assumptions of the Study ........................................................................ 82

3.11 Study Variables ................................................................................................... 83

3.11.1 Independent Variables .................................................................................... 83

3.11.2 Dependent Variables ..................................................................................... 83

3.12 Ethical Considerations ......................................................................................... 84

3.13 Data Presentation and Analysis Methods .............................................................. 87

3.13.1 Quantitative Data Analysis Methods .............................................................. 87

3.13.2 Qualitative Data Analysis Methods ................................................................ 88

3.13.3 Level of Statistical Significance ..................................................................... 88

3.14 Data Quality Control Methods ........................................................................... 89
CHAPTER 4: RESULTS

4.1 Socio - Demographic Characteristics of the Study Subjects ................................................. 92

4.2 Results Used to Determine BScN Student’s Attitudes toward Nursing at the Beginning of the Training ................................................................. 96

4.2.1 Initial attitude toward the nursing profession ................................................................. 96

4.2.2 Factors Contributing to Choice of a Nursing Career among the BScN Students 98

4.2.3 BScN First year’s Views on Clinical Mentor’s Support to Students ......................... 99

4.2.4 Choice of Nursing as a Lifetime Career among the First Years BSc Nursing students .................................................................................................................. 101

4.2.5 Expectation on the Adequacy of the Training Facilities .......................................... 102

4.2.6 Reasons for BScN Students to Choose Their Respective Training Universities 103

4.2.7 Key Informant and Focus Group Discussion Responses on the Attitude of BScN Students at the Beginning of their Training ........................................... 104

4.3 Students’ Attitudes Toward Nursing Profession at the End of the Training ............. 105

4.3.1 Career Choice of Fourth Year BScN Students if they were just Completing Their High School ........................................................................................................ 106

4.3.2 Making of a Definite Choice in the Nursing Profession ............................................. 107
4.3.3 Cross Tabulation of the BScN Students Year of Training and their Response on Whether Nursing has Been Chosen as a Lifetime Career........................................... 108

4.4 Main Training Experiences and Challenges of the BScN Students in the Nurse Training Institutions........................................................................................................... 109

4.4.1 Main Challenges Experienced by BScN Students in the Nurse Training Institutions. ........................................................................................................................... 109

4.4.2 The Main Experiences of BScN Students in the Nurse Training Institutions. 118

4.5 Aspects of BScN Curriculum Implementation on The BScN Students Attitudes Towards the Nursing Profession.................................................................................. 119

CHAPTER 5: DISCUSSIONS ...................................................................................... 121

5.1 Socio - Demographic Characteristics of the Study Subjects............................................. 121

5.2 BScN Students’ Attitudes towards Nursing at the Beginning of Training. ............... 122

5.3 Students’ Attitudes a Toward Nursing at the End of Training. ............................... 123

5.4 Analysis on Whether Facing the Sick and the Dying is a Source of Negative Attitude Toward the Nursing Profession. ................................................................. 124

5.5 Major Challenges Experienced by BScN Students in the Nurse Training Institutions......................................................................................................................... 125

5.6 Impact of the BScN Training Curriculum on the Nursing Students Attitude...... 126

5.7. Student’s Attitude on Whether Nursing Is a Caring and a Helping Profession... 127
5.8 Change in Attitude Among the BScN Students as they go Through the Training 128

5.9 Making of a Definite Choice in Nursing Profession Among the BScN Students.. 130

5.10 Challenges Experienced by BScN Students during their Training ................... 131

5.11 General Effect of Nurse Training on Student Attitudes Change ..................... 133

5.12 Research Hypothesis Testing ........................................................................... 137

5.13 Contribution of Research Analysis on BScN Training; The EM’s Model ....... 137

5.13.1 Main Interventional Areas in the EM’s Attitude Based Nurse Training Model 143

5.13.2 Significance and Principles of EM’s Model............................................... 144

CHAPTER 6: CONCLUSIONS AND RECOMMENDATIONS .............................. 148

6.1 Conclusions .................................................................................................... 148

6.2 Recommendations ........................................................................................... 149

6.2.1 Action Recommendations ....................................................................... 149

6.2.2 Recommendation for Further Research .................................................... 154

REFERENCES ...................................................................................................... 156

Appendix 1: Informed Consent Information ......................................................... 169

Appendix 2: Consent Form .................................................................................. 173

Appendix 3: Attitude Scale for the First Year BScN Nursing Students ............... 174
Appendix 4: Attitude Scale for the Fourth Year BSc Nursing Students................. 177

Appendix 5: Focus Group Discussion Guidelines for First Year BScN Students..... 180

Appendix 6: Focus Group Discussion Guidelines for Fourth Year BScN Students...182

Appendix 7: Interview Schedule for the Key Informants.................................184

Appendix 8: Study Questionnaire for the First Year BSc Nursing Students.........186

Appendix 9: Study Questionnaire for the Fourth Years BSc Nursing Students......190

Appendix 10: Research Approval From The Ethical Research Committee...........202

Appendix 11: Research Authorization From University .....................................203

Appendix 12: Authorization by the National Council for Science and Technology ...204
LIST OF TABLES

Table 1 Details of the Focus Discussion Groups Conducted .................................................. 80
Table 2 Training Institution, Student Category and Age Characteristic of the Study Subjects ......................................................................................................................... 93
Table 3. Cross Tabulation of the Year and Name of the Training University among The BScN Students ........................................................................................................................................ 95
Table 4 BScN First Year’s BSc Nursing first year response on Choice of Nursing as .... 101
Table 5: What the Final Year BScN Students Will do If They were Just Completing High School ........................................................................................................................................ 106
Table 6 Responses to Whether Nursing Has Been Chosen as a Lifetime Career Among the Fourth Years ........................................................................................................................................ 107
Table 7 A Cross Tabulation of the Year of Training and Whether Nursing has Been Chosen as a Lifetime Career Among the First and Fourth Year BScN Students .......... 108
LIST OF FIGURES

Figure 1 Factors Contributing to Learning According to Social Learning ................. 18

Figure 2: Study Conceptual Framework Based on Attitude Components and the Factors Contributing to Learning in reference to the Social Learning Theory ......................... 19

Figure 3. Tripartite Theory Frame Work of Attitude Components ............................... 31

Figure 4 Uni-Dimensional Theory frame work of attitude components .................... 32

Figure 5. Graphical representation of attitude determinants ....................................... 37

Figure 6. Relationship Between Attitude Components and Behavioral Determinants .... 42

Figure 7: Gender of the Study Respondents ............................................................... 94

Figure 8 Attitude of the First year Bscn Students Toward Nursing Profession ............ 97

Figure 9. Common Triggering Factors for Choosing Nursing as a Career ................. 98

Figure 10. BSc N beginner’s percentage response views on Clinical mentors support to BScN students in the clinical areas ................................................................. 100

Figure 11: Expectations of First Year BScN Students on Adequacy of Training Facilities .......................................................... 102

Figure 12 Respondents Distribution on Why They Chose Their Study Institutions ..... 103

Figure 13 Final Year BScN Student’s View on Whether Nursing Work is Not Recognized in the Public ................................................................. 110

Figure 14 BScN Curriculum Areas Inadequately Taught During Training ............... 112

Figure 15 BScN Students Response on Presence of Financial Difficulties .............. 113

Figure 16 Motivation of Nurses to do Their Work ....................................................... 114

Figure 17 Response on Adequacy of The Training Facilities Among Fourth Year BScN Respondents .................................................................................. 119
1.4 Background Information

According to Virginia Henderson, the beginning nurse should experience
with a variety of health issues, thus becoming familiar with the
performance of different care procedures. This approach not only helps
develop a nurse's ability to care for patients, but also helps in
preparing them to become effective nurses. However, it is important
to note that the primary concern should be for the patient's health
and wellbeing. A nurse's primary responsibility is to provide safe
and effective care. Therefore, the nurse should be familiar with
the patient's medical history and current condition. This knowledge
helps in formulating a personalized care plan.

Furthermore, the nurse should be familiar with the various
nursing specialties. This includes specialties such as medical
surgical, obstetrics, pediatrics, and critical care. Each specialty
requires a different set of skills and knowledge. Therefore, it is
important for a nurse to be knowledgeable in various specialties.
Nursing education involves learning activities which include
both theoretical and practical

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xix
CHAPTER 1: STUDY INTRODUCTION

1.1 Background Information

According to Virginia Henderson in Nursing Education (2006) nursing is a practice in which a nurse assists an individual, sick or well in the performance of those activities contributing to health or its recovery (or to a peaceful death) that he would perform unaided if he had the necessary strength, will or knowledge, and to do this in such a way as to help him gain independence as rapidly as possible and a nurse is defined as "a person formally educated in the care of the sick or affirms". Student nurses undergo various experiences during training in order to produce a competent nurse (Saberian, 2010; Nursing Education, 2006). Nurses have various qualifications, for instance there are the certificate holders (Enrolled Nurses), diploma holders (Registered Nurses), degree holders the Bachelor of Science in Nursing (BScN) registered nurses, the masters holders, the doctorate holders and post doctorate holders (Cherry & Jacob, 2010).

Nursing education and training plays an important role in the production of well-trained and properly groomed nurses bearing a positive attitude towards the profession. Nurse educators have a key role in facilitating the professional and personal development of students and thereby maintaining and improving standards of patient and client care. Nursing education involve various activities which include both curriculum stipulated and extracurricular activities (Anurag, Roger-Leroi, Danner, Iseri, & Feldman, 2011).
Nursing is unique among the health care professions in the whole world in that it has multiple educational pathways leading to an entry-level license to practice. Nursing students are able to pursue three different educational pathways to become registered nurses namely community nursing, midwifery and general nursing. In addition the students are expected to learn the basic clinical sciences and social sciences like anatomy, biochemistry, sociology, educational psychology among other subjects (O'Brien, 2008). Besides the increased numbers of BScN educated nurses, schools of nursing have a responsibility to build their capacities to prepare more students at the graduate level who can assume roles in advanced practice, leadership, teaching, and research (Stockhausen & Sturt, 2005).

The BScN Training Curriculum

Generally the nurse training curriculum consists of several years of training ranging from three to four years. The basic BScN programmes worldwide involve training of fresh high school graduates for four academic years. Every nursing curriculum process aims at programs which provide the student with clinical experience and classroom instruction as regulated by national and international nursing regulatory institutions. Each year is characterized by a theory (classroom and skills lab) component and a clinical/community component. During the theory sessions, students are taught the basics of nursing practice by the institutional educators/faculty members. The students have to pass in the theory component for them to qualify to practice the practical component in the clinical areas (Draper, 2012).
Local hospitals and other health care/community agencies provide the clinical facilities at which students, under supervision, provide direct nursing care to patients. Clinical area placement mainly makes use of nurse clinical instructors and clinical mentors to guide the students. College nursing faculty members are directly responsible for teaching and supervising clinical experience. These faculty members are supposed to coordinate the placements, supervise and take part in the assessment of the students. At the end of each clinical placement period and upon achievement of the placement objectives, the student is assessed by a hospital assessor and a faculty member (Hart & Rotem, 2009). A student has to perform adequately in the theory work and clinical areas assessments for further level of progress to be allowed.

Because the whole training curriculum is mainly pegged on classroom and clinical performance, there is a possibility of a student qualifying with negative attitude toward the professional performance of a nurse. However its believed that through these experiences the student will be able to develop a positive attitude to the nursing profession as they interact with the faculty staff, clinical mentors, instructors and other senior students (Greiner & Knebel, 2011).

There are many different definitions of attitude, however the definition given by Schiffman and Kanuk (2010) contains most of the major concepts. They defined attitude as a learned predisposition to behave in a consistently favorable or unfavorable way with respect to a given object. The main characteristics of attitudes are indicated by the key words in the definition, learned, predisposition, behave (Schiffman & Kanuk, 2010).
Attitude has also been defined as individual or group position or feeling with regard to a person or a thing. It is a mental orientation towards a particular thing. More specifically, an attitude is something we learn that causes us to behave in some consistent manner with respect to the object of that attitude. In overall, an attitude is simply the way a person think, feel, and act toward some something in the environment (Berkowitz, 2007).

This definition stipulates that attitude is learned and that it can be positive or negative. Attitude is important because its dimension on a particular thing determines the end result of any activity. As attitudes are mental positions they cannot be observed directly. If the attitude is positive, the result will be positive and the result will be negative if the attitude is negative. Importance of attitude is emphasized by the fact that attitude is at the top of the Success Triangle (Attitude, Behavior, and Technique) because attitude dominates all of the other functions of success. Therefore, it’s a safe bet that an individual’s performance is consistent with their attitude (Gross, 2008).

Attitudes are subsumed into the abilities. For example, the ability to interact socially requires certain attitudes. Similarly in order to perform well as a professional nurse, there should be positive attitude toward the profession from the nurse. In the field of nursing knowledge, attitude and skills are very important such that an individual can have all the skills in the world but if the attitude is wrong then one cannot perform well or be employable in a long-term manner (Eysenck, 2009). According to Schiffman and Kanuk (2010) the main characteristics of attitudes are that they are learned, are predispositions, are related to behavior, are consisted and specific.
Attitudes are learned from personal experience and information provided in regard to a particular thing whether through training, social interactions or exposure to the mass media. Nurse training institutions provide an environment for exposure to information and social interactions thus creating an impact on the student’s attitude. In addition, attitudes are predispositions (inclination or tendency towards something). This indicates that they have motivational qualities. Moreover, attitudes have a relationship with behavior, but not a causal relationship. Attitudes are consistent. However, this does not necessarily mean that they are permanent, they can change. Attitudes are directed towards an object and have very specific reactions to that object (Schiffman & Kanuk, 2010).

1.2 Problem Statement

In the 21st century, there is growing demand of nurses worldwide. In many countries, there is acute shortage of nurses, and nurse patient ratio is not optimal leading to increased workload on the nurses and compromised patient care. Many strategies are currently needed to address a profound nursing shortage that is threatening health care quality. One strategy is to increase the interest of youth in the profession of nursing. Several research studies reported that most of the nursing graduates are reluctant to join bedside nursing which is badly required by the health care industry and those who joined it has not right attitude towards the profession hence compromising quality nursing care which is essential in this era of quality assurance and patient bill of rights (Anurag et al, 2011).
Nursing is a health care profession, which is focused on the care of individuals, families, and communities so that they can attain, maintain, or recover optimum health. Nurses care for individuals of all ages and cultural backgrounds who are healthy and ill in a holistic manner based on the individual's physical, emotional, psychological, intellectual, social, and spiritual needs. In order to accomplish this vital role, nurses should have a positive attitude toward the profession right from their training experiences (Michigan Education Association, 2009). Nursing care demands are exploding in kind, quality and quantity. For many, nursing care of which nursing is an integral part of it is unavailable and maldistributed. In areas where it's available, most of the health workers are not committed to their work or the welfare of their clients including the nurses who form the bulk of health care professionals. This indicates the negative attitude held by most of the health care professionals of which nurses form an integral part of them. In addition, health care delivery systems and health worker educational systems are grossly desolate and inadequate. Besides, health care consumers are demanding better quality care and more humanistic care. Without the right attitude of these health care givers and more so the nurses, provision of quality humanistic care is not possible (Cameron, Roxburgh, Taylor, & Lauder, 2011).

The process of caring is central to the nursing practice but it remains a poorly defined concept in nursing practice and education. To develop nursing education and promote nursing strategies, there is a need for a staff with positive attitude. A small number of studies of caring attitude in the field of nursing have been undertaken, but these have tended to be more quantitative in nature (Lai, Rohlin, Schaub, Holbrook, & Leibur, 2011).
Globally, regionally and locally, over the past few years, the number of nurses practicing at the bedside has declined significantly ($P \leq 0.000^{**}$). Nursing educators and leaders should help to strengthen students’ initial desires and therefore, help retain individuals into the nursing profession and also support and encourage caring and compassionate qualities in all nurses (Windsor, 2007). However, studies have found out that the opposite can happen. For example according to Kramer, 2010, when the younger, newer nurses realize the reality of the nursing profession, after experiencing “reality shock” they don’t put up with it, they no longer have to; there are too many other opportunities” (Kramer, 2010 pg 43).

Many sources also indicate that most graduate nurses have shifted from their core duties of nursing to administration only and lack motivation to participate in basic nursing duties. In addition there are many claims that support abuse of nursing roles by graduate nurses. This doctor experience with them is just an example;

“You could just read from the records that a patient has had heart attack at some point yet the graduate nurses in the hospital seemed to know this yet they did nothing about it. Instead they left all the resuscitation procedure to the doctors” (Southern Regional Education Board, 2009 Page 112).

The statement is a good indicator of minimal motivation to perform the professional duties on the side of the graduate nurses (Southern Regional Education Board, 2009).

Regardless of professional discipline or academic setting, educators are increasingly challenged to deliver curriculum that includes a broad foundation of health care
knowledge as well as the positive attitude toward nursing profession. Faculties are faced with a very real time constraint in prioritizing which content to be included, compressed, or deleted within the curriculum (Raja, Vadlamudi, Adams, Hogan, Tiejian, & Wahid, 2008).

According to Raja et al., (2008), lack of adequate training, fixed, inappropriate attitudes or beliefs about nursing profession act as barriers in availing the opportunity of delivering appropriate nursing services. Inappropriate attitudes and beliefs due to the nature of the training curriculum were considered as some of the most important of these barriers. Multiple studies have noted that primary nurse practitioners, including BScN graduate nurses, lack the right attitude required in delivering professional nursing services. This seems to be influenced by the education and experience gained during their training period (Raja et al., 2008).

1.3 Study Justification

All over the world, nurse training has been going on for a very long period of time. However, the attitude toward the profession has been a major burden for many years. This is certainly the case in many other countries worldwide, In spite of the key role played by the lecturers and mentors in molding the attitude of the BScN students’ during their training, attitudes and attitudes have been found to modify the practice behavior of nurses towards the patients (Begat & Severinsson, 2008).

It’s the role of nursing educators all over the world to do all what they can in order to improve nursing practice. This begins with proper training of the nursing students to have the appropriate attitude toward the profession. The nurse educators are generally
restless regarding the practice of nursing. This leave the educators dissatisfied and having uneasy feeling that they could be doing a little better job in preparation of their students for the best practice in nursing (Zhang & Petri, 2008).

Effective learning builds on experience if it is to make sense in an organizational context that is to be relevant to health service needs. Clinical experience and classroom experience has always been an integral part of the nursing education. It prepares student nurses to be able of "doing" as well as "knowing" the clinical principles in practice. Classroom experience gives them the required theoretical knowledge while the clinical practice stimulates students to use their critical thinking skills for problem solving (Begat & Severinsson, 2008).

Most students decide to go to a nursing school while in high school or college and chose nursing because they have a desire to help others. The most common personal characteristics that have been identified include being helpful, caring and compassionate. A great number of nursing students feel that they are "called" by God to become nurses (Lai et al., 2011). This desire need to be strengthened especially during the training period as identified by Sandaranarayanan (2003) that Nurse training should shape, strengthen and help to instill positive attitude to the students (Sandaranarayanan, 2003). Furthermore, addressing the learning needs of BScN learners can improve both the rate of students’ retention and the quality of the nursing profession which is reflected in the performance and attitude of the nurses.

This research provided information related to current student attitudes about the nursing profession that nurse educators and experienced nurses could address in the workplace as
they mentor students. Nursing students during their clinical experience need to have nurse role models that present positive and accurate characteristics about nursing, as well as the negative aspects of the profession. Knowledge of both types of factors can provide students with the necessary skills to formulate quality attitudes for career decision-making. This will avoid future attrition of nurses from the nursing profession after they have been trained and qualified.

1.4 Significance of the Study

According to Mundinger (2009) nursing has proven that it can advance its future by educational preparation, securing public recognition and access through research, and by developing a structure in the nation’s healthcare system that uses nursing services in a protected and focused way (Mundinger, 2009).

This study represents one of the first opportunities to determine nursing students’ attitudes of the BSc Nursing program and the nursing profession. At a time when the world faces a critical professional nursing shortage, it becomes imperative to determine whether students’ attitudes of nursing accurately describe academic programs and the nursing profession (Saberian, 2010).

Determining students’ attitudes about nursing would provide educators with a basis for curriculum development. Identifying these attitudes leads to academic standards and healthcare experiences that could prove crucial to meeting students’ individual career development needs both now and in the future (WHO, 2007).
The second research aim of this research was to construct a nurse training conceptual framework (model) which will help in development of a positive attitude toward the nursing profession. This was done through analyzing and deep reflection on the collected data from the respondents and also from the intense literature search on attitude of nurses toward their profession.

1.4.2 Reasons for Authors Interest in this Research

Over the past few years, the number of nurses practicing at the bedside has declined significantly (Polit, & Beck, 2009). One of the reasons for this decline has been attributed to the negative attitude of nurses toward their profession which they acquire right from their basic training period (National League for Nursing, 2010).

The purpose of this research study was to investigate the nursing students' attitudes and attitudes towards their profession and to prospectively assess whether those values change over the time of training. By conducting this study, the main investigator hoped to gain additional knowledge that can be used to improve attitudes and attitudes of nurses towards their profession during their training.

The researcher did this through critical analysis of nurse students' attitudes and attitudes toward the nursing profession and further analyzing the impact of the nursing curriculum on these values in order to introduce appropriate innovations in the training of nurses through development of a training model based on attitude and attitudes of the BSc N students.
1.5 Research Objectives

1.5.1 General Objective

To determine the impact of the BScN training curriculum implementation on students’ attitudes and attitudes towards the nursing profession in order to develop a training model for utilization in curriculum review process.

1.5.2 Specific Objectives

1. To determine students’ attitudes towards nursing at the beginning of their training.

2. To find the common triggering factors for choosing nursing as a career among the BScN students.

3. To evaluate nurse students’ attitudes towards nursing at the end of their training.

4. To investigate the major challenges and the main training experiences of BScN students in the nurse training institutions.

5. To develop an attitude focused nurse training model.

1.6 Research Questions

1. What are the students’ attitudes towards nursing at the start of their training?

2. What are the triggering factors for choosing nursing as a career among the students?

3. What are the training objectives and experiences for nursing students?

4. What are the student’s attitudes toward nursing at the end of the final year of training?
5. What are the challenges experienced by BScN students in nurse training institutions.

1.7 Research Hypothesis

1.7.1 Null Hypothesis

The BScN training curriculum experiences of nurse students has no impact on the student’s attitudes towards the nursing profession.

1.7.2 Alternative Hypothesis

The BScN training experiences of nurse students has impact on the student’s attitudes towards the nursing profession.

1.8 Operational Definitions

Attitude - Individuals or a group position, feeling or concern with regard to nursing profession. It can be either positive or negative and it’s usually expressed verbally or non-verbally. Generally nurses are expected to have a positive caring attitude in order to deliver their services well.

Nursing Curriculum- Total learning activities and experiences designed to be undertaken by basic Bachelor of Science Nursing students during their entire training period.
1.9 Underlying Motivation for the Research

Attitudes are part of the brain’s associative networks, the spider-like structures residing in long term memory that consist of affective and cognitive nodes. Existing literature supports a link between nurse attitudes and the care they provide to their patients. These “two basic aspects of patient care can affect not only the amount but also the quality of care that nurses provide. Davis, an author in the field of nursing education, states that an “accepting, non judgmental, caring attitude is essential when providing nursing care to clients and patients regardless of their problems. Yet, moralistic, stereotypic, pessimistic, and ultimately counterproductive attitudes still endure” (Davis, 2011, Page 101). While there has been some research into the disparity between attitudes ideally held by nurses and those that are actually present, the mention of bad qualities such as moralistic attitude associated with the nursing profession motivated the researcher to investigate the impact of the BScN training curriculum on the student’s attitudes toward their profession.

1.10 Scope of Practice

Bachelor of Science in Nurse (BScN) training in Kenya started in 1992 in the university of Nairobi. Since then many other Kenyan Universities progressively started to train the degree nurses. However, the number of BScNs being trained are proportionally lower than those being trained for certificates and diplomas. Thus majority of BScNs after qualification are expected to become nurse practitioners, nurse managers or educators. For them to do this effectively there is need to have a positive attitude toward the nursing profession which can only be enhanced during their training. This study sought to explore
the pre training attitudes of the students, the experiences undergone by the students during their training, the final attitudes during their training and developing an attitude based positive attitude based nurse training model.

1.11 Theoretical Frame Work

Working on the front lines of patient care, nurses have a direct effect on patient care. The nurse’s regular, close proximity to patients and scientific understanding of care processes across the continuum of care give them a unique ability to effect wide-reaching changes in the health care system (Rickaby, 2012) Nurses must be prepared to meet diverse patients’ needs; function as leaders; and advance science that benefits patients and the capacity of health professionals to deliver safe, quality patient-centered care. If new nurses are to succeed in this complex and evolving health care system, nursing education needs to be transformed in a good manner in order to give a positive attitude. This study was based on the ideas of the Social Learning Theory (SLT).

Rationale for Social Learning Theory

Learning theories explain how people think and what factors determine their behavior. Social Learning Theory (SLT) is a category of learning theories which is grounded in the belief that human behavior is determined by a three-way relationship between cognitive factors, environmental influences, and behavior (Seyedeh, 2012). In the words of its main architect, Albert Bandura, " as described by Siegel 2008 Social learning theory approaches the explanation of human behavior in terms of a continuous reciprocal interaction between cognitive, behavioral, and environmental determinants" (Siegel, 2008 pg 114 ).
In the application of Social Learning Theory (SLT), the learner is encouraged to observe and imitate the behaviors of others, see positive behaviors modeled and practiced, increase their own capability and confidence to implement new skills, gain positive attitudes about implementing new skills, and experience support from their environment in order to use their new skills. Social Learning Theory is a valuable and effective tool for health educators who want to assist their students in gaining new health supporting skills. It can help educators determine why certain learning activities work, and why other activities aren't very effective (Nsubuga, 2010).

Many health educators feel that Social Learning Theory is consistent with their own experience in training. It has been used in health education to bring about behavior change among the students. Many disease prevention programs, based on Social Learning Theory and other theories, have undergone rigorous research-based evaluations to determine if they have been effective in positively changing health behavior (McLeod, 2011).

Social Learning Theory which form the base of this study, postulates that human behavior in specific situations are contingent upon the individuals expectancy that a particular behaviour will be reinforced (rewarded). According to its principal of reciprocal of determinism, interpersonal and nonsocial environmental factors come together. The behavior of individuals occurs because of prior interactions with other people and with the immediate environment (Mearns, 2009).
A key concept in this theory is the locus of control which is conceptualized as the degree to which a person perceives that rewards are a function of his or her own actions, efforts, or characteristics as opposed to external forces. Internal controllers are those who perceive themselves and their behaviour as the major determinant of the reinforcement, while external controllers are those who tend to see little if any relationship between their own actions and subsequent reinforcement (Means, 2009).

Thus for proper training in order to have BScN graduates with the right attitude toward the nursing profession, we need to consider the role of three main factors which contribute to social learning as indicated in Figure 1.
Figure 1 Factors Contributing to Learning According to Social Learning


Through application of the social learning theory described above, the conceptual framework illustrated in figure 6 was developed to guide this research as indicated in Figure 2.
Figure 2: Study Conceptual Framework Based on Attitude Components and the Factors Contributing to Learning in reference to the Social Learning Theory.

This framework comprises of the Dependent variable as the attitude toward the nursing profession at the end of the training in the centre of the framework.

Independent variables comprised of the various factors contributing to learning. These included Learning environment, mainly the Classroom environment, Clinical environment, Social environment, Modeled behavior from lecturers, Clinical mentors, Qualified nurses, Senior BScN students and other health care professionals. Other independent variables included pre training attitude, social demographics, study mode and institution of the BScN students. Moderating variables involved the innate person, implying the Cognitive abilities, Individual beliefs and values on nursing profession. These variables helped in answering the study objectives.

Summary of the Introductory Chapter

This chapter describes the major concepts applied in preparation of this research mainly the importance of the nursing profession in the society, the curriculum used in training the nurses, nurses’ attitudes and the problems associated with it. It also gives a detailed account of the research aims, objectives questions and justifications. Lastly the author described the key motivator to perform this research and the theoretical framework utilized in the development of this enquiry.
CHAPTER 2: LITERATURE REVIEW

Introduction

This chapter reports literature search done by the author during preparation, execution and reporting of this study. Student nurses have lots of expectations for their training and career as they join nurse training institutions. They undergo various experiences and face many challenges during their training period. Most of these help to enhance their interest to remain in the nursing profession. But some experiences and challenges create a negative attitude toward nursing. Several studies have been done in regard to this aspect as described in the following sub headings

- Attitude formation by students nurses
- Attitude toward nursing,
- Nursing curriculum and interest to join the nursing profession,
- Theory practice gap
- Clinical Experiences and Assessments,
- Social academic environment,
- Attitude of nursing profession among outgoing nursing students,
- Clinical environment and students learning,
- General effect of training on attitude development
2.1 General Attitude Formation and Change

Nursing is a health care profession, which is focused on the care of individuals, families, and communities so that they can attain, maintain, or recover optimum health. Nurses care for individuals of all ages and cultural backgrounds who are healthy and ill in a holistic manner based on the individual's physical, emotional, psychological, intellectual, social, and spiritual needs. In order for them to perform this role effectively, nurses need to develop a positive attitude toward their profession (Gross, 2008).

Attitude is not static, it can change with the passage of time, with the requirements of the environment. The formation of attitude cannot be completed in one day, it is a slow process. There are many factors that determine formation and change of attitudes. However, there are two major factors. These include Psychological factors and Personal experience. Psychological factors involve direct Instruction, simple forms of learning which may be in form of conditioning, Social (Observational) Learning, Unconscious Motivation and rational analysis (Berkowitz, 2007). Direct Instruction involves being told what attitude one should have by other people like parents, schools, community organizations, religious doctrines, friends, among other people.

In reference to student nurses attitude formation an experimental study by Simonson's (2007) showed that it was easily possible to modify students attitude toward an instructional event during the course of training depending on the method of instruction and the content delivered during instruction (Simonson, 2007).
Simple Forms of Learning Associated With Learning of Attitude; Operant Conditioning

Operant conditioning is a simple form of learning. It is based on the Law of Effect and involves voluntary responses. In this type of learning, behaviors, including verbal behaviors and even thoughts tend to be repeated if they are reinforced i.e., followed by a positive experience (Berkowitz, 2007).

Conversely, behaviors tend to be stopped when they are punished (followed by an unpleasant experience). Thus, if one expresses, or acts out an attitude toward some group, and this is reinforced by one’s peers, the attitude is strengthened and is likely to be expressed again. The reinforcement can be as subtle as a smile or as obvious as a raise in salary. Operant conditioning is especially involved with the behavioral component of attitudes (Rowlands, 2013). In Nurse training, reinforcing a good clinical performance with good financial motivation will strengthen the performance and thus the attitude.

Classical conditioning is another simple form of learning. It involves involuntary responses and is acquired through the pairing of two stimuli. Two events that repeatedly occur close together in time become fused and before long the person responds in the same way to both events. It was originally studied by Pavlov. The process requires an unconditioned stimulus that produces an involuntary unconditioned (reflexive) response. If a neutral stimulus is paired, either very dramatically on one occasion or repeatedly for several acquisition trials, the neutral stimulus will lead to the same response elicited by the unconditioned stimulus. At this point the stimulus is no longer neutral and so is referred to as a conditioned stimulus and the response has now become
a learned response and so is referred to as a conditioned response. In Pavlov’s research the unconditioned stimulus was meat powder which led to an unconditioned response of salivation. The natural stimulus was a bell. At first the bell elicited no response from the dog, but eventually the bell alone caused the dog to salivate (Wallace, Doney, Mintz-Resudek, & Tarbox 2004).

Similarly, Nurse educators, training institutions and mentors in clinical areas create positive attitudes towards the nurse profession by presenting attractive package in their training techniques. In this case the training BScN curriculum is the unconditioned stimulus and the student’s attitude to the nursing profession is an automatic positive response. The qualification to join a nurse training program is the original Non Conditional Stimulus which through training comes to elicit a positive conditioned response. Similarly, pleasant or unpleasant experiences with a BScN training programme could lead to positive or negative attitudes toward the profession. Classical conditioning is especially involved with the emotional or affective component of attitudes (Rickaby, 2012).

Social (Observational) Learning

Social (observational) learning is based on modeling through observation of others. If they are getting reinforced for certain behaviors or the expression of certain attitudes, this serves as vicarious reinforcement and makes it more likely that we, too, will behave in this manner or express this attitude. Classical conditioning can also occur vicariously through observation of others (Eiser & Stroebe 2009). In his famous Bobo doll experiment, Bandura demonstrated that children learn and imitate behaviors they
have observed in other people. The children in Bandura’s studies observed an adult acting violently toward a Bobo doll. When the children were later allowed to play in a room with the Bobo doll, they began to imitate the aggressive actions they had previously observed. Bandura identified three basic models of observational learning; A live model, which involves an actual individual demonstrating or acting out a behavior, a verbal instructional model, which involves descriptions and explanations of a behavior and a symbolic model, which involves real or fictional characters displaying behaviors in books, films, television programs, or online media (Doron, 2009). Similarly student nurses copy unconsciously or consciously the behavior and attitude of their trainers, mentors their seniors and other people around them during their training and professional practice period.

**Unconscious Motivation and Attitudes**

Some attitudes are held because they serve some unconscious function for an individual. For example, a person who is threatened by his homosexual feelings may employ the defense mechanism of reaction formation and become a crusader against homosexuals. Likewise someone who feels inferior may feel somewhat better by putting down a group other than his/her own. Because it is unconscious, the person will not be aware of the unconscious motivation at the time it is operative, but may become aware of it at some later point in time (Woolfolk, Roubalikova, Nilner, Roger-Leroi, Danner, & Iseri, 2006). Likewise nurses often get motivated unconsciously by their personal characteristics in performance of their roles and in general, in their description of attitude
toward the nursing profession. Thus it’s important to address both conscious and unconscious contributors of attitude towards the nursing profession.

Student nurses require motivation even to imitate the behavior that has been modeled. Reinforcement and punishment play an important role in motivation. A good motivator is the feeling of satisfaction after giving appropriate nursing care to a patient. However monetary returns, appreciation, professional certificates and job recognition can act as attitude reinforcers in the nursing profession. This explains why these factors play a key role in the inquiry of this study. While experiencing these motivators can be highly effective, so can observing other experience some type of reinforcement or punishment. (Schiffman & Kanuk, 2010).

Rational Analysis

Rational analysis involves the careful weighing of evidence for, and against, a particular attitude. For example, a person may carefully listen to the presidential debates and read opinions of political experts in order to decide which candidate to vote for in an election (McLeod, 2011). Similarly nurse trainees rationally analyse the professional attitudes and expressions from their lecturers, clinical instructors and their own experience in order to form attitude toward the noble profession.

Personal Experiences

People also learnt and change their attitude through their personal experience. They adopt positive or negative attitude by their personal experiences. Factors that describe the personal experience include, reducing surplus information, personal interest, needs
satisfaction, solution of problems, previous experience, isolated events, reliable personality, parent's influence, teacher's influence, mass communication, and stereotype attitude. Each of these factors is describe below.

Reducing Surplus Information

Every person has lot of information. Some of which are necessary while others are unnecessary. To some people reducing surplus information help in formation of good attitude. Personal Interest in that People learned attitude through pleasant and unpleasant thing by their personal interest (McLeod, 2011).

Needs Satisfaction The things or persons that fulfill our desire or needs us format a positive attitude towards. The thing and person that do not fulfill our desires and needs we built negative attitude towards them (Eiser, Stafford, & Fazio, 2009). Similarly, attitude is also developed during problem solving because of the relatively stable and enduring dispositions of attitudes (Lefcourt, 2008). Many issues need to be sorted during nurse training and in provision of nursing services to patients/clients and the general community. The manner through which these problems are sorted has a direct impact on attitude of the nurse students or their qualified counterparts in general.

Previous Experience; Our previous experience provides us a base format good attitude for future. Sometimes a single incident provides us a base for negative attitude. Attitudes formed through direct behavioral experience with an attitude object have been found to better predict later behavior than attitudes formed through indirect experience. An experiment was conducted to test the hypothesis that an information processing
difference exists between direct and indirect experience. Subjects watched a videotape of individual working examples of a variety of puzzles under instructions to empathize with that person or not. Taking the perspective of the person having the direct experience led the empathy subjects to behave more consistently with their own reported attitudes toward those puzzles than Control subjects. The results suggested that direct experience affects the attitude formation process by altering the way in which the available information is processed. In the same way student nurses form attitudes toward nursing based on their training experiences as stipulated in their curriculum. These could be positive or negative attitude (Boswel & Cannon; 2011).

**Reliable Personality:** People tend to copy to some extend the personalities of those who matter most to them. Thus a reliable person always influenced our attitude. This include, the role of Parents, teachers, mentors, siblings, senior students etc have impact on attitudes. These sources increase in number as individuals move up their professional career (Eiser et al., 2009).

**Teachers Influence:** Teachers are role model for their students. Students copy their teachers. The student’s attitude is influenced by their teachers talking style, dressing style, walking style etc (Lefcourt, 2008). Thus student nurses copy a lot from their teachers/lecturers attitude. Mass communication is also influenced on our attitudes. In modern age we have two types of mass communications. These are print and electric media. Mass communication is specially used in different categories for changing and formatting attitudes (Bafroid, 2009).
Components of attitude and the respective theories

According to Feldman & Carl Smith 2010, attitude towards any object, idea or a person is an enduring system with a cognitive component, an affective component and behavioral tendency. Through the years, multiple theories of how attitudes are formed have been offered in the literature. Two major theories tend to predominate the tripartite and unidimensional theories (Brandt & Wetherell., 2012).

The Tripartite Theory of Attitudes

The most traditional view of how attitudes are structured is called the tripartite, or three components, theory of attitudes. According to this theory, attitudes consist of three distinct components: a cognitive component, an affective component and a behavioral component (Eiser et al, 2009).

The Cognitive Component, also known as the knowledge or the beliefs components refers to beliefs, thoughts and attributes associated with an attitude object. From a nurse training perspective the cognitive component as consisting of the training content and the general beliefs about the nursing profession (Eiser et al., 2009).

The Affective Component, also referred to as the “feeling” component, reflects an emotional response toward the nursing profession as a whole. The affective component of an attitude is reflected in statements which indicate like or dislike to the profession. Notice that the affective response can relate to a single aspect of the profession, or it can imply an overall response toward the profession (Eiser et al., 2009).
Behavioral Component

The third component of attitude is a *behavioral or behavioral tendencies* component. This behavioral component is multi-faceted. "Behaviors" can consist of the actual delivery of nursing care, recommending the profession to someone else, or even something as simple as discussing with someone the pros and cons of the nursing profession. This component 'behaviors' all reflect both the cognitive and the affective components of attitudes. Attitudes occur within a situation and that the situation can, and will, influence the relationship between attitude and behavior it indicates past experiences or behaviours regarding the nursing profession (attitude object) (McLeod, 2011).

All three components of one attitude tend to be consistent with one another. A change in one attitude component will produce related changes in the other components. This necessary consistency between attitude components suggests that strategies directed at changing one component of an attitude can impact the other components as well. (Brockopp Hastings-Tolsma, 2003).
The Uni-Dimensional Attitude Theory

A somewhat more modern view of attitudes places the emphasizes on affect. An individual's attitude is the affective or emotional response to the attitude object. With this modern view, the beliefs component (cognitions) and the behavioral component are separate constructs. However, there is still an implied causal relationship between all three components, as shown in figure 2 Cognitions (beliefs) are typically formed first. These beliefs then contribute to formation of an attitude (affective response) toward the nursing profession. In other words, attitudes are formed based on individuals' beliefs about things. Then, in turn, the formed attitude toward the object causes some behavioral response with respect to that object (Eiser & Stroebe, 2009).
Attitude Determinants

Attitudes are relatively constant feelings directed toward something or someone that contains a judgment about whether that something or someone is good or bad. Attitudes can always be categorized as positive or negative. They differ from beliefs in that they always include some evaluation of the person, object or action. According to Haggbloom (2002), three kinds of behavioral determinants have been identified personal factors, enabling factors and reinforcing factors.

Personal Factors

These are the characteristics of a person or population that motivate behaviour. They include Peoples' knowledge, beliefs, values and attitudes. These factors always affect the
way people behave. Motivational factors are subject to change through direct communication or education.

All of these can be seen as targets for change in medical education and other health interventions (Haggblom, 2002). Based on this, nursing students can change their attitude toward the profession based on knowledge acquisition, change in their beliefs and values as they go through the training. This indicates the impact of the training curriculum on students’ attitudes.

Knowledge is usually needed but is not enough on its own for students to change their behaviour. At least some awareness of health needs and behaviour that would address that need is required. Usually, however for behaviour change some additional motivation is required. A reinforcing message from the educators may be required for proper knowledge acquisition. Beliefs are convictions that something is real or true. Statements of belief about nursing profession are when the learners state that they are comfortable with the profession they are being trained for (Bohner & Dickel, 2011).

Often a potent motivator related to beliefs is fear and anxiety about their future while in the nursing profession. Values are the moral and ethical reasons or justifications that people use to justify their actions. They determine whether people consider their career choices to be right or wrong. Values are considered to be more entrenched and thus less open to change than beliefs. Interestingly people often hold conflicting values on the same issue (Haggblom, 2002). For example, a nursing student might have no interest in the nursing profession, but enroll for it just because the parent(s) propose the course.
The most important motivating factor for self-regulating one’s behaviour is seen to be self-efficacy which implies an individual’s attitude of how successful he or she can be in performing a particular behaviour. Self-efficacy also involves learning why particular behaviours are harmful or helpful. It includes learning how to modify one’s behaviour, which is a prerequisite for being able to undertake or maintain behaviours that are good for one health and life (McLeod, 2011). Application of self efficacy in analysis of BScN student nurse attitude during their training can be compared to reasons why the student chose to join the nursing profession. A student whose choice was influenced by parents is likely to have different attitude from those who chose to do nursing because they had a desire to help the sick.

**Enabling Factors of Facilitating Attitude Development and Change during Nurse Training.**

Enabling factors are characteristics of the environment that facilitate action and any skills or resources that are required to carry out a specific health behaviour, for example accessibility, availability or specific skills. Enabling factors are also factors that make it possible (or easier) for individuals or populations to change their behavior or their environment. Enabling factors include resources, conditions of living, social support and the development of certain skills (Mearns, 2009).

Among the factors that influence use of health services are two categories of enabling resources: community-enabling resources (health personnel and facilities must be
available), and personal or family-enabling resources implying that people must know how to access and use the services and have the means to get to them. Enabling factors refer to characteristics of the environment that facilitate or impede healthy behaviour. They also include the skills and resources required to attain behaviour. For example enabling factors for a mother to give oral rehydration salts to her child with diarrhea include having time, a suitable container and the salt solution itself (Gregory, 2008).

A person or population may need to employ a number of skills to carry out all the tasks involved in changing their behaviour. For some positive health behaviours it might be necessary to learn new skills. For example, if nursing students are not taught the proper technique of nasogastric tube insertion, during assessment on the same procedure, the student may feel harassed and probably fail the assessment. This can lead into avoiding the same procedure in future which is a behaviour change. Eventually through coupling with other factors, the student may develop negative attitude toward the profession (Mearns, 2009).

**Resources Necessary for Attitude Development and Change in Nurse Training.**

A number of resources need to be in place if an individual or population is to make and sustain a particular behaviour change. The availability, accessibility and affordability and utilization of these resources by the BScN trainees, their instructors and mentors may either enable or hinder undertaking a particular behaviour as an attitude component. For example, in a health training institution, the lack of non pharmaceuticals or nursing
station may make it hard for the nurse students and their mentors to discharge their nursing duties. This difficulty in execution of the appropriate behaviour in nursing practice eventually translates into or contributes to a negative attitude toward the profession. Changing behavior may also be easier if other aspects of one’s environment are supportive of that change. For example policy initiatives or even laws might be in places that create a positive atmosphere for change of attitude (Gregory, 2008).

Reinforcing Factors

Reinforcing factors are rewards or punishments following, or anticipated as a consequence of, a health-related behaviour. They serve to strengthen the motivation for behaviour. These may include positive or negative influences from influential people such as the person’s family, peers or significant people in the community (Mearns, 2009). Reinforcing factors can also be the positive or negative influences or feedback from others that encourage or discourage health-related behaviour change. The most important reinforcing factors are usually related to social influences from family, peers, teachers or employers (McLeod, 2011).

Social influence: This is the positive or negative influence from those influential people around us that might encourage or discourage us from performing certain health-related behaviours. An individual’s behaviour and thus attitude such as choice of a career of training might very well be dependent on the social networks and organizations they relate to. Peer group, family, school, career guiders and religious leaders are all important influences when people make up their minds about their professions. Social influences
start at an early age. If children are surrounded by good influences they stand a better chance of making better career decisions for themselves later in life and vice versa (McLeod, 2011). This three-way reciprocal relationship between factors which determine attitude is further presented in Figure 5.

Figure 5. Graphical representation of attitude determinants

Source; Matheka, (2013)
Characteristics of Attitudes which Moderate Their Expression in an Individual’s Behavior.

Attitudes formed on the basis of direct experience tend to exert stronger influence on behavior than those formed through hearsay. For example, attitude toward the nursing profession achieved going through the training program me is stronger than that formed through information given by others about the profession. This makes the origin of the attitude modifier quite important as it happens with the attitude change message conveyed by nursing instructors during training (Srikanthan & Dalrymple, 2003).

A study by Gregory in 2008 found that strength of attitudes also influence their expression in individuals behavior. Strong attitudes exert more influence on behavior and the same happens with weaker attitude for instance, in regard to knowledge, the more informed one is on a particular topic, the stronger the influence of the attitude on his or her behavior. A good example is if one knows a lot about nursing profession, and say they like it at the beginning of their training, they are also likely to like it more at the end of their training and beyond during their professional practice (Gregory, 2008).

Individuals Self-interest in a particular task or profession is another aspect which affect attitude–behavior link strength. The more the topic affects an individual, the stronger the attitude-behavior link, for instance, the stronger the self interest toward a certain profession, the greater the chances of seeking an opportunity to study in the profession (Honda & Gullan, 2010).
Social identification and value relevance also help in the determination of attitude – behavior link strength. The more the attitude topic is important to defining ones social status or the more it reflects on individual’s basic values, the stronger the attitude and thus the stronger its link to behavior for example attitudes toward training for a nursing versus training for a Pharmacy (Fretwell, 2009). Stronger attitudes are usually more accessible to consciousness/awareness and thereby can more easily regulate behavior.

Another aspect of attitude contribution to behavior is Specificity. Specific attitudes are better at predicting a specific behavior than general attitudes. General attitudes are better for predicting a general class of behaviors than specific attitudes (Fishbein & Ajzen, 2011).

A major Personal factor that modify extent to which attitude is reflected in our behavior is self-monitoring which implies the tendency to adjust one’s behavior to fit the situation. It further involves awareness of one’s effects on others, and the ability to regulate one’s nonverbal cues and behaviors to influence others’ impressions.

Attitudes are a better predictor of behavior for low self monitors than for high self-monitors. It’s also a better predictor for those high in need for cognition (Gross, 2008). Nurses tend to monitor their own activities and behaviour in order to fit into the expected behavior of health care professionals. However those with low self monitoring of their behaviors’ can have their attitudes derived from their behavior since it displays what they feel about their profession. This behavior should be repeated severally for it to be a reliable predictor of attitude.
Attitudes influence on behavior according to the Theory of Planned Behavior

According to this theory, Individuals consider the implications of their actions before deciding how to behave. The best predictor of behavior in a situation is the strength of the individual’s intentions with respect to that situation. Intentions will be based on attitudes toward the behavior in question example a statement like, “training for nursing is something that favors me” (Gross, 2008).

Theory of planned behaviour is also based on subjective norms. This means that a person’s beliefs about how others will evaluate his behavior will determine if the individual engages in the behavior or not. The statement “my friends think that training for a nursing career is a waste of time” indicate an impact whether the person actually trained for nursing profession or not. This theory also extrapolates that planned behaviour is based on perceived behavioral control indicating the extent to which a person believes behavior is hard or easy to control. An example is the statement that “I’ve been sponsored to pursue a nurse training course and not any other form of career”. This implies that although the attitude toward training is positive, the intention to train for a nursing career will probably be low even when all are congruent (attitudes, norms, and control). This model does well only for situations where there is time and inclination to actually reflect on possible behavior (Fishbein & Ajzen, 2011).
Relationship between attitude components and behavioral determinants

According to Fieldman & Carl Smith (2010) attitude is closely linked to behavior expressed. Attitude has got three main components which include a Cognitive Component or personal component which consist of Knowledge, opinions or beliefs expectations. Attitude also has got a behavior component meaning that there is a tendency of an individual to behave in a particular way based on whether their attitude is positive or negative toward a particular aspect in this case nursing profession. Lastly, attitude has an affective component which Involve the feelings and emotional aspect toward the nursing profession. These components are illustrated in Figure 6.
Figure 6. Relationship Between Attitude Components and Behavioral Determinants

ATTITUDE

COMPONENTS

Cognitive Component
(Also called personal factors). Consist of Knowledge, opinions or beliefs expectations

Behavior component
(Intention to behave in a certain way)

Affective component
(Involve the feelings and emotional aspect toward the nursing profession)

Enabling factors
Include Resources Practice Skills Motivations

Personal factors
Consist of Knowledge, Self efficacy opinions or beliefs expectations

Environmental and reinforcing factors
Include Social norms, social influences from family, peers, teachers or employers. Access in community, influence on others. Ability to change own environment

From Figure 9, the behaviour component of attitude is determined by other factors which include enabling factors like resources, practice, skills and motivations. Behaviour component also determined by Personal factors like knowledge, Self efficacy opinions or beliefs expectations. The third determinant of behavior is environmental and reinforcing factors which include Social norms, social influences from family, peers, teachers or employers. Access in community, influence on individuals ability to change own environment. In regard to attitude of nursing students, the instructors and faculty staff are like resources which provide knowledge and skills. Recognition of nursing work and family support provide motivation to train and remain in the nursing career. In turn these behavior determinant factors combine with ones cognitive abilities and affective components to bring about a positive or negative attitude.

Attitude

People's attitudes determine their attitude. The attitude of nursing students toward the profession will be reflected in their attitude. Attitude is defined as the process by which individuals organize and interpret their sensory impressions in order to give meaning to their environment. According to Gregory (2008), attitude involves making inferences about what we see and trying to make a best guess. He argued that Prior knowledge and past experience are crucial in attitude. He further proposed that attitude involves a lot of hypothesis testing to make sense of the information presented to the sense organs indicating that our attitudes of the world are hypotheses based on past experiences and stored information (Gregory, 2008).
However, according to Beaty, Borg, & Gall, (2010), attitude is like beauty in that it lies in the eyes of the beholder implying that one’s attitude can be substantially different from objective reality or somebody else’s attitude towards the same thing. Attitude is important because people’s behavior is based on their attitude of what reality is, not on reality itself about a particular thing. Factors influencing attitude include attitudes, motives, interests, past experiences and expectations. Nurses being in a caring profession are expected to have the right attitude, motives and interests which shape attitude for them to perform adequately.

Nurses are still the largest segment of healthcare’s present workforce, constituting fifty-nine per cent (59%) of the healthcare providers in the world today. Nurses are well-educated scientific experts, educators, researchers, inventors, leaders, and comforters, and are the primary care providers for many patients regardless of age, gender, or cultural background (Fretwel, 2009).

Nursing education and training plays an important role in the production of well-trained and properly groomed nurses in terms of getting the proper attitude and attitude. Nurse Education consists of theoretical and practical training provided to nurses with the purpose of preparing them for their duties as nursing care professionals. This education is provided to nursing students by experienced nurses and other medical professionals who have qualified or experienced for educational tasks. Most countries offer nurse education courses that can be relevant to general nursing or to specialized areas including mental health nursing, pediatric nursing among others. Courses leading to autonomous
registration as a registered nurse, typically last for years (Ministry Of Health, Kenya 2008).

Schools of nursing aim to recruit and retain qualified applicants in order to confront the current challenge of human nursing resource. Hospitals and health agents have expanded services and facilities rapidly to meet the needs of the growing population. This implies that nursing service requirements have been expanded both qualitatively and quantitatively and there is no apparent end in sight for the expanding role of the nurses so long as the world populations continue to increase. Attitudes of nursing have been linked to students’ decisions to enter the nursing profession and to continue in or withdraw from nursing programs. Student nurses’ need to develop multi-tasking skills emotionally, mentally and physically as they are caught between the cultures of clinical areas, peer driven University life and home. The conflicts arising from these settings create a disharmony, which may cause some to undermine nursing as a career choice (National League for Nursing, 2010).

The developmental educative process in nursing is a sophisticated and complex combination of scientific, logical, humanitarian, communicative experiences and psychomotor skills, designed to consolidate abilities and produce “knowledgeable doers” with the right attitude in performance of their duties (Paetznick, 2010).

All over the world, efforts are constantly being made to bridge the gap between the supply of well qualified nurses and the ever increasing demand for their services. Both nursing lecturers and the lay public expect the nurse graduate to be a scientist, a humanist, a scholar and a citizen with a sufficient sense of responsibility to offer his/her
services where they are needed all over the world. They also insist that the nurse should not only be familiar with present-day knowledge in the field, but that he/she should remain updated with all advances in the field throughout one’s career. These expectations are nothing more than wishful thinking, and very few nursing graduates ever fulfill these criteria. The need for adequate nursing care continues and the profession is nowhere near meeting this challenge (WHO, 2007).

Changing attitudes is very difficult but not impossible. Nurse training form an integral part of medical education today. Medical education has been shown to have a profound effect on the attitudinal development of the students, giving ample room for intervention through education to change the attitudes and beliefs, thus facilitating effective treatment of patients (Polit, 2011).

Although the quality of the curriculum is only one of the factors that determine the results of nursing education, is nevertheless an important one. A good curriculum must necessarily be based on analysis of the aims, successes and failures of the nursing education. Various factors determine the nursing curriculum and its implementation. These include the teacher to student ratio, the quality of the pre-nursing studies, and availability of text books among others (Southern Regional Education Board, 2009).

According to WHO, nursing education should aim at training the largest number of nurses at the lowest possible cost, motivating nursing graduates to practice as qualified nurses in rural and small communities where their services can be utilized and coordinated, safeguarding professional standards and knowledge of nurses throughout
their professional careers and to train all nursing students thoroughly in all areas such as community nursing, general nursing and midwifery (WHO, 2010).

However, according to Chambers and Wall, each curriculum has three main aspects namely, the formal curriculum which includes what the schools of nursing set out to teach. Informal curriculum which includes what the students learn from a variety of sources and interactions while taking part in the activities at the institution. Lastly the Hidden curriculum which covers what the students learn but the institution definitely does not intend to teach (Chambers, Lo, & Allen, 2008).

Other than the above subsections of any curriculum, other aspects accompany training in any institution of higher learning associated with the medical profession. These include the students' financial status and physical health and other factors such as recreational aspects, smoking and alcoholic beverages and attitudes towards their profession. (Chambers et al., 2008).

2.2 Attitude of the Nursing Students Towards Nursing

Nursing form a the nation's largest health care profession worldwide with 2.6 million registered nurses (RNs), and many more needed in the future. Nurses are the largest single component of any hospital staff. They are the primary providers of hospital patient care and they deliver most of the nation's nursing health care. They work in a variety of other settings as well. Past studies have indicated that when the nursing student enters a training school, their desire to go out and help his/her fellow people cools off during the basic years (Polit, 2008).
A study done by Graneheim, 2008 in Canada among the student nurses on the professional role, indicated that students often thought that their work was 'not really professional nursing and that they were confused by what they had learned in the faculty and what in reality was expected of them in practice.

"We just do basic nursing care, very basic. ...You know...giving bed baths, keeping patients clean and making their beds. Anyone can do it. We spend four years studying nursing but we do not feel we are doing a professional job (Participant 5, Group 1, Page 107)."

Results of this inquiry Indicated that the students did not consider nursing to be a professional job and thus an inclination toward negative attitude among the future nurses to be (Graneheim, 2008).

A comparative study on the role of the professional nurse and nursing auxiliaries was a past study done by Radcliffe in 2009 in South Africa. One of the respondents said he/she did not see the difference in the work performed by the trained professional nurses and the nurse Aids. 'The role of auxiliaries such as registered practical nurse and Nurse Aids are the same as the role of the professional nurse. We spend four years and we have learned that nursing is a professional job and it requires training and skills and knowledge, but when we see that Nurses Aids are doing the same things, it cannot be considered a professional job (Radcliffe, 2009).

According to Darbyshire et al, (2010) the current general attitude of nursing among the general community is that of low technical jobs which do not offer a lot in terms of challenges and rewards. Many see the profession as either outdated or as a stereotypical.
Based on these views, a campaign was designed to influence a change in thinking from this stereotypical view because there are many positive attributes of nursing to be promoted. These include nursing as an exciting, dynamic, challenging and rewarding profession. It also meant to reinforce the fact that it takes human skills, not just hi-tech medical equipment, to deliver superior patient care. This campaign had little success (Darbyshire et al., 2010).

In a prospective study done at Hawaii in 2007 by Honda on “Nurses Attitudes toward Their Profession,” 100% of students surveyed stated that the role of the bedside nurse was vitally important in this era of healthcare and that they believed other professions recognize the importance of nurses and the work they perform. However, many of the students surveyed (48.9%) remarked that it was not necessarily their role to provide bedside care. Additionally, they responded that nurses are not well compensated for the job performed (55.6%). The study concluded that the attitudes of junior nursing students towards their future profession were alarming. Many of the students respondents (64.4%) were not planning to practice nursing at the bedside nor did they consider quality bedside care a priority for their career (Honda, 2010).

2.3 Attitude of Nursing Students Toward Nursing profession

Attitude is conscious recognition and interpretation of sensory stimuli that serve as a basis for understanding, learning, and knowing or for motivating a particular action or reaction. Therefore, how a nurse performs depends on her attitude of the career because
nursing is a blend of science and technology with the art of caring and compassion (National League for Nursing, 2010).

Every day on the job nurses use the science they learned in nursing schools. Warm, caring, competent critical thinking nurses communicate respect for patients' dignity and individuality, alleviate fear and stress of any nursing care setting. Patients perceive these nurses as professionals who deliver quality care. When cared for by nurses with these characteristics, patients' satisfaction with care is heightened (Sandaranarayanan, 2011).

There are a number of factors that influence individuals' attitude namely one's motives, interests, past experiences, and expectations (Graneheim, 2008). In relation to this, a quasi-experimental study was conducted by Darbyshire et al., 2007 on thirty nine (39) nursing students at their first educational season to investigate the changes in students' attitudes of nursing during their education and to evaluate the role of an introduction to the nursing course in this change. The objectives, contents, education methods and mutual expectations related to the course were discussed. During this course interactive learning strategies were used. At the end of the term the opinions of the students about the education methods used and the instructor of the course were classified and evaluated by the researcher. The results indicated that introduction to the nursing course had a positive effect on students' understanding of nursing as a profession and they expressed positive opinions about the education methods used by the instructor (Darbyshire et al., 2007).
Literature search by Cameron and others in 2011 found that, nursing care was provided by men and women serving punishment. It was often associated with prostitutes, widows, poor family women and other female criminals. Because of involvement of such type of people the reputation of nursing was low in society and the attitude of people towards it was negative (Cameron, et al., 2011).

It was not until Ms Florence Nightingale the lady with a lamp a well-educated woman from an affluent class family became a nurse and improved the profession drastically in nineteenth century that people gradually began to accept nursing as a respectable profession in the society. At that time, nursing was seen as employment that needed neither study nor intelligence. In the developing countries, nursing profession developed slowly hindered due to various reasons like low state of women, illiteracy, poverty, and political unrest (O'Brien., 2008).

After the establishment of Trained Nurses Association and State Nursing Councils, Nursing profession continued to grow and over the past 100 years the attitude of the society towards it has been changed to some extent. The attitude of the most nursing students is believed to be negative towards this profession in many states. A number of factors determine this negative attitude of students which may include low reputation of the profession in society, no definite job description for nurses, no criteria for various administrative posts in nursing, no use of higher degrees for higher post, dominance of doctors everywhere in all job settings, no autonomy to the profession and lower salary of nurses. Nursing profession is not attractive for meritorious as well as other high school students; they do not see it as a good career option (Anurag et al., 2011; O'Brien, 2008).
A nursing research by Greeves (2011) reported that most students decided to join nursing Profession because they had a desire to help others, and nursing was perceived as caring and serving humanity job (Greeves, 2011). On contrary, Lai, Peng and Chang (2006), conducted a study in Taiwan on “attitude of junior nurses toward their future profession” the attitude of junior nursing students toward their future profession was alarming. According to this study 65.4%, of the nursing students would not choose nursing as career after graduation. Many of the students were not planning to practice nursing at bed side nor did they consider quality bedside care a priority for their career. Thus indicating the general negative impact of nurse training curriculum and institutions on the student’s attitudes in this study (Lai, Peng, Chang, 2006).

A brochure advertising an institute student mentoring features a well-dressed BSc Nurse standing at the bedside. The text read, “She has been nursing for three years. Her patients really like her. She's dedicated. She's energetic. She's creative. . . . She's quitting.”(Zhang., & Petri, 2008). The message inside the brochure was that, if the nurse had a positive attitude and with good motivation, she would remain in nursing.

2.4 Nursing Curriculum and Interest to Join the Nursing Profession.

In view of the chronic shortage of nurses in the developing countries, considerable attention has been put on the promotion of nursing education. Several conferences have been made on these areas mainly addressing the unfavorable nurses to population ratio. Such conferences give consideration to topics such as training in basic nursing with special reference to the concept of intergraded teaching, problems arising from the acute
shortage of nursing man power in a given region, community centered nurse trainings and the various factors involved in the establishment or expansion of nursing schools including innovations in curriculum and teaching methods (Graneheim, et al., 2008).

Past studies have indicated that student nurses change their attitudes and attitudes towards the course during their training period. A significant number of nursing graduates join other professions soon after their training while others remain in the profession because they have no alternative (Bafroid, 2009).

2.5 Theory Practice Gap

The literature suggests that there is a gap between theory and practice in nurse trainings. The category theory-practice gap has emerged from several past studies especially in focus group discussions where almost every student in the focus group sessions described in some way the lack of integration of theory into clinical practice (Hart et al., 2008). The following are some of their statements;

"I have learnt so many things in the class, but there is not much more chance to do them in actual settings. When I just learned theory for example about a disease such as diabetes mellitus and then I go on the ward and see the real patient with diabetes mellitus, I relate it back to what I learned in class and that way it will remain in my mind. It does not happen sometimes" (Hart et al., 2008, Pg 149).
There were some similarities between the results of this study with other reported studies and confirming that most of these factors are universal in the nursing education.

2.6 Clinical Experiences and Assessments

Clinical experience is one of the most anxiety producing components of the nursing program which has been identified by nursing students. In a descriptive correlation study, third and fourth year nursing students reported that clinical experience was the most stressful part of the nursing program. Lack of clinical experience, unfamiliar areas, difficult patients, fear of making mistakes and being evaluated by faculty members were expressed by the students as anxiety-producing situations in their initial clinical experience. In a study done by Hart and Rotem (2008), stressful events for nursing students during clinical practice were studied. They found that the initial clinical experience was the most anxiety producing part of their clinical experience. The sources of stress during clinical practice have been studied by many researchers (Hart & Rotem, 2008).

In addition, a past study by Greeves, (2011) on the nursing education, students mentioned their worry about the initial clinical anxiety, theory-practice gap and clinical supervision. They indicated that integration of both theory and practice with other aspects of nursing enable them feel that they are competent enough to take care of the patients needed some improvement (Greeves, 2011).
2.7 Social Academic Environment

Although studies by Sherwood and Drenkard (2007) documented the importance of the academic environment in promoting positive outcomes among students, few quantitative studies in nursing have been performed to identify strategies through which a nurturing learning environment can be created. For example, a randomized two-group pretest-post test design was used to investigate effects of an informal peer group experience on nursing students' emotional well-being and professional socialization as caring practitioners (Dunn & Hansford, 2007). Groups did not differ significantly on the outcomes measured in this study. As a whole, students showed statistically significant increases in anxiety, depression and negative effect, along with decreased self-esteem and positive affect during the junior year of nursing school. Generally psychological problems and stress-related symptoms have been well documented among college students in general and professional students in particular. Although the findings from this study are not unique, they suggest the need to reconsider strategies by which the affective and professional socialization goals of undergraduate nursing education can be achieved (Greeves, 2011).

2.8 Attitude of Nursing Profession among Outgoing Nursing Students

According to a study done by Anurag and others 2011, in nursing colleges of Punjab State, India a vast majority of the outgoing nursing students (99.1%) perceived that nursing profession is an opportunity to serve humanity. However, few B. Sc. Nursing students (5%) disagree with this (P=0.002).
In general majority of the outgoing nursing students perceived that there is an opportunity for personal growth in nursing profession (81.9%). The remaining proportion of B. Sc. (N) students (18.1%) did not perceive opportunity for personal growth in the nursing profession (P = 0.016). Two third of (69.6%) the outgoing nursing students perceived nursing profession as a way to get due recognition in society. However, the remaining proportion of students did not perceive nursing profession as a way to get due recognition (Anurag et al., 2011).

**Attrition from Nursing Profession and Nurse Training Programmes**

A study by Cameron and others found that nursing attrition to be a major problem internationally. The purpose of this integrative review of the literature was to find and review research studies which explored student attrition to determine what is known about the topic and to identify gaps in the research. It recognized attrition as being a complex phenomenon, not attributable to a single cause, but to multiple reasons (Diekelmann & Ironside, 2002).

A study by the Southern Regional Education Board, (2009) indicate that most graduate nurses have shifted from their core duties of nursing to administration only and lack motivation to participate in basic nursing duties. In addition there are many claims that support abuse of nursing roles by graduate nurses. This doctor experience with them is just an example “you could just read from the records that a patient has had heart attack at some point yet the graduate nurses in the hospital seemed to know this yet they did nothing about it. Instead they left all the resuscitation procedure to the doctors” (pg 86).
This is a good indicator of minimal motivation to perform the professional duties on the side of the graduate nurses (Southern Regional Education Board, 2009).

Regardless of actual attrition rates and trends, departments of nursing and midwifery were found to be challenged to perform in a businesslike manner. Consequently every student lost to a programme of study equates to a financial penalty for the department and to the future workforce and community. The study was done through Integrative review of the literature. Using electronic databases and specific search terms 21 articles were identified and reviewed. Using qualitative content analysis four broad themes that accounted for factors of relevance to attrition were identified as Social, Prediction, Programme and Personal related factors. The study was concluded through identification of Methodological problems abounding in relation to nurse retention. These included incomplete or inaccurate data and low response rates. Attrition early in programmes can be attributed to a failure to understand the roles of nurses and midwives in contemporary societies. This was found to cause dissatisfaction with programmes and academic failure, as students underestimated the intellectual demands of their programmes. Attrition later in the programme was attributed to a combination of personal factors that culminate in a personal crisis. Concerning relevance to clinical practice, research literature suggests that stereotyping of nurses is a major factor in attrition and therefore nursing professions need to find ways of communicating contemporary roles to wider society in order to reduce the attrition rates (Cameron et al., 2011).
2.9 Clinical Environment and Students Learning

Previous studies suggest the nurse manager of a clinical unit plays a key role in establishing and maintaining an atmosphere conducive to learning (Windsor, 2007). Nursing students perceived that the management style and interpersonal skills, including approachability, of clinicians are of prime importance and that the provision of learning opportunities is more important than formal teaching (Ogier, 2003; Sellek, 2011).

It is apparent that highly structured clinical settings with rigid task allocation and strict hierarchical systems are unlikely to meet the learning needs of students (Fretwell, 2009). Students prefer clinical settings with a high degree of staff support and morale. (Ogier, 2003; Smith, 2008). Moreover, students see interpersonal relationships and evaluation processes as significant sources of both satisfaction and anxiety, depending on whether these elements are positive or negative (Seliek, 2011).

In a qualitative study, Hart and Rotem (2008) found that students valued positive relationships with clinicians and appreciated recognition for their contribution to patient care. Students' need to belong and be accepted by the clinicians was a common theme. Students enjoyed being busy and having an appropriate level of autonomy but found this difficult to achieve unless their role as student was clear to members of the clinical staff (Gillis, 2007; Hart and Rotem, 2008).

In a survey study to identify nurses' attitudes of professional development in clinical settings, Hart and Rotem (2008) identified a significant positive correlation between professional development and six independent variables (i.e., autonomy and recognition,
role clarity, job satisfaction, quality of supervision, peer support, opportunities for learning). Although Hart and Rotem's (2008) study targeted Registered Nurses, the conceptual framework had broad application within nursing practice as a means of predicting professional development. The study offered a perspective that supported close cooperation between educational and clinical facilities in the planning and evaluation of clinical learning experiences at the undergraduate level.

A survey, which assessed undergraduate nursing students' attitudes of clinical learning environment, concluded that interpersonal relationships among participants in the clinical learning environment were crucial to the development of a positive learning environment. Student satisfaction with the clinical learning environment was both a result of influence in creating a positive learning environment and having appropriate attitude (Dunn and Hansford, 2007).

2.10 General Effect of Training on Attitude Development

Medical education has been shown to have a profound effect on the attitudinal development of nursing students (Sellek, 2011), giving ample room for intervention through education to change the attitudes and beliefs, thus facilitating effective managements of patients and the community.

Every day on the job nurses use the science they learned in nursing schools. Warm, caring, competent critical thinking nurses communicate respect for patients' dignity and individuality, alleviate fear and stress of any nursing care setting. Patients perceive these
nurses as professionals who deliver quality care. When cared for by nurses with these characteristics, patients' satisfaction with care is heightened (Sandaranarayanan, 2011).

**Literature Review Summary**

In this chapter a detailed explanation of attitude formation and change was done. Described also are the studies done in the field of nursing education and attitude change. Example of the studies is attitude of undergraduate nursing students on clinical teaching. This information forms a basis for reference after data collection and results presentation later on during discussion of the results. The following chapter describes the materials and methods used in execution of this study.
CHAPTER 3: METHODOLOGY

Introduction

This chapter presents information regarding the procedures used to conduct the study. It gives a detailed account of the research design, study variables, sampling techniques, study instruments, ethical considerations, data collection, data presentation and analysis methods. The chapter also describes the procedures applied in choosing the study subjects and in the actual data collection. The fine details are described in the chapter.

3.1 Study Area

The study was done in three university colleges of nursing, namely Kenyatta University, Moi University and University of Nairobi. These colleges train basic and post basic Bachelor of Science in nursing students. Moreover these institutions at the time of executing this study had trained and graduated at least a class of basic BSc Nursing students. Thus they are best suited to mould the right nurse student’s attitude and attitudes toward nursing. The study mainly focused on the basic students because it’s easy to capture their pre and post training attitudes.
Structure of nursing education in general

During their course of training all nursing students undergo several classroom and clinical experiences as part of their training curriculum. In addition, they also have extracurricular and social life activities during their training. The basic BScN nurses are trained for four academic years with intensive theory and clinical practical sessions. The theory content includes basic clinical sciences like human anatomy, physiology, biochemistry and pathology among others. Apart from the basic clinical sciences, BScNs also learn specialized nursing sciences such as medical - surgical nursing, midwifery and community health. Each of these sessions has its own means of evaluation but mainly classroom theory sessions are examined through a theory exam while clinical learning sessions are examined through clinical assessments.

3.2 Target Population

Broadly, this is the population that the results should be generalized to. The target population for this study was all the basic BSc N students. However during this study, the researcher made use of the accessible population of BSc N and key informants from three Public Kenyan Universities, namely University of Nairobi, Moi University and Kenyatta University.
3.3 Research Design

The study was executed as a cross-sectional study. This study design is useful in identifying and describing characteristics, opinions, attitudes and behaviors existing in a population (Polit & Beck, 2004). Data was collected from nursing students learning in three public universities which were the main study sites namely Nairobi university, Moi University and Kenyatta Universities. Data was also collected from key informants. This mainly involved nurse lecturers in the schools of nursing at the universities. It also included mentors of the BSc N students associated with the study universities and their respective main teaching hospitals.

3.4 Sample Size Determination and Sampling Techniques

3.4.1 Sample Size Determination

As usual with all studies, it’s almost entirely impossible to get the study population of all the BScN students. Since it was not possible to get all the basic BSc N students in nurse training university colleges study subjects were drawn from the approximate total population of nursing students in Kenyan Universities which formed the accessible population. The named three nurse training universities were purposively chosen. According to Lisa, 2008, purposive sampling can be used when there is no definite sampling frame for quota sampling. At the time of planning for this study case there were four public universities training basic Bachelor of Science Nurses. So the three universities are purposively chosen for this study. Similarly,
the key informants were selected from the respective clinical areas for their students in the clinical areas.

On average, 91 basic degree nurse trainees are admitted to a particular university (NCK, 2010). Therefore 91 (91 x 3) degree training nurses formed the sampling frame of the study from where the sample size were drawn from using Fitcher et al. method of sample size calculation as quoted in Mugenda & Mugenda (2010).

The number being less than 10,000 the formula for sample size calculation used was

\[ nf = \frac{n}{1 + \left( \frac{n}{N} \right)} \]

Where nf = The desired sample size (when the population is less than 10,000)

\[ n = \frac{Z^2 p}{d^2} \]

N= The estimate of the study population.

Where n = the desired sample size (if the target population is greater than 10,000)

\[ Z = \text{The standard normal deviate at the required confidence Interval / Level} \]

P= the proportion of the target population estimated to have characteristics being measured, statistically is 50% = 0.5.

\[ q = 1 - p = 1 - 0.5 = 0.5 \]
Thus

\[ n = \frac{(1.96)^2 (0.5)(0.5)}{(0.05)^2} = 384 \]

\[ n_f = \frac{384}{1 + \frac{384}{273}} \]

= 162 Study subjects (students)

3.4.2 Sampling Technique

Systematic probability sampling technique was used to get the study subjects as follows

\[ \text{Estimated total population} = 273 = 1.7 \]

Desired sample size 162

Therefore, on average each alternate degree nursing student was taken as a study subject. This gave the sampling interval (Mugenda and Mugenda, 2010). However, to ensure representativeness in terms of number of students included in the sample size, cluster
proportionate sampling was done to get the total number of students included in the study from each school of nursing (Polit et al., 2011).

3.5 Inclusion and Exclusion Criteria

3.5.1 Inclusion Criteria

The study included a group of systematically sampled BScN students in their first year of training. This group provided data mainly on their initial attitudes and attitude of the nursing profession before exposure to the training experiences. Both qualitative and quantitative data was collected from this group, by use of structured questionnaires, focus group discussions and attitude measurement scales as described in the study instruments section later in this chapter. Three groups of first year students were utilized in collection of quantitative data. Similarly three groups of first years each from every university were utilized in focus group discussions which mainly yielded qualitative data.

The next groups of respondents included in this study were systematically sampled BScN students in their final year of training. Data from this group of study subjects shed light mainly on the attitude of nurses toward the nursing profession after they undergo the training experiences in their respective universities. Study instruments used yielded both qualitative and quantitative data. Moreover, the instruments were just like for the first year’s group but the contents differed in terms of the questions and statements used in the structured questionnaires and in the focus group discussion guides as stipulated in appendix 5 and appendix 6.
The third group of the respondents included in the study was purposefully selected Nurse lecturers, clinical area mentors and those who have completed the BScN programme or have trained BScN’s for at least four years as Key informants. Data from this group was entirely qualitative in nature and was analysed through development of themes.

3.5.2 Exclusion Criteria

Continuing students who were not in their first or fourth year of training at the execution time of this study. Nurse lecturers and clinical mentors who had trained basic BScN students for a period less than four years as key informants. These potential respondents were considered not to have the right information thus the exclusion.

3.6 Study Instruments and Data Collection Procedures

3.6.1 Attitude Measurements

Many measurements and scales are used to examine attitudes. Attitudes can be difficult to measure because measurement is arbitrary, meaning people have to give attitudes a scale to measure it against, and attitudes are ultimately a hypothetical construct that cannot be observed directly. Following the explicit-implicit dichotomy, attitudes can be examined through direct and indirect measures.

Explicit measures of attitude

Explicit measures tend to rely on self-reports or easily observed behaviors. These tend to involve bipolar scales (example good-bad, favorable-unfavorable, support-
oppose.). Explicit measures can also be used by measuring the straightforward attribution of characteristics to nominate groups, such as "I feel that nurses are...?" or "I think that male nurses are...?" Likert scales and other self-reports are also commonly used (Brandt & Wetherell, 2012).

**Implicit measures of attitude**

Implicit measures are not consciously directed and are assumed to be automatic, which may make implicit measures more valid and reliable than explicit measures (such as self-reports). For example, people can be motivated such that they find it socially desirable to appear to have certain attitudes. An example of this is that people can hold implicit prejudicial attitudes, but express explicit attitudes that report little prejudice. Implicit measures help account for these situations and look at attitudes that a person may not be aware of or want to show. Implicit measures therefore usually rely on an indirect measure of attitude. For example, the Implicit Association Test (IAT) examines the strength between the target concept and an attribute element by considering the latency in which a person can examine two response keys when each has two meanings. With little time to carefully examine what the participant is doing they respond according to intern keys (Whitley, 2010). This priming can show attitudes nursing students have towards the nursing profession.
3.6.2 Attitude Measurement Tool

On the basis of experimental evidence done by Rensis Likert and upon the results of others its scientifically justifiable for experimental purposes to assume that attitudes are distributed fairly normally and to use this assumption as the basis for combining the different statements as found in Likert’s measurement scales.

Attitude Likert scale was used to capture the attitude of the study participants. This tool was used together with other instruments to collect data on students’ attitudes towards the nursing profession at the beginning of their training and it was also adjusted to capture students’ attitudes and attitude to the students completing their training.

Attitude scales have been used to measure attitude in other studies. For example it was used to measure attitude of nurses toward their profession at Hawaii in 2008. This tool was used together with other instruments to collect data on students’ attitudes towards the nursing profession as they progress with their training. The principal researcher-designed a Nursing attitude Attitude Scale by modifying the Cockrell- Punter Nursing attitude scale (Cockrell, 2002). The original Instrument was used to collect data for a related nurse attitude analysis study. The modified instrument consisted of 23 items concerning the nursing profession, which were derived from the literature and from the experiences of the researcher. Each statement was rated on a five point Likert scale and required the students to indicate the level of agreement or disagreement ranging from “strongly disagree” with a value of “1” to “strongly agree” with a value of “5. The researcher developed these categories to help in interpretation of the responses. The instrument was validated through a review by a panel of experts consisting of nursing professionals as
well as experienced professional researchers. The scale composed of 23 items. The instrument was field tested by a sample of nursing students not included in the research sample. Moreover the instrument was developed from relevant literature regarding attitudes of the nursing profession and from a collection of individual and work-related questions derived from students in a nursing academic setting. For analytical purposes numerical values were assigned to the different possible responses.

3.6.2 Focus Groups Discussions

A focus Group Discussion (FGD) is a group discussion of approximately 6-12 persons guided by a facilitator, during which group members talk freely and spontaneously about a certain topic. FGD can be useful in providing an insight into different opinions among different parties involved in the change process, thus enabling the process to be managed more smoothly. Focus group involves organized discussion with a selected group of individuals to gain information about their views and experiences of a topic and is particularly suited for obtaining several perspectives about the same topic. Focus groups are widely used as a data collection technique (Polit & Beck 2004).

These groups are essential in the evaluation process as part of a needs assessment, during a program, at the end of the program or months after the completion of a program to gather attitudes on the outcome of that program. Krueger (2010) indicated that focus group data can be used before, during and after programs in order to provide valuable data for decision making based on the participants views. Besides, the verbal declarations of opinion and attitude are regarded as an indirect method of measuring
dispositions which are most easily signified and expressed in verbal form during the
group discussions.

In this case, the students attitudes toward nursing at the beginning and toward the end of
their training. The purpose of using focus group is to obtain information of a qualitative
nature from a predetermined and limited number of people. In this study, the principle
investigator developed FGD guides for both first year and for final year BScN students.
Comparison of various opinions and views of the students beginning and completing
their nurse training gave insight on the impact of BScN curriculum on student’s attitudes
and attitudes toward nursing. FGD were used to acquire in-depth information on
concepts, attitudes and ideas of a BScN students on the nursing training curriculum.

3.6.3 Personal in-Depth Interviews with Key Informants

A key informant interview is a loosely structured conversation with people who have
specialized knowledge about the topic that the researcher wish to understand. Key
informant interviews were developed by ethnographers to help understand cultures other
than their own. The key informants were products of the BScN training programme, these
mainly included lecturers in schools of nursing and student mentors in their clinical
placement areas. This tool which gather in-depth information about a topic was
considered useful for this inquiry in order to gather data on the impact of training
experiences on the student nurses attitude toward the profession as they go through the
training programme in order to construct an attitude based training model. The principal
researcher developed guided questions for the interviews.
3.6.4 Semi-Structured Questionnaires

Open and closed ended questions were used to collect data from the study subjects. This included BScN student's entering their training and those completing their training programme. All socio-demographic data, attitude and attitude toward nursing from the study subjects were collected using this tool. Open and closed ended questions were used. Most of the data collected was quantitative in nature and was mainly used in direct determination of the magnitude of the research questions in combination with qualitative data from in depth interviews with the key informants and from the focus group discussions.

3.7 Pre Testing of the Study Instruments

The study instruments were pre-tested at the Kenya Methodist University among basic nursing students, their lecturers and clinical instructors. Pre-testing of the research instruments helped to improve the instruments, more so in clarification of ambiguities since it gave the baseline measures of the main study. Corrections to the study tools were done as indicated in the pre-tested instruments.
3.8 Validity and Reliability of the Study Instruments

3.8.1 Validity of the Study Instruments

According to Coolican (2008), Validity refers to whether an instrument is actually measuring what it was intended to measure. In order to ensure data quality, cross-checking and inspection of the information acquired from the pilot study was done. The study instruments were adjusted to ensure content, productive, concurrent, construct and face validity.

Appropriate collective measures were applied to ensure that the study instruments gathered valid information during the study. In addition, research questions were framed in view of the objectives to help in increasing validity of the study.

3.8.2 Reliability of the Study Instruments

The collected pre-tested data was analyzed to ensure that it helped to answer the study questions. Any required corrections were made. In addition the study questions in the study instruments were administered in English which is the language of instruction in Kenya. Where applicable, double checking of the information given was done while getting response from a study subject in order to raise the level of reliability further on the information given. Throughout the study a standard 0.05 level of significance was adopted as a measure of reliability. Because this is a standard mean error, it gave the results a base of trust and dependency.
Cronbach's alpha is the most common measure of internal consistency ("reliability"). It is most commonly used when there are multiple Likert questions in a survey questionnaire that form a scale and the researcher wish to determine if the scale is reliable. Cronbach's alpha is an internal consistency estimate of reliability of test scores. It generally increase as the inter correlations among test items increase.

Because intercorrelations among test items are maximized when all items measure the same construct, Cronbach's alpha is widely believed to indirectly indicate the degree to which a set of items measures a single unidimensional latent construct. In this study, the Cronbach's alpha was 0.805, which indicates a high level of internal consistency. This calculation was done as part of pretesting the research tool.

Simple analysis of pretesting study results enabled correction of statements and questions in the study instruments. This ensured that the instruments were appropriate for collecting the essential data required in the main study. To ensure trustworthiness and credibility of the qualitative data collection tools several measures were put in place. First there was triangulation which involved use of focus group discussions and key informant interviews with interviewees with diverse characteristics tough meeting the inclusion criteria.

Secondly there was application of tactics by the researcher to help ensure honesty in informants during the interviews. Each person was given opportunities to refuse to participate in the research to ensure that the data collection sessions involved only those who were genuinely willing to take part and prepared to offer data freely. Focus group discussion participants were also encouraged to be frank from the outset of each session,
with the researcher aiming to establish a rapport in the opening moments and indicating that there were no right answers to the questions that were to be asked. Where appropriate, the independent status of the researcher was emphasized. The participants were, therefore able to contribute ideas and talk of their experiences without fear of losing credibility in the eyes of researcher and the research assistants.

It was also made clear to participants that they had the right to withdraw from the study at any point, and they were not even required to disclose an explanation to the investigator. Fortunately none of the participants withdrew in the middle of the data collection exercise. Interactive questioning for clarification and peer scrutiny of the tools helped to moderate the focus group discussion guides and the interview guides thus enhancing their credibility and trustworthiness.

3.9 Data Collection Procedures

Both qualitative and quantitative data collection techniques were used yielding to both qualitative and quantitative data. This approach was selected as a means of exploring the impact of BScN training curriculum on the student’s attitude toward the nursing profession. Data was collected using the research instruments among the basic BScN students beginning their training, and among those completing their training. Data was also collected among the key informants.

The data collection exercise began after the ethical clearance procedures. This was closely followed by identification, recruitment and training of three research assistant on part time basis. The assistant were engaged for a period of fifteen (15) months from
October 2010 to January 2012. However, one of the assistants could not continue beyond six months since she had to leave for further studies abroad. This created a gap which was made by extra hard work from the principal researcher and the remaining three research assistants. Details of the recruitment and the training are found in the following section.

3.9.1 Recruitment and Training of the Research Assistants.

This was done after approval of the research proposal by the ethical committees and subsequent grant of data collection permission from Moi University, University of Nairobi and Kenyatta University. Three research assistants were recruited and trained adequately. The entry qualification for this consideration was a successful completion of a university health programme. They were trained on the aims and objectives of the study and data collection tools. The training principally consisted of a discussion on all survey tools. Clarifications and adjustments made where necessary. I as the principal researcher carried out the training. This was a two day training which ensured the assistants understood the research problems, aims, questions and objectives well. The research assistants were also familiarized with the data collection tools. This was done by going through the tools with them and particularly the questions. The best way of recording the responses was demonstrated and in turn the assistants did a return demonstration on the same. Values and qualities important for the data collection exercise were emphasized in this training such as being positive toward the whole exercise, being reliable, being patient while keeping note of the lapse of time. These assistants were encouraged to be good communicators and to have self initiative in the
data collection exercise. More still, they were encouraged to feel free and ask for clarification from the principal researcher or the research supervisors whenever need arose.

3.9.2 Data Collection Among the BSc N Students

Using the Structured Questionnaires and Attitude Measurement Scales

The researcher upon clearance by the administration of the respective university sought guidance from the associated school of nursing for gaining accessibility and introduction to the nursing students. These included Schools of Nursing University of Nairobi, School of Nursing Moi University and Nursing Department, Kenyatta University. Data collection involved use of self administered questionnaire and use of focus group discussions.

Following detailed explanation of research and gaining consent of the students, systematic probability sampling technique was applied to get the BScN students respondents and focus group participants from the assessable population of students from both the first and fourth year nursing students from Kenyatta University, university of Nairobi and Moi University. The study respondents were given the structured questionnaire which also included the attitude measurement scale to fill and any issues of clarification were addressed there and then by the researcher. The respondents were taken through the consent information by the researcher. Those who agreed gave written consent before filling in the research tool. The research assistant helped in doing
personal clarifications to the individual respondents. Where possible the researcher took photographs of the respondents during the process of data collection (Figures 15, 16, 17, 18 and 19). This was followed by conduction of focus group discussion of the sampled participants.

**Data Collection Using Focus Group Discussions**

Six in-depth focus group discussions were conducted with the BScN students. Half (Three) of the groups from the students beginning their training (Groups A, B and C) while the remaining three comprised of the final year students (Groups D, E and F). Each group with first year respondents consisted of ten participants. Focus Group Discussions with final year participants comprised of seven participants randomly selected from the larger group. The principal investigator led the discussions and a trained assistant took the notes and photos. A focus group discussion guide was used to lead the discussion. The information achieved complemented the quantitative methods of data collection. Questions were used as discussion guide (focus group discussion guidelines) by the facilitator for this exercise. The FGD guideline questions for the first years were different from those of the fourth years (Appendix 3.2.1 and Appendix 3.2.2).

**Procedure Used in Conducting the Focus Group Discussions**

The participants were selected through simple random sampling from the respective BScN classes by the principal researcher. A detailed explanation of the research aim was
done by the researcher. The participants concerns were addressed and the researcher stressed that the discussions were to be held confidentially and no participant was to be victimized because of their views. The participants were also issued with a copy of the informed consent and the consent form documents. The researcher went through the documents and answered any questions which the participants had concerning the study. This made the participants to relax and made it easy to obtain verbal followed by written consent from the participants. For ethical reasons, consent from the study participants had to be achieved before their participation in the focus group discussions.

Six (6) focus group discussions were conducted with the BScN students. Three of the groups comprised of participants from the students beginning their training while the remaining three comprised of the final year students. Each group with first year BScN students comprised of ten randomly sampled participants from their respective colleges and year of study. This involved groups A, B and C.

Simple random sampling was still used to get seven participants for the focus groups D, E, and F which comprised of final year BScN students as the sampling frame. Thus out of the six focus group discussions conducted, two were from University of Nairobi School of Nursing, two from Kenyatta university and two from Moi University.

All the study subjects were contacted and asked if they would like to participate in the study based on their attitude toward the nursing profession. All participants were told of the possibility of tape recording, and all gave permission and verbal consent to do so. The principle researcher facilitated all the focus group discussions. Interactions with each group were recorded and paper notations were occasionally made by the researcher. The
questions in the focus discussion guide were used to direct the discussions with the researcher asking an extension question when there was need for clarification (Appendix 5 and 6). All sessions were carefully coded with notations for category selections and were also carefully documented to enable ease of analysis. At the end of each section, the researcher thanked the participants for their cooperation. Each of the focus group discussions took between 45 minutes and one hour. The details of the group discussions, where and when they were conducted is illustrated in Table 1.

Table 1 Details of the Focus Group Discussion Conducted

<table>
<thead>
<tr>
<th>GROUP NUMBER</th>
<th>GROUP MEMBERS</th>
<th>NUMBER OF PARTICIPANTS</th>
<th>DATE</th>
<th>FGD SITE</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>BScN 1st years Moi University</td>
<td>10</td>
<td>2nd Dec 2010 (Thursday)</td>
<td>Moi University. School of Nursing. Lecture Hall 1</td>
</tr>
<tr>
<td>B</td>
<td>BScN 1st years Kenyatta University</td>
<td>10</td>
<td>6th April 2011 (Wednesday)</td>
<td>Kenyatta University. Science Complex building. lecture hall 013</td>
</tr>
<tr>
<td>C</td>
<td>BScN 1st years University of Nairobi.</td>
<td>10</td>
<td>23rd February 2011 (Wednesday)</td>
<td>University of Nairobi Physiology Lab 2</td>
</tr>
<tr>
<td>D</td>
<td>BScN 4th years Moi University</td>
<td>7</td>
<td>3rd Dec 2010 (Friday)</td>
<td>Moi University School of Nursing Lecture Hall 2</td>
</tr>
<tr>
<td>E</td>
<td>BScN 4th years Kenyatta University</td>
<td>7</td>
<td>8th April 2011 (Friday)</td>
<td>Kenyatta University Nursing Department Skills Lab</td>
</tr>
<tr>
<td>F</td>
<td>BScN 4th years University of Nairobi</td>
<td>7</td>
<td>25th February 2011 (Friday)</td>
<td>University Of Nairobi School Of Nursing Lecture hall 4</td>
</tr>
</tbody>
</table>

Focus group discussions were done from December 2010 to April 2011. The dates, day, and venue were chosen based on the convenience of the participants mainly. Most of
group discussions were conducted on Friday afternoons. Since in all the institutions the total number of first years was higher than the fourth years, the principal researcher purposed to use ten participants for FGDs among first years and seven participants for the discussions involving the final year students. Generally the recommended number range of participants in a research focus group discussion is six to twelve. Thus seven and ten participants for a focus group discussion was within the normal range.

3.9.3 Key Informant Interviews

The key informants were people who were the products of the BScN training program, lecturers in schools of nursing and student mentors in their clinical placement areas. This was used to gather information on student nurse attitudes as they went through their training programme. Following prepared guidelines, six key informant interviews were conducted by the principal investigator. These were mainly done to elicit information on nurse training, problems affecting the nursing students at the schools of nursing and the observed changes in attitudes towards nursing if any during the course of their training. Half of the key informants were lecturers who had trained at least two nursing groups of classes to graduation level in order to give reliable information. Other key informants involved two nurse clinical mentors and one post graduate student who had gone through the basic BSc N training programme. The post graduate student was a BScN student mentor before admission for his postgraduate studies.
Procedure Used in Conducting the Key Informant Interviews.

The Key informant interviews were planned in advance. Suitable time and place were chosen for convenience and ease of the interviewer and interviewee. A lot of effort was made to establish a proper rapport with the interviewees. This motivated each of them to communicate freely. The rapport creation involved being patient, showing respect to the interviewees, being a good listener and asking reasonable and relevant questions for clarification of those found in the interview guide.

3.10 Basic Assumptions of the Study

The study was based on various assumptions. First, that the respondents will give true information to the best of their knowledge and no guess work was done in filling in the questionnaires. Secondly, the training experiences in the three study sites were similar. This was supported by the fact that the three institutions are accredited for training Bachelor of Science nurses by the Nursing Council of Kenya which is the main nursing regulatory body in Kenya. Besides, the researcher assumed that the impact of the curriculum was well indicated by comparing the attitude of the first year nursing students against the fourth years.
3.11 Study Variables

3.11.1 Independent Variables

This study aimed at acquiring information on all areas of the nurse training curriculum and their contribution toward change of students' attitudes and attitude toward nursing. For instance, general curriculum objectives, content, methods of evaluation and extracurricular issues such as entertainment, financial issues were regarded as independent variables. Others Independent variables included: Socio-demographic variables, Classroom variables (activities and experiences), Clinical variables (activities and experiences). Economic factors of the students and Initial attitudes and perspectives of the nurse students on nursing.

3.11.2 Dependent Variables

Attitudes and attitudes of nursing students on the various elements of the BScN training curriculum at the end of the training. These were dependent on students experiences during their training period. Based on individual's views, the experiences were generally positive or negative or some experiences could have been positive and others negative.
3.12 Ethical Considerations

Permission to conduct the study was obtained from relevant authorities. These were:

- The Ministry of Education, Science and Technology, (REF NO. NCST/RRI/12/1/MAS/172/4) (Appendix 12)
- Board of Post Graduate Studies Research ethics Committee, University Of Nairobi (REF NO KNH-ERC/A/537) (Appendix 10)
- Faculty heads of nursing departments of the various universities (Appendix 11)
- Study participants (Appendix 1 and Appendix 2).

Informed consent information was made clear to the respondents each and every time when data was being collected. This included sessions of collecting data from the BScN final and first year students who took part in filling in the self administered structured questionnaire together with the attitude measurement scale. This information was also given before conducting the focus group discussions and before conducting the key informant interviews with the key informants. The consent information mainly involved introduction of the researcher and the research assistants. It also involved a brief description of the study and what the data collection comprised of. This information also included description of study benefits to the respondents and the researcher, confidentiality issues and the participant’s rights to participate or to opt out from the study sessions. For detailed information on this issue, reference can be made to appendices 1 and 2 of this thesis. Upon understanding the informed consent information, the study subjects were given a chance to ask questions which were mainly clarified by the principal researcher before making a choice to participate or not to participate in the...
study. Those who agreed to participate in the study signed the consent form before the actual data collection exercise began.

Right to complaints

Contacts of the research supervisors and Kenyatta National Research and ethics committee were also provided as in case a participant felt unsatisfied with the way the study was performed to contact them for further enquiries and clarifications through Contact 1, Contact 2 and Contact 3.

Contact Person No. 1

1. The Chairman
   Ethical and Research Committee
   Kenyatta N. Hospital/ University of Nairobi
   P.O. Box 20723
   Nairobi.

   Contact Person No. 2.

2. Prof Anna Karani (PhD, RN)
   University Of Nairobi,
   P.O Box 19676.
   Nairobi-00202, Kenya.
   Tel: 2726300 Ext.43390/2711250
The study subjects would sign the consent form before participating in the research activities. In addition confidentiality of the collected information was maintained and the study subjects were assured of this. No names were indicated in the study instruments. This helped to increase confidentiality of the collected data. Cooperation of the study subjects was achieved by explaining to them what the research is about and the contribution the collected information will add to scientific knowledge and improvement of nurse training. Respect for people's rights, dignity, diversity and worth of all the people was done. The researcher was careful in regard to values, attitudes, and opinions that differ from own. The researcher thus strived to advance and protect the public good throughout the research period.
3.13 Data Presentation and Analysis Methods

Both quantitative and qualitative techniques were used to analyze data.

3.13.1 Quantitative Data Analysis Methods

Statistical software packages were used for data management and analysis in order to enhance data quality. Thus Statistical Package for Social Studies (SPSS) version 17.0 was used to analyze the data with level of significance at 0.05. The data was presented using frequency tables, proportions, bar graphs, relative frequencies, pie charts, cross tabulations and contingency tables. Descriptive statistics (mean, standard deviation and percentage) was used to describe sample characteristics; inferential statistics (t-test, ANOVA, Chi-square test) were used to identify group differences and association of selected socio-demographic variables with attitude of nursing profession and future job prospective.

Specifically Chi square test was used to compare the categorical variables among the groups of nursing students from the three study universities namely University of Nairobi, Kenyatta University and Moi University. Analysis of Variance (ANOVA) and Spearman Rank Correlation coefficient was used to study the presence or absence of any association between various variables. Paired t-test was used to determine any effect of the educational intervention on the outcome variables thus t-test was used to determine the effect of curriculum contents on attitudes of the students.
3.13.2 Qualitative Data Analysis Methods

Qualitative technique was applied to analyze responses from the focus group discussions and the key informant interviews. Responses and specific FGDs were coded. Comparisons within and between the different data sets was done. Emerging data sets and concepts were then classified into themes and analysis was done through transcription and generation of respective codes to the emerging themes in order to ease the analysis. This gave insight into answers for the research questions.

3.13.3 Level of Statistical Significance

Statistical significance is the number, called a p-value which indicates the probability of result being observed. It helps in assigning the null hypothesis statement as being true or false. If the p-value is below the critical value, the researcher can assume that the null hypothesis is false and vice versa. Many statisticians consider being 95% sure that the null hypothesis is false as a minimum for statistical significance (giving a p-value of 0.05). This is the confidence level. Generally, most researchers seek to find statistical differences at the value \( P < 0.05 \) level. Anything greater than 0.05 is considered not significant. However, the P value does not impose magnitude. It only gives appropriate value to point out in data analysis whether the result are significant or not (Polit et al., 2008).
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A 95% confidence level was used for this study. A higher confidence level (and, thus, a lower p-value) means the results are more significant and a similar approach was used for this study.

3.14 Data Quality Control Methods

In order to ensure data quality, cross-checking and inspection of the information on the study instruments will be done. The research instruments will be scrutinized to ensure that the data collected was accurate and unambiguous. This exercise was done concurrently with data collection in order to ensure completeness, consistency and uniformity of the collected data.

To ensure accuracy, all study instruments with uncorrectable contradictory information were replaced. The collected data was dually entered and verified before being analyzed. Dual or duplicate entry decreases the likelihood of errors because it is unusual for the same entry error to occur twice.

Moreover, the statistical tools/programmes used for data entry and analysis contained interval checks which alerted the analyzing technician on any missing variables and so due correction was made immediately. Furthermore, critical investigation for inconsistencies between information presented in the figures and information discussed in the text was done. Multiple comparisons of various independent and dependent variables helped to ensure validity of the data.
In order to minimize bias and errors and to improve on the quality of data collected, the researcher reviewed the study objectives regularly during the entire data collection exercise in order to bear in mind the core purpose of the research. Besides, the entire data collection exercise was done in English which is the accepted language of instruction in Kenyan schools, colleges and universities. Throughout the data collection exercise, Confidentiality of responses was observed and the respondent’s names were not written down. Again during the in-depth interviews with key informants and conduction of the focus group discussions videotaping of the sessions was done were possible and the researcher made brief notes during this exercise. This made cross reference easy during data analysis exercise.

3.15 Results Dissemination

The research findings report from this study were compiled, written and presented in form of thesis and presented to the research supervisors and other stakeholders for examination purposes. Two publications from this study have already been made. Two more manuscripts are being written for publication and possible presentation in scientific conferences before the entire thesis is published. The results will be forwarded to the Kenyan ministry of Health for action on the policy recommendations. Besides, the results will be accessible to the nurse training colleges for implementation of the findings and possible piloting of the resultant positive attitude based nurse training model. Also the principle researcher and the supervisors will keep a copy of the compiled final thesis for future reference.
Summary of the Study Methodology Chapter

This marks the end of this chapter on the materials and methods of this study. So far we have gone through the introduction of the research, the aim, justification and literature review. This chapter described the research area, study tools, data collection procedures, ethical issues observed during the data collection exercise and study participants inclusion and exclusion criteria. The chapter also described details of data management, presentation and analysis. Having these research aspects, the next chapter gives a detailed account of the achieved results in this enquiry.
CHAPTER 4: RESULTS

Introduction

Findings of the study are presented in this chapter. The researcher organized them as per the study objectives. It begins by describing the normal Socio demographic characteristic of the study subjects. This section gives results based on respondents’ distribution based on their affiliate study institutions, their gender, and category and age range differences. It also describes distribution of the respondents as per their year of study and reasons for choosing to train in a particular study institution. The chapter also describes results based on other objectives involving students' attitudes and attitudes toward nursing at the beginning and end of their training. It also describes experiences and challenges encountered during the training period by the final year BScN students as captured by the self administered questionnaires, attitude measurement scales, focus group discussions and key informant interviews.

4.1 Socio - Demographic Characteristics of the Study Subjects

This involved information on the age of the respondents, training institution, category of student, whether parallel or a regular student. Social demographic information also involved the gender and training year of the study respondents. Closed ended questions in the questionnaires were used to capture these details. Training institution, category of student, and the age of the respondents, are illustrated in Table 2.
Table 2 Training Institution, Student Category and Age Characteristic of the Study Subjects

<table>
<thead>
<tr>
<th>Training institution</th>
<th>Number (frequency)</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>UON</td>
<td>61</td>
<td>37.8</td>
</tr>
<tr>
<td>MU</td>
<td>53</td>
<td>32.7</td>
</tr>
<tr>
<td>KU</td>
<td>48</td>
<td>29.5</td>
</tr>
<tr>
<td>Total</td>
<td>162</td>
<td>100</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Student category</th>
<th>Number (frequency)</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular</td>
<td>68</td>
<td>42.6</td>
</tr>
<tr>
<td>Parallel</td>
<td>93</td>
<td>57.4</td>
</tr>
<tr>
<td>Missing</td>
<td>1</td>
<td>0.6</td>
</tr>
<tr>
<td>Total</td>
<td>162</td>
<td>100</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age range</th>
<th>Number (frequency)</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-20</td>
<td>87</td>
<td>53.7</td>
</tr>
<tr>
<td>21-23</td>
<td>62</td>
<td>38.3</td>
</tr>
<tr>
<td>24-26</td>
<td>11</td>
<td>6.8</td>
</tr>
<tr>
<td>27-29</td>
<td>1</td>
<td>0.6</td>
</tr>
<tr>
<td>Over 30 yrs</td>
<td>1</td>
<td>0.6</td>
</tr>
<tr>
<td>Total</td>
<td>162</td>
<td>100</td>
</tr>
</tbody>
</table>

Out of the 162 respondents 32.7 % (n = 53) were from Moi University students. 37.8 % (n = 61) were from University of Nairobi and 29.5 (n = 48) % were from Kenyatta University. However majority of these students 57.4 % (n = 93) were parallel students were else 42.6% (n = 68) of the respondents were regular students. Still majority of the students were in the 18-20 year age group 53.7% (n = 87) and 38.3% (n = 62) were in 21-23 year age group. Only 8% (n = 13) of the students were aged above 24 years. Generally the students' average age was 22.73 years (standard deviation, SD = 2.75 years) and the range was 20 to 37 years.
Gender of the Study Respondents

This was captured by general inquisition of the respondent’s gender through a closed ended questionnaire question on gender. The respondents were chose either male (M) or female (F) gender. The responses are illustrated in Figure 7

Figure 7: Gender of the Study Respondents

Though almost equal in proportion, most of the study respondents were females 51% (n =83). The male gender among the respondents comprised of 49% (n = 79).
Respondents classification based on training level and institution

Besides, the social demographic characteristics of the respondents also involved the training institutions and the year of training. A cross tabulation of the year of training and the training institution is illustrated in Table 3.

Table 3. Cross Tabulation of the Year and Name of the Training University among The BScN Students.

<table>
<thead>
<tr>
<th>Year of training</th>
<th>Name of Training Institution</th>
<th>UON</th>
<th>MU</th>
<th>KU</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>First</td>
<td></td>
<td>41</td>
<td>39</td>
<td>36</td>
<td>116 (71.6%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(35.2%)</td>
<td>(51%)</td>
<td>(13.8%)</td>
<td></td>
</tr>
<tr>
<td>Fourth</td>
<td></td>
<td>20</td>
<td>14</td>
<td>12</td>
<td>46 (28.4%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(43.5%)</td>
<td>(30%)</td>
<td>(26%)</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>61</td>
<td>53</td>
<td>48</td>
<td>162 (100%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(37.8%)</td>
<td>(32.7%)</td>
<td>(29.5%)</td>
<td></td>
</tr>
</tbody>
</table>

Majority of the students were first years 71.6% (n = 116). The remaining 28.4% (n=46) were fourth years. 37.8% (n = 61) of them were from university of Nairobi, 32.7% (n = 53) were from Moi University whereas the remaining 29.6% (n = 48) came from
Kenyatta university. One way analysis of ANOVA indicated no significant difference between the year of training and the institution of training (P = 0.065, 1 df, F= 20.81).

4.2 Results Used to Determine BScN Student’s Attitudes toward Nursing at the Beginning of the Training.

This study objective was answered by several aspects and questions of the study tools. These included analysis of results on the training institutions.

4.2.1 Initial attitude toward the nursing profession

This aspect was captured through inquiring from the students beginning their training their view on what nursing profession was all about. Their responses are as presented in Figure 8.
Among the first years nursing students involved in the study, majority had the initial attitude that nursing is a noble profession (60%). 39% said it’s a good profession whereas only 1% said nursing is a profession like any other. The difference in response was statistically significant (t = 24.705, p = 0.000).
4.2.2 Factors Contributing to Choice of a Nursing Career among the BScN Students

This question which answered the second research objective was asked in a closed manner in the study questionnaire among the BScN students. Several options were given as possible responses to the question which included the fact that it was their first university career form, it was the second choice, it was a parent or guardian decision, adequate points for the preferred career were not achieved and so the individual choose to do nursing as an alternative course. Other choices included were to help the sick, to get money among others. The responses are as indicated in Figure 9.

Figure 9. Common Triggering Factors for Choosing Nursing as a Career

Most of the study subjects choose nursing as their career because of their desire to be in the help the sick 32.7%. 18.5% where in the nursing course because they had made it
their first choice. When combined with the percentage for the desire to help the sick, this gives a total of 51.2% (n = 83). However 17.9% of the respondents were in nursing because they missed enough points for their career of choice. When this is combined with the percentage of those who chose nursing as a second choice (14.2%), this gave a total of 32.1% which is much lower than 51.2%.

4.2.3 BScN First year’s Views on Clinical Mentor’s Support to Students

Clinical area placement is one of the main areas of BScN curriculum implementation. The students require a lot of support, guidance and supervision from mainly the clinical mentors in order to meet the clinical objectives effectively. The statement “whether clinical mentors will be supportive” was included in the attitude scale study tool for first year BScN students. Figure 10 describes the student’s percentage responses.
42% agreed while 30% strongly agreed that they expect support from the clinical mentors. Combined response of those who agreed was eighty four (72%). 1% strongly disagreed while 7% just disagreed with this statement. This gave a total of only 8% (n = 9) of those who did not expect support from the clinical mentors. However, twenty six (22%) of the respondents remained undecided on this issue.
4.2.4 Choice of Nursing as a Lifetime Career among the First Years BSc Nursing students

This was answered through a closed ended questionnaire among the first year BSc nursing students. A frequency table was made based on their responses as illustrated in Table 4.

Table 4 BScN First Year’s BSc Nursing first year response on Choice of Nursing as a Lifetime Career.

<table>
<thead>
<tr>
<th>Response</th>
<th>Frequency</th>
<th>percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>83</td>
<td>72%</td>
</tr>
<tr>
<td>No</td>
<td>11</td>
<td>19%</td>
</tr>
<tr>
<td>Not sure</td>
<td>22</td>
<td>9%</td>
</tr>
<tr>
<td>Total</td>
<td>116</td>
<td>100%</td>
</tr>
</tbody>
</table>

Among the first year students, 72% indicated that they have chosen nursing as a lifetime career before their training. 19% of the respondents had not chosen nursing as a lifetime career meaning that they were planning to change the career in future. Only 9% were unsure on whether they were to continue with nursing as a lifetime career or not.
4.2.5 Expectation on the Adequacy of the Training Facilities

This response was captured through seeking the first year BScN responses on their expectation adequacy of the training facilities through a Likert attitude scale statement the responses were as illustrated in Figure 11

Figure 11: Expectations of First Year BScN Students on Adequacy of Training Facilities.

Among the first years when asked if they expect the training facilities to be adequate, 37% of them strongly agreed with 22% agreeing. This gave a total of 59% (n=68) of those who agreed that they expected the training facilities for BScN to be adequate. Among the remaining 61% of the first year respondents, 19% were undecided as to whether the training facilities were adequate or not. However, 15% disagreed and 7%
strongly disagreed giving a total of 22% (n=26) of the first years who expected to have inadequate BScN training facilities.

4.2.6 Reasons for BScN Students to Choose Their Respective Training Universities

An open headed question was used to investigate why students chose to enroll in a particular study institution. Several choices were given for the students to choose from. The responses are as indicated in Figure 12

**Figure 12: Respondents Distribution on Why They Chose Their Study Institutions**
Majority of the study respondents chose their study institutions because of the good fame held by the institutions (48.7%). Still others joined the study institutions because they were posted there by the Joint Admissions Board (JAB), 10.5%. The remaining proportion of the students had different reasons for joining their study institutions, some because of their parents wish, for others it’s because a particular institution was near home or because the institution offers the course at a cheaper price.

4.2.7 Key Informant and Focus Group Discussion Responses on the Attitude of BScN Students at the Beginning of their Training.

From the focus group discussions and the key informant interviews on the questions investigating initial attitude of BScN students, the main information was that the student join the training with a positive attitude that they are joining a medical profession. An example of such information is the quote that, "Students come to the training with a very good attitude. With time this gradually changes in most of the students (Key informant 2, 23rd February 2011)" this implied that there is gradual reduction in the morale of the student nurses as they go through the training.

Expectations of the Bsc N Students at the Beginning of their Training

The first year BScN students expected their lecturers to be knowledgeable and to provide support and guidance during the course of their training. The learners also expected their educators to behave professionally and provide academic and social guidance. Learner’s expectations from the mentors were that they should set good professional example,
provide support and guidance especially in the clinical areas. In addition the students had expectations from their senior nursing students and other medical professionals. They generally described that they expected motivation, respect co-operation and guidance from them.

Surprisingly some of the participants did not expect to do the normal nursing procedures. They thought the fact that they are BScNs exempted them from performing these procedures. This was indicated in statements such as;

"I thought that BScN's do not do bed side nursing since there are junior nurses to do that. Am surprised we are expected to do bed side nursing, give bed pans etc with minimal administrative duties just like any other nurse!"

(Participant 6, Group E, 8th April 2011).

4.3 Students’ Attitudes Toward Nursing Profession at the End of the Training.

This objective was answered by several questions of the research tool as. For instance, the question on what the final year BScN students will do if they were just completing high school. Answer to this enquiry was a good indicator of the attitudes developed by the students during their training period as they knew what is involved in the nursing profession and in the nurse training programme.
4.3.1 Career Choice of Fourth Year BScN Students if they were just Completing Their High School

This was one of the questions which helped in analyzing the final year student’s attitude toward the nursing profession. The questionnaire question inquired what career the student will choose assuming that they were just completing high school and knew about the nursing career as they were after going through the nurse training including their interaction with the qualified nurses. Table 5 indicates the various responses to this question.

Table 5: What the Final Year BScN Students Will do If They were just Completing High School

<table>
<thead>
<tr>
<th>Response</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter some other professional college like engineering</td>
<td>14</td>
<td>32%</td>
</tr>
<tr>
<td>Still join nurse training</td>
<td>27</td>
<td>61%</td>
</tr>
<tr>
<td>Do something different</td>
<td>3</td>
<td>7%</td>
</tr>
<tr>
<td>Total</td>
<td>44</td>
<td>100%</td>
</tr>
</tbody>
</table>

Among the final year nursing students, 61% indicated that they will still join the nurse training course, 32% preferred to enter some other professional college while only 7% would prefer to do something different from professional courses.
4.3.2 Making of a Definite Choice in the Nursing Profession

Regarding whether a definite decision has been made on the choice of nursing course was an inquiry done by asking a closed headed question among the final year BScN students. These responses are indicated in Table 6.

Table 6 Responses to Whether Nursing Has Been Chosen as a Lifetime Career

Among the Fourth Years

<table>
<thead>
<tr>
<th>Response</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>18</td>
<td>39%</td>
</tr>
<tr>
<td>No</td>
<td>13</td>
<td>28%</td>
</tr>
<tr>
<td>Not sure</td>
<td>15</td>
<td>33%</td>
</tr>
<tr>
<td>Total</td>
<td>46</td>
<td>100%</td>
</tr>
</tbody>
</table>

Among the final year BScN students, 39% indicated that they have chosen nursing as a lifetime career by the end of their training. 28% of the respondents had not chosen nursing as a lifetime career meaning that they were planning to change the career in future. Still 33% were unsure on whether they were to continue with nursing as a lifetime career or not.
4.3.3 Cross Tabulation of the BScN Students Year of Training and their Response on Whether Nursing has Been Chosen as a Lifetime Career

Based on the first and fourth year responses on whether nursing had been chosen as a lifetime career, a cross tabulation was made in order to compare the responses and analyse if the difference in the responses between the two level of students was statistically significant. The results are presented in Table 7.

Table 7 A Cross Tabulation of the Year of Training and Whether Nursing has Been Chosen as a Lifetime Career Among the First and Fourth Year BScN Students

<table>
<thead>
<tr>
<th>Year of Training</th>
<th>If nursing is chosen as a lifetime career</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>First</td>
<td>83(72%)</td>
</tr>
<tr>
<td>Fourth</td>
<td>18(39%)</td>
</tr>
</tbody>
</table>

The results indicated that eighty three (72%) of the first years and eighteen (39%) of the fourth years had made a nursing their lifetime career. Eleven (19%) of the first years and thirteen (28%) of the fourth years had not chosen nursing as their lifetime career. However twenty two (9%) of the first years and fifteen (33%) of the fourth years were not sure whether nursing was their lifetime career or not. There was percentage decrease in those who had chosen nursing as a lifetime career from the first to the fourth years. There was increase on those who had not chosen nursing as a lifetime career. Still in
agreement, there was percentage increase in percentage those who were not sure of their career choice from the first to the fourth years. Chi square test to analyse if the student year of training and the choice of nursing as a lifetime career were associated gave significant results ($\chi^2 = 62.296, P=0.000$)

4.4 Main Training Experiences and Challenges of the BScN Students in the Nurse Training Institutions

4.4.1 Main Challenges Experienced by BScN Students in the Nurse Training Institutions.

This was answered by several questions. Most of them were themes from the focus discussion guide and the structured questionnaire of the fourth year BScN students. Enquiries from the interview schedule with the key informants also gave information into this issue.

4.4.1.1 Lack of Recognition for the Work Done by Nurses

One of the enquiries which helped to answer the main challenges experienced by nurse students was the presence or absence of recognition for the work performed by nurses. Based on this the students' responses are presented in Figure 13.
From fourth year BScN students responses in Figure 13, it was found that 78% (n=46) said the work done by nurses is not recognized. 17% said nursing is only recognized sometimes whereas only 4.35% said that nursing is recognized. These responses were statistically significant (F= 15.991, 3 df  P = 0.000).

The following statements from the focus group discussions help to explain whether or not the students found nursing to be a recognized profession “I don’t like nursing because nurses are not recognized even the salary is so little.” (Participant 4 Group D, 3rd Dec
This indicated that poor pay can contribute to reduced motivation and so negative attitude toward the nursing profession among the BSc Nursing students.

**BScN Curriculum Areas Inadequately Trained According to Fourth Year BScN Students**

In order to investigate the areas inadequately covered in the curriculum, the final year BScN students were asked a closed ended question in the questionnaire. Various option choices of the main nursing curriculum areas were provided for the students. These included general nursing, reproductive health, community health nursing, clinical teaching, and basic clinical sciences. The percentage responses are as described in Figure 14.
The field of general nursing was the major area where training was inadequately done with a value of 25%. This was followed by training on basic clinical sciences with a score of 22%. Areas which were relatively well taught are the clinical teaching with approximately 3% value which was not well taught.
Presence of Financial Difficulties Among the BScN Students.

Investigation on the student's financial difficulties was done as part of their social welfare. This was done as part of investigating the challenges undergone by the BScN students during their training period.

The students were asked if they had financial difficulties during their stay in the university. This was mainly on the basis of school fees, accommodation and subsistence. The results indicated that 35.8% had financial difficulties (n = 58). Figure 15 illustrates these results.

**Figure 15 BScN Students Response on Presence of Financial Difficulties**

However the greatest percentage of the respondents claimed to have financial difficulties occasionally (46.9%). The remainder of the respondents 17.3% did not have
any financial difficulties. Difference in the mean responses was statistically significant ($\chi^2 = 21.78$, $P < 0.000$ at 2 df).

**Motivation of Nurses to do Their Work**

The study respondents were asked if nurses are motivated to do their work. This question was asked in the attitude rating scale with response options of strongly disagree, disagree, undecided, agree and strongly agree. The responses indicated the different views held by the BScN students on this issue as indicated in the Figure 16.

**Figure 16 Motivation of Nurses to do Their Work**

![Bar graph showing the percentage of nurses' motivation levels.](image-url)
From figure 16 on financial motivation, majority of the respondents strongly disagreed by the fact that nurses are well motivated to do their work 43.07%. 23.4% disagreed with the statement whereas 11.7% of the respondents remained undecided. 10.2% just agreed with the fact that nurses are financially well motivated. Still 11.7% strongly agreed that nurses are financially well motivated to perform their work. Low financial motivation is one of the contributors of negative attitude toward the nursing profession among the BSc nurses. The difference in responses was statistically significant.

\( \chi^2 = 53.26, p < 0.000 \) at 4 df).

**Whether Nursing was found to be more Demanding than Expected.**

From the focus discussion themes it was pointed out that nursing was found to be more demanding than expected. Reasons given for this are that it’s too detailed, much is learned but very little is used, in the actual practice there are very small breaks during the entire training period, there are very tight schedules and timetables and the course is characterized by very high clinical workload. In addition, the course was said to be more demanding than expected because many respondents initially thought that BScN do not do bedside nursing. Many of the participants in the Focus group discussions of the finalists found that the programme takes more of one’s social life especially in year one and year two of training and too much work is done within a very short period.
Responses from the Focus Group Discussions and the Key Informants on the Main Challenges of the BScN Students

From the focus group discussions, Several themes describing the BScN learning challenges were noted, these involved;

**Theme one: Minimal support in clinical areas;** there was intense concern that the faculty members rarely followed the students in the clinical areas. This was mainly left to the clinical instructors with the faculty members appearing mainly during assessments. On this issue, one of the participant from the focus group discussions said that, “Our teachers rarely follow to see if we meet the objectives in the clinical area. They mainly show up during assessment days for the clinical exam” (Participant 3, Focus Group F, 25<sup>th</sup> Feb 2011). This comment implied that there is minimal supervision of nursing students in the clinical areas.

A comment from group D member implied that duties are usually allocated without considering students objectives in the clinical areas. “We are usually left to the mercy of the ward in charges who allocate the usual ward duties to us without minding about our objectives most of the time” (Participant 4 Group D, 3<sup>rd</sup> December 2010). This statement gave an implication that there is inadequate guidance on the clinical ward incharges on the student’s specific objectives in the clinical areas.

From the key informant interviews, more comments indicated that the support in clinical areas for the BScN students is inadequate as implied by the following quote.
"There is a lot of Congestion in the clinical area which leave students with no alternative but to struggle in meeting certain clinical requirements like adequate number of deliveries before they can undergo clinical assessment. In addition clinical staff are non responsive to the students learning needs and take pleasure in assigning them duties just like qualified nursing staff" (key Informant 1, 2nd Dec 2010).

Basically the key informant implied that there was minimal support for the BScN students to meet their objectives in the clinical areas.

**Theme Two. Nurse Training was Found to be More Demanding than Expected**

Most of the respondents expected nursing to be a light course, but their experiences during the training indicate otherwise. The reasons given were that the student felt that the course content was too detailed for the given teaching period as indicated by the statements from focus group discussion participants for Groups F and D.

"Too much content is learned within a very short time, there is no adequate time to absorb all that is learned" (Participant 2 Group F on 25th February 2011). Another final year BScN student commented that; "Too much content is learned but very little is used in the actual practice, and there are very small breaks during the entire training period" (participant 2 Group D on 3rd December 2010)

"Schedules and timetables are very tight and the clinical workload was just too hectic" (participant 4 Group D on 3rd December 2010).
This indicates that BScN students do not expect to do much of theory content and clinical work when they join the nursing course. During the orientation period it should be emphasized that clinical exposure and assessment are recognized just like the theory classes and the respective exams.

The fact that nursing was found to be more demanding than expected was also indicated by a final year BScN student commenting that “The BScN course takes more of one’s social life especially in year one and two.” (participant 3 Group D on 3rd December 2010).

Further investigation on the content for year one, three and four, the participants explained that year one is relatively heavy in terms of content. Year two has major subjects being taught with lots of the content. Years three and four were said to be moderate in terms of content.

4.4.2 The Main Experiences of BScN Students in the Nurse Training Institutions.

During Focus Group discussions with the final year BScN students, they described their wealth of experiences during the training period. Concerning the adequacy of the training facilities many described that the training classroom/lecture facilities were adequate. Also the length of training was described as adequate. However the issue of repetition of certain curriculum content came out strongly especially in the general nursing courses.
4.5 Aspects of BScN Curriculum Implementation on The BScN Students Attitudes Towards the Nursing Profession

4.5.1 Adequacy of the Training Facilities

This was investigated by enquiring on the responses of the final year BScN students on this issue. Their responses are illustrated in Figure 17.

Figure 17 Response on Adequacy of The Training Facilities Among Fourth Year BScN Respondents.
From Figure 17 on response of the final year students on whether the training facilities were adequate, the results indicates that 28% of the respondents agreed and 15% strongly agreeing by the fact that training facilities are adequate (a total of 43% n = 20). Proportion of the fourth years who disagreed that the training facilities were adequate was on 40% (n = 18) (36% just disagreed and 4% strongly disagreed). 18% (n = 8) of the final year students remained undecided as to whether the training facilities were adequate of not.

**Summary of the Research Results**

The results chapter described the main results which answered the research objectives. Several factors contributed to the students choosing to train in the nursing profession the mainly because they wanted to help the sick. The initial attitude of the BSc N students at the time of joining the training is mainly positive with majority significantly viewing nursing as a noble profession. The beginners expect a lot of support from their trainers, senior students and other people in the medical profession. On the other hand, the final year students had lots of experiences about their training. Some of the training experiences were favorable like the adequacy of the training facilities. Unfavorable experiences involved minimal support in clinical areas by the university supervisors, financial problems, a lot of content being taught within a very short period, lack of public recognition of the work done by nurses among others. Quantitative data is presented mainly in form of frequency tables, pie charts and bar graphs. Qualitative data is presented in form of themes and direct quotes from the study subjects.
CHAPTER 5: DISCUSSIONS

Introduction

This chapter gives a detailed discussion of the results achieved from this study in relation to the objectives, hypothesis and previous studies done on the subject matter of effect of BScN curriculum implementation on the student’s attitudes toward the nursing profession. The chapter also describes the researcher developed positive attitude focused nurse training model.

Statistical analysis of the data was done using statistical package of Social Sciences (SPSS) Version 17.0 with level of significance at 0.05. Paired t-test was used to determine any effect of the training intervention on the outcome variables (dependent variables). The modifying effect of independent variables such as age, educational institution, gender and student category on outcome variables was analyzed using one-way analysis of variance (ANOVA). Besides independent t tests, chi square tests and Mann whitney U tests were used to find the relationship among the variables.

5.1 Socio - Demographic Characteristics of the Study Subjects

Since the time of Florence Nightingale, nurses have had family at the forefront of their minds whilst caring for an individual (Wilson, 2004). The holistic approach of the nursing model should convey to nurses the importance of considering all the aspects of training in order to come up with a fully qualified nurse with proper attitude toward the nursing profession (Friedemann, 2002).
The present study revealed that the age of the nurse students sample ranged between 19 and 23 years. In addition, most of the study respondents were females (51%). With the male respondents comprising of 49%. Both of these results agree with Rochester, (2008) who stated that majority of undergraduate nursing students were female, under the age of twenty three (Rochester, 2008).

5.2 BScN Students’ Attitudes towards Nursing at the Beginning of Training.

The attitude of nursing is one of distorted clarity by student nurses beginning their training. Many BScN nursing students do not have realistic views of what nursing professional’s job responsibilities are. The results indicated that BScN Students’ attitudes of nursing are based on visual images that are often limited to bedside care and drug administration instead of that of a highly skilled and well-educated nursing professional with an important role to play in healthcare. Many students have not spent time with a nursing professional or volunteered in a healthcare setting to acquire a background on which to establish attitudes about nursing, and thus have limited their opportunities for more informed career decision-making skills.

In order to determine the attitudes of pre nursing students about the nursing profession respondents were asked to indicate their level of agreement on a modified five-point Likert-type attitude Scale and attitude scale ranging from 1=Strongly Disagree to 5=Strongly Agree. To facilitate the interpretation of the responses to the items in this scale, the researcher developed a scale of substantive interpretation with the following
categories: 1 = Strongly Disagree; 2 = Disagree; 3 = Undecided; 4 = Agree; 5 = Strongly Agree.

**Expectations:** The first year BScN students expected their lecturers to be knowledgeable, provide support and guidance. The learners also expected their educators to behave professionally and provide academic and social guidance. Learner’s expectations from the mentors were that they should set good professional example, provide support and guidance especially in the clinical areas. In addition the students had expectations from their senior nursing students and other medical professionals. They generally described that they expected motivation, respect, co-operation and guidance from them.

5.3 Students’ Attitudes Towards Nursing at the End of Training

A similar scale was used to determine students attitudes at the end of their training Garetz and Magraw (2005) stressed that because student attitudes are known to determine performance levels as nursing students and nurse practitioners, it’s important to understand these attitudes as well as to try and incorporate ways of modifying them into existing curricular where this is deemed desirable (Garetz and Magraw, 2005).

Central locus control aspect of the social learning theory is in agreement with a statement made by a key informant in this study that the interest of the nurse students in the clinical area determine how much they learn from their mentors and other qualified medical staff. This in turn will determine their attitude and attitude toward the profession.
“Some of the students become positive toward nursing when they realize that there are employment opportunities in the job market as compared to other degrees. However other students do not want to be associated with nursing even in the clinical area. They fail to know that individual’s interest is of great importance when it comes to the practice of nursing.” (Key informant 3 7th April 2011).

In social learning theory by Albert Bandura, behavior is regulated not only by directly experienced consequences from external sources, but by vicarious reinforcement and self-reinforcement. Non parametric tests indicated that clinical placement experience does not create negative attitude ($\chi^2=16.72 \ P<0.05$). This was on enquiry if facing the sick and the dying patients regularly is a source of negative attitude toward nursing. In Mann-Whitney U test, the mean response from both first and fourth years was similar on assumption that the two groups were randomly distributed and independent.

5.4 Analysis on Whether Facing the Sick and the Dying is a Source of Negative Attitude Toward the Nursing Profession

Mann-Whitney statistical test on this issue yielded different values among the first and the final year students with a P value of 0.330. This was much bigger than 0.05 thus not statistically significant an indication that facing the sick and the dying patients regularly is not a source of negative attitude toward nursing.

Low morale of the nursing students’ results in the lack of motivation and eventually dropping out of school in this field, thus, the associated rate has been reported to be approximately 7.6% in different studies. Even in several investigations, incomprehension
of the nurse’s role has been accounted as the main cause of students’ low spirit and familiarizing them with the nursing profession and modifying negative attitude before entering this field has been emphasized to boost their morale, especially the male students. Improved job performance followed by a positive outlook and job satisfaction has been found to enhance the quality of patients’ care and increased productivity, hence as reported in different studies, the internal factors are far more than external factors in job motivation among nurses (Fishbein and Ajzen, 2011).

The above findings were supported by ANOVA Test analysis on whether facing the sick and the dying is a source of negative attitude toward the nursing profession. The P value of F= 0.349 is much bigger than the standard level of significance (P ≥ 0.05). With such a great value of P, it indicates that there is no enough evidence from the students to accept the statement that facing the sick and the dying is a source of negative attitude toward the nursing profession. This could be attributed to the fact that most of the health personnel of which nurses are included know that they have to face the sick and the dying from the time they join the training and during the course of their professional practice.

5.5 Major Challenges Experienced by BScN Students in the Nurse Training Institutions.

Both operant conditioning and social learning theories assume that whether or not people choose to perform what they have learned observationally is strongly influenced by the consequences of such actions (Michigan Education Association, 2009).
Throughout the study, major challenges of BScN training were captured in form of quantitative and qualitative data. Most of these challenges impart negative influences on the BSc N trainees bringing about negative reinforcement. These in turn bring about negative attitude on students who initially had positive attitude toward the nursing profession. This is mainly seen Tables 7 were the percentage of students who have chosen nursing as a lifetime career was high among the first year BScN students (72%) but it reduced as they went through their training to 39% among the fourth years.

Similarly an independent t test statistic of the figures gave p value of 0.000 (F=16.033). This was a clear indication that the relationship between the year of training and the choice of nursing as a lifetime career is significantly strong because the value of 0.000 is far less than α- level of 0.05. This implied that the current BScN training curriculum reduces the chances of choosing nursing profession as lifetime career which implies that there are some challenges in the training.

It’s therefore clear that there is need to intervene in minimizing or removing the negative experiences which are actually the challenges in the BScN training and to reinforce the positive experiences in order to increase the percentage of BScNs who opt to make nursing their lifetime career after going through the training programme.

5.6 Impact of the BScN Training Curriculum on the Nursing Students Attitude

The impact of the curriculum on the attitudes and attitudes toward nursing was seen as the differences in attitudes and attitude among the first and final year BScN students
toward various aspects of the BScN training curriculum. This was indicated by detailed analysis of factors such as student’s attitude on whether nursing is a caring and a helping profession, change in attitude among the BScN students as they go through the training, independence t test on whether nursing is a helping and caring Profession among others

5.7. Student’s Attitude on Whether Nursing Is a Caring and a Helping Profession.

Study findings on this issue indicated that majority (45.7%) of the respondents strongly agreed with the fact that nursing is a caring and helping profession. 23.9% just agreed with the statement whereas 4.3% remained undecided on the issue. Surprisingly 10.9% of the respondents agreed while 15.2% strongly disagreed with the fact that nursing is a caring and a helping profession. Thus, there was significant results to the fact that training experiences have a positive impact in the way students view nursing as a caring and a helping profession (t= 3.44, 2 df, P > 0.05). This in turn has effect on the overall attitude toward the nursing profession.

These results also agree with Ibrahim et al. (2009) who found that the majority of the students thought that nursing provides caring for individuals and give opportunity for employment after graduation (Ibrahim, Roger-Leroi, Danner, Iseri, & Feldman, 2009).
5.8 Change in Attitude Among the BScN Students as they go Through the Training

Regarding whether there is noticeable change in attitude as nursing student’s progress with their training, the key informants indicated that there is some change as the students go through the training as indicated by the following statements from them.

"Students come to the training with high expectations that they are joining a prestigious profession. With time and as they get exposed to the clinical area, and interact with the qualified nurses, they develop an attitude that they are pursuing an inferior profession which involves doing “Dirty jobs” (Key informant 2, 23rd February 2011). "They also get discouraged by some senior students in regard to what nursing is all about” (Key Informant 3, 7th April 2011).

Senior student nurses most of the time are regarded as models by the juniors. Exposure to effective leadership influences undergraduate clinical learning and may influence learning throughout the professional career (Walker et al, 2011). Failure to do so will yield negative attitude to the junior nursing students and vice versa. A key informant statement indicated that “Some senior students want to behave like doctors and escape the bed side nursing” (Key Informant 2, 23rd February, 2011). The junior students are likely to copy this doctor like behavior and ignore the core nursing responsibilities.

Lack of clear distinction between nursing and medical roles can bring about roles confusion in the workplace especially among the medical and students who are still trying to adjust to their careers. “A few mentors are not student friendly so the students end up getting poor attitude” (Key Informant 2, 23rd February 2011). This observation
agree with what Nelson, 2011 found that some clinical instructors less frequently demonstrated caring behaviors within the subscales of supportive learning climate and appreciation of life's meanings to the nursing students in the clinical areas (Nelson, 2011). It's the role of clinical mentors to be friendly to the students in order to ensure proper support during their clinical placements.

Change of attitude among the BScN students is also demonstrated by their behavior in the clinical area as observed by one of the key informants "Some students feel that they are all knowing and do not need to learn from the Kenya Registered Community Health Nurses (KRCHN) and the Enrolled Community Health Nurses (ECHN), they only refer their questions to other BScNs (Key Informant 1, 2nd Dec 2010)". This implied the feeling that the BScN students are more senior and do not see much they can learn from the already qualified diploma (KRCHN) or certificate nurse holders (ECHN).

Among the final year nursing students, 61% indicated that they still join the nurse training course, 32% preferred to enter some other professional college while only 7% would prefer to do something different from their professional courses. On inquiry about if a definite decision has been made on the choice of nursing course 46% of the total respondents were confident that they had made a definite choice in nursing. When this figure is compared to the reasons why nursing was chosen, there was percentage increase in response from 51.2% to 61%. This value was in line with what had been found earlier when nurse students were asked to give reasons for choosing nursing as a career. Independent t test calculation on whether nursing is a helping and caring profession gave a p value of P < 0.05 indicating that response to the statement 'nursing is
a helping and caring profession'. This implies that there is no significant different in the responses as to whether nursing is a helping and a helping profession according to year of training. This was a good indication that BScN students whether in their first or final year saw nursing as a helping and caring profession.

These findings concur with the concluding remarks of the scholar Darbyshire et al., 2010 that nursing as an exciting, dynamic, challenging and rewarding profession and that it takes human skills, not just hi-tech medical equipment, to deliver superior patient outcomes. In this study, respondent student nurses were provided with a list of possible reason(s) for choosing nursing as a career and were requested to check all of the available reasons that applied to them. Eleven reasons were offered the subjects with an “Other” response also available. Of the 11 provided responses, the reason that was marked by the largest number of study participants was “Desire to help others” (n= 193, 93.2%). (Darbyshire et al., 2010).

5.9 Making of a Definite Choice in Nursing Profession Among the BScN Students.

This question indicated change in attitude as the BScN students went through the training from first to fourth year. Among the final year students, 39% had chosen nursing as their lifetime career. This was much lower compared to the 72% among the first year students. Apparently, the percentage of those who had not taken up nursing as a lifetime career went up from 19% among the first years to 28% among the final year students. Similarly the percentage of those who were not sure went up from 9% among the first years to 33% among the final year students. These results show statistical significance of the impact of
BScN training curriculum since $P$ is much less than 0.05 ($P = 0.001$). These results agree with the study by Sellek, 2011 who found that training of nurses has an impact in the change and development of attitudes towards the patients and the community they take care of. These findings imply that through proper medical educational training interventions, nursing students attitudes can be moulded in a positive manner (Sellek, 2011).

5.10 Challenges Experienced by BScN Students during their Training

Lack of recognition for the work done by the nurses

One sample t test indicated a significant value in the lack of recognition for the work done by the nurses in this study ($t = 15.991, df = 45, P = 0.000$). This results concurred with the findings of Davis 2011 and Siegel, 2008 who found that most students see nursing as only giving bedpans and injections, working in irregular shifts, taking orders from doctors, and bedside care probably forever. Many students still see nursing and think about it in terms of only. Although this certainly can be part of nursing care, the role of the registered nurse today is a team coordinator of healthcare providers assuring quality care for all patients (Davis, 2011; Siegel, 2008). However, this was centrally to the views of Noreen, 2011 who found that, in addition to the scientific Knowledge of performing the nursing procedures, nursing students need to possess the qualities of motivator and team player (Noreen, 2011).
Regardless of professional discipline or academic setting, educators are increasingly challenged to deliver curriculum content that includes a broad foundation of health care knowledge as well as the burgeoning content on latest research and evidence-based practice. Faculty are faced with a very real time constraint in prioritizing which content be included, compressed, or deleted within the curriculum.

Existing nurse numbers are insufficient to cover all health services sufficiently, leading to the maldistribution of nurses in different health services. Inaccurate image and poor public attitude and knowledge of the value of nurses (Elser, 2008). This statements from previous scholars concern with the findings of this study that there is massive shortage of the nurses (P<0.05) and there is poor public attitude of the value of nurses. Darbyshire (2010) in his research report indicated that the current general attitude of nursing amongst the people is that of low technical jobs which do not offer a lot in terms of challenges and rewards. Many see the profession as either outdated or as a stereotypical. (Darbyshire, et al., 2010).

Similary an independent t test statistic of the figures on adequacy of the training facilities gave p value of 0.000 (t=15.032). This was a clear indication that the relationship between the year of training and the attitude on the adequacy of training facilities is significantly strong because the p value of 0.000 is far less than the α- level of 0.05. This implied that implementation of the current BScN training curriculum its faced with the challenge of general inadequacy of training resources for classroom teaching, clinical teaching, community learning settings, faculty with relevant qualifications, well equipped resource centres, supplies and consumables. This reduces the chances of creating a
positive attitude in the nurse trainees and this in turn lowers the quality of the nursing services provided by the qualified BScN graduates in future.

5.11 General Effect of Nurse Training on Student Attitudes Change

Effect of education on attitudes, beliefs and confidence levels changing attitudes is possible. The average composite index scores of the attitudes and beliefs, confidence levels of primary care nurses and beliefs about impact of their efforts in reaching the goals of nurse training before and after intervention indicates a positive effect of educational intervention. In this study Paired t-test confirmed this positive effect of intervention with p value of 0.00 (<0.05) and 95% confidence intervals of the difference in the index score as noted in the analysis.

Overall, the above findings indicate statistically significant effect of educational intervention on the attitudes and beliefs of nursing students, self reported confidence level of nursing students in dealing with patients.

Effect of Modifying Factors on Nurse Student Attitude Changes

Modifying effect of various variables on the primary outcome variables of attitudes was analyzed using one-way ANOVA. From the students responses it was found that 78\% (n=46) said the work done by nurses is not recognized. 17\% said nursing is only recognized sometimes whereas only 4.35\% said that nursing is recognized (Section 4.4.1.1) This was contrary to the study done by Anurag, 2011 where two thirds of the
nursing students perceived their profession as dignified and respectful as well as a way to get due recognition in society (Anurag, 2011). Thus there was a significant modifying effect of failure to recognize the work done by nurses.

Most first year nursing students have positive attitude toward nursing, they see it as a noble profession and chose it as their first career. However as they go through the curriculum, certain experiences help to strengthen positive attitude as indicated by a statement from a key informant. "There is some noticeable change in attitude as nursing student's progress with their training. Some units like psychiatry and sociology influence student attitude toward the patients and the nursing profession" (Key Informant 2; 23rd February 2011).

On the other hand, certain experiences create negative attitude among some of the BSc N students and nurses to be. These include the loaded curriculum, poor specialization of the lecturers, lack of proper mentorship, low salaries given to nurses, giving bed pans among other issues as indicated by the following statement from one of the key informants.

"Students come to the training with high expectations that they are joining a prestigious profession. With time and as they get exposed to the clinical area, and interact with the qualified nurses, they develop a attitude that they are pursuing an inferior profession which involves doing "Dirty jobs" (Key informant 2; 23rd February 2011).

This concurs with the study by Anurag et al., 2010, and O'Brien, 2008 who found that several factors contribute to this negative attitude of students which may include low reputation of the profession in society, lack of defined job description for nurses, no
criteria for various administrative posts in nursing, no use of higher degrees for higher post, dominance of doctors everywhere in all job settings, no autonomy to the profession and lower salary of nurses. This makes the Nursing profession not to be attractive for meritorious as well as other high school students.

_"They also get discouraged by the senior students but I think the lecturers try their best to instill a positive attitude to the BScN students"_ It's surprising that some BScNs want to behave like doctors and escape the bed side nursing” on the other hand some mentors are not student friendly, so the student end up getting poor attitude toward their instructors and the nursing profession as a whole. (Key informant 1, 2nd Dec 2010)

Some students feel that they are all knowing and do not need to learn from the KRCHN (Kenya Registered Community Health Nurses) and the ECHNs (Enrolled Community Health Nurses), they only refer their questions to other BScNs” (Key informant 3, 7th April 2011).

This can contribute to negative attitude toward the entire profession. Besides there was a group of students who felt that what they went through during their training was different from their expectations. This was indicated by the following statements from finalists’ focus group discussions on how to improve nurse training

_“Avoiding monotony of some procedures in the clinical areas e.g. bed making from the first to the fourth year of training. Focus more on what students learn than rushing through the curriculum of 4 years of training”_ (Participant 6 group D).
A participant also felt that increased student motivation and course coordination will improve BScN training programmes. "Increasing Student motivation through active participation in the implementation of the programme" (Participant 5 group F 8th April 2011) A different participant strengthened this point by suggesting involvement of a student representative in timetabling and in planning for clinical placements. The respondents also felt that learning especially in the clinical areas can be improved by appointing more qualified mentors without leaving them to the mercy of ward in charges to allocate them duties without considering the placement objectives. This was indicated by the statement below. "Improving mentorship by having more clinical area instructors who are qualified for the job and not just any other nurse" (Participant 7, group F, 25th February 2011).

Clinical education continues to be a crucial element in the development of nursing students into novice nurses and thus the need for better nursing student-clinical instructor relationships (Noreen, 2011).

"Improving teaching methods variation by the lecturers" (Participant 2 group D 3rd Dec 2010 ) Multiple and variation of teaching methods help in better learning. "Proper coordination of theory and clinical placements to ensure the students achieve their objectives" (Participant 4 Group E, 8th April 2011). This will ensure students cover their clinical objectives following the theory course which enhances learning among nursing students.
5.12 Research Hypothesis Testing

According to the results present in chapter 4 paired t test analysis of the mean responses on whether nursing has been chosen as a lifetime career indicated a strong statistical significance (P = 0.001). Based on these the null hypothesis that “Training experiences of nurse students has no impact on their attitudes towards the nursing profession” was rejected and its alternative accepted that training experiences of nurse students have impact on their attitudes towards the nursing profession.

These results show statistical significance of the impact of BScN training curriculum since P is much less than 0.05 (P = 0.001). Based on this results the Paired t-test identified an effect of educational intervention on the students attitude with P = 0.001 indicating a difference in the means. This was Confirmed by Wilcoxon-Mann-Whitney test (Z = -3.331, P = 0.001) on the same variables.

5.13 Contribution of Research Analysis on BScN Training; The EM’s Model

Career development is a lifelong process, which incorporates education, occupational training, and work, as well as one’s social and leisure life. (Li, & Kenward, 2006). Today, the changes in the work-world and new definitions of what a career is presents a challenge. According to Srikanthan and Dalrymple (2003), traditional job definitions are vaporizing/disapearing, and it is never too early to begin preparing for a life-long career (Srikanthan & Dalrymple, 2003). Career guidance and counseling are components of a total career education program. From this study it was clear that nursing students need to
understand themselves and the nursing career in order to explore and plan for their future career wisely.

This findings agree with Cunanan and Maddy-Bernstein (2007), that there is strong need for career education and development programs for all students in order to provide students with information sharing, outreach, communication, career education, labor market information, job placement, work experience programs, counseling and assessment, and public relations (Cunanan and Maddy-Bernstein, 2007).

According to Li, and Kenward, 2006 “We face the future fortified only with the lessons we have learned from the past. It is today, that we must create the world of the future. In a very real sense, tomorrow is now” (Li & Kenward, 2006 Page 49). Based on this comment and thorough analysis of the collected data the researcher came up with a nurse training model which will enable training of a BScN professional nurse with positive attitude towards the profession upon its implementation. The model comprise of three main parts, the interventional areas, the specific activities for each interventional area and the overall outcome from the interventional activities and the interventional areas. Figure, 18 illustrates this model.
The model facilitates curriculum development that cultivates creative, dynamic modes of approaching nursing care. The model also involves a wider range of options, greater scope of ideas, a valuing process-teaching strategies, support for student reflective thinking and student creativity. This model though derived from the ideas of social
learning theory also support the underlying assumptions that nursing is a human science requiring participation of several actors and activities in order to produce the best results. Besides, the construction of this model was done through analysis of the collected data and intense literature search on the development of nurse’s attitude toward their profession.

The researcher who is also the model developer bore in mind the fact that all generic nursing programmes have in them a technical component because some functions of nursing require safe performance of technical skills and procedures requiring mentorship. Besides, faculties of nursing need to be concerned about solving student problems in classroom and clinical practice. This model is designed to support the need for schools of nursing to plan the nursing curriculum in a way that will make nursing students achieve better results which include a positive attitude toward nursing by the end of their undergraduate training programme. It offers timeless principles which are not paradigm related and can serve any curriculum of nurse training.

The EM’s model emphasizes the fact that certain aspects of the curriculum can contribute to development of positive attitude whereas others contribute to negative attitude. The model also puts emphasis on the transformation of nursing thinking as liberation of thinking fostering caring for the student.

"The demand for a positive attitude arises because there is need of integration in action of the conflicting various interests in life. Where interests are so superficial that they glide readily into one another or where they are not sufficiently organized to come into conflict with one another, the need for philosophy is not perceptible. But when the scientific
interests conflicts with say, the religious or the economic with the scientific or aesthetic or when the conservative concern for order is at odds with the progressive interest in freedom, or when institutionalism clashes with individuality, there is a stimulus to discover some more comprehensive point of view from which the divergences may be brought together and continuity of experience recovered” (Stenhouse, 2011). Application of this statement implied that the negative attitude among certain nurse professionals triggered the development of this model.

This model is also based on the philosophy of “Wide-Awakeness” which emphasizes encouragement and self-reflection. Thus, the nurse educators come in touch with their own humanity and encourage the release of the human spirit as part of the teaching-learning process as they do self reflection during evaluation of their teaching work (Laurie Brown, Olivia Bevis and Jean Watson, 2000).

Stenhouse, 2011 saw curriculum as either what a school (or teacher) intends to do, and what it actually does. He takes it as given that there will always be a gap between intent and delivery, so understanding a given curriculum requires awareness of both what we're setting out to do and what we're actually doing in order to have best outcomes. This model strives to bring out the positive that is dearly needed among the nurses (Stenhouse, 2011).

Thus during training it’s important to emphasize on the areas which promote positive attitude and avoid aspects which can lead to negative attitude development. Nursing orientation is toward holistic care, so with positive attitude toward nursing profession, holistic care is likely to be promoted.
EM’s model is also based on the Tyler Bevis model. According to this model, in addition to training, a professional curriculum must educate. By education, it means that one should be understanding, able to find meanings, able to use intuition, able to recognize significance and implication, being caring and concerned, being idealistic, making moral and ethical commitments, being creative, thinking critically and knowing about power, its use, control and limits. This model of curriculum development retains its usefulness for the technical aspects of generic curriculum and is quite useful to faculties that are either revising or developing these components of the curriculum. It remains a basic text for beginning students of curriculum. The Tyler Bevis model has been a standard popular model and is more learned than others (Bevis, 2009).

It considers the fact that all the generic nursing programs have a technical component, because most nursing functions require safe performance of technical skills. As long as this is so, EM’s model serves well in developing that aspect of the curriculum. This is because, for effective training of a holistic professional nurse, combined approach of the behaviorist model with other training models is important in order to serve the needs of the student well which in turn will translate in serving the community well.
5.13.1 Main Interventional Areas in the EM’s Attitude Based Nurse Training Model.

According to this model, the main interventional areas should be:

1. **Pre training information:** This can be given when the students are choosing their careers if possible in high school, when applying for university courses or just when they are beginning their training. The activities in this area should be provision of basic information on the nursing profession in comparison with other related medical careers such as doctors, pharmacists, dentists among others. This will enlighten the students on the nursing profession thus enabling them to choose nursing or a different career early enough.

2. **Classroom/ theory training experience:** The activities in this area involve application of appropriate teaching methods based on the content, delivery of the right content in line with the level of training and the stipulated curriculum. This interventional area should also involve delivery of adequate content during teaching meaning it should not be too much or too little. Besides there should be proper evaluation methods for the content taught.

3. **Clinical experiences:** For effective clinical learning, the nursing students should be interested in the clinical placement, show commitment and remain available for the stipulated period. This will give them the necessary exposure for each clinical placement so long as the initial interest to train in nursing was there.

4. **Mentors and supervisors:** These involve the people who guide the students during training. These may be faculty members, clinical instructors, senior nursing students and other members of staff and students in the entire colleges of health
sciences. When the faculty members in the schools of nursing support the students during theory teaching and clinical supervision, their attitude is likely to be positive. Lack of this support can yield to negative attitude. Similarly, clinical instructors and other senior students should support the junior students in their adjustment into the nursing profession.

5. *Extracurricular and socio economic aspects;* These involve being sensitive to other issues which affect student nurses. This will involve giving consideration and possible assistance to students with financial difficulties, accommodation problems and social problems. It also involves BScN training curriculum review to ensure there are longer vacations, content is well distributed in the four years of training and promoting occasions of conference learning for the students.

In summary a wholistic approach should be applied in all aspects of nurse training in order have BSc Nurses with positive attitude toward the nursing profession.

### 5.13.2 Significance and Principles of EM’s Model

EM’s model is designed to act as a decision making guide for the basic BScN curriculum implementation. It helps in enhancing the nursing curriculum building process and review. The model does so by giving consideration into the possible solutions to three basic problems encountered in the curriculum building process. These are determination of the behaviors desired of the product, decision on a system of experiences aimed at producing the specified desired behaviors and discovering whether the product exhibits the desired behaviors (Couros, 2006). In this case the product are the nursing students,
desired behaviors is positive attitude and experiences involve the training exposures as stipulated in the BScN curriculum.

Due to knowledge explosion, much of the theoretical or informational material communicated to students is obsolete before it has been in use for five years. Much more material is outdated within one half of the BScN graduates professional life and only a small part of the information presented to the students is useful throughout the professional lifespan (McDonald, 2011).

Information-oriented curriculum poses a challenge to both learners and the BScN trainers. The great dilemma of nursing educators is that no one knows what information will survive in the rapid validation and generation process now occurring in the physical, biological social and nursing sciences (Couros, 2006).

Another difficulty problem for the information-oriented curriculum is that for many years, learning psychologists have demonstrated definitely that less than 25% of content material learned is available for recall in two years unless it's used and reinforced regularly or organized around meaningful life processes. So in order to fit well into proper nursing domain of practice, what happens to people before, during and after health problems, proper attitude toward the profession should be instilled to the graduates. Nursing science is currently seeking ways to elaborate this within its practice domain that have holistic attitudes of clients and organism nursing care responses based on
proper training in order to produce nursing graduates with best grounded attitude toward
the profession who in turn will offer the best mode of practice (McLeod, 2011).

Health agencies, hospitals and organizations are seeking ways to expand their facilities
and services in order to meet the needs of the growing populations. This means that
nursing service requirements have been expanded both qualitatively and quantitatively
and there is no apparent end in sight for the expanding role of the nurse (Western
Interstate Commission for Higher Education, WICHE, 2011). This model will help in
training nurses with positive attitude in order to meet the demand for both quality and
quantity nursing services. By the fact that it was derived as a product of data analysis the
model facilitates curriculum development that cultivates creative, dynamic modes of
approaching nursing care with a positive attitude acquired during the training period.

This model is also based on the fact that nursing service requirements have been
expanded both quantitatively and qualitatively and there is no apparent end in sight for
the expanding role of the nurse. In order to meet these requirements, there is need of
training nurses with the right and positive attitude toward this noble profession. The
importance of this rests in the many ideas offered in it. The ideas related specifically to
nursing programmes indicating that they can be applied in a wide range of nurse training
programmes in order to train a professional nurse with the right attitude toward nursing.
Summary of the Discussion Chapter

This chapter described the results in relation to literature review information and the study background information. In line with the research objectives, the discussions helped in finding a solution to the main research question on the impact of the BScN training curriculum on the student’s attitude toward the nursing profession. The chapter also describes the EM’s model developed from data analysis as a tool of training nurses with positive attitudes.
CHAPTER 6: CONCLUSIONS AND RECOMMENDATIONS

This chapter gives a detailed account of conclusion and recommendations derived from the results and discussions of this study.

6.1 Conclusions

The findings of the study indicated that

- Nursing students beginning their training generally have a positive attitude toward the nursing profession. However some of they lack the general knowledge of what they expect to go through doing their training and career practice.

- Majority of the first year nursing students join the nursing profession because they have a desire to help the sick and usually see nursing as a noble profession.

- Implementation of the BScN training curriculum has great impact on the students attitudes toward the nursing profession ($Z=-3.331, P = 0.001$) This comes from theory teaching and clinical experiences as stipulated in the BScN curriculum. Certain aspects of the nurse training curriculum contribute to negative attitude of the students toward the nursing profession. This includes aspects like poor clinical supervision and lack of recognition of the work done by nurses. However, other factors contribute to development of positive attitude toward nursing such as having adequate training facilities and good support from the senior nursing and medical students.
• The main training experiences of the BScN students involve the fact that they learn several courses in theory and practice all contributing to their efficiency in provision of general nursing services, midwifery services, community health services as well as being nurse educators.

• Students pursuing BScN training in the public universities are also faced with certain challenges, the main ones being having short breaks during the training, too much content being covered within short period and lack of adequate supervision, guidance and support in the clinical areas.

• The developed EM’s model upon operationalization can help in training BScN with positive attitude toward the nursing profession.

6.2 Recommendations

From this study several recommendations were found to be necessary

6.2.1 Action Recommendations

1. There is Need for Informed Career Decision-Making among the BScN Students

Nursing programs, nursing schools, and the nursing profession as a whole, contribute to the clinical experience for nursing students. The results of this research can serve as a
tool for nurse educators in developing focused career guidance to the student planning to join nurse training institutions.

Factors which currently contribute to students’ attitudes nursing must be identified in order to establish and provide students with the career making skills necessary in choosing a nursing career, find job satisfaction following graduation, and remain in nursing as a career. This information can be provided during the orientation week following admission to the university. This does not require certification but it will be sensitization programmes to enable the recruited students for nurse training programme make a definite career choice right from the beginning of their training. More still this programme will enlighten the students on what they expect in the nursing career and thus be able to develop a positive attitude and attitude toward their career choice and more so the nursing profession. Informed career decisions can provide a basis for students upon which to make a career choice in nursing, enhance recruitment into nursing, lower the attrition rate of nursing students, and influence retention of nursing graduates in the present health system environment.

Many first year nursing students are uncertain about what career opportunities nursing will offer them, and some have misconceptions about what a nurse actually does. Some students have just never considered nursing but somehow find themselves in its training. Thus proper informed career decision-making guidance will influence recruitment of students into nursing, lower attrition rates, and help retain nursing graduates in the workforce.
The researcher recommends that universities should consider implementing an Introduction to nursing course, which includes a lecture and field experience component. This will be able to provide career information about nursing before the students embark on actual nursing courses. Doing so will help them make the right career choice from the beginning of their training.

Understanding students' attitudes of nursing can help nurse recruiters and educators in determining whether an introduction to nursing course would be beneficial to prenursing students. Academic and visible healthcare experience can provide students with more informed career decision-making skills, as well as help to formulate informed attitudes of professional nursing. A more informed career decision-making process thus will help in the recruitment and retention of students in the nursing programs and eventually in the profession.

2. Need for Motivation for the BScN Student Nurses

In several investigations, incomprehension of the nurse's role has been accounted as the main cause of students' low spirit. Familiarizing them with the nursing profession and modifying negative attitude before entering this field can help boost their morale, especially the male students. Improved job performance followed by a positive outlook and job satisfaction will enhance the quality of patients' care and increased productivity. Motivation of work is about daily meaning as well as daily bread, proper motivation is necessary for recognition as well as cash, for astonishment rather than torpor; in short
for a sort of life rather than Monday through Friday. We have a right to ask of work that include some meaning, recognition, astonishment, and life.”

Hence internal factors are far more than external factors in job motivation among nurses. Ensuring that the content is adequate, setting clear learning objectives and ensuring career understanding are some of the important factors which require thorough consideration in nurse student training.

3. Revision of the BSc N Training Curriculum in Kenya

A new curriculum development paradigm for nursing training is highly recommended. This paradigm should be able to liberate both students and faculty from the authoritarian restraints of the behaviorist models and acknowledge students as equal partners in the educational enterprise among other issues.

This can be possible by ensuring that BScN training keep pace with the current change in the field of health. This requires that the training institutions and nurse training regulatory bodies ensure that student content of learning is appropriate for the specific level. This will help to meet expectations of the nursing students while reducing the challenges that they face during their training.

4. Invention of Selection Criteria of the Right People to Pursue BScN Training.

Some of the responses from the the study subjects indicated a need for conducting interviews for the nurses before they begin the nurse formal training. To become a good
nurse, it's vital that the nurse practitioners should have interest of providing the nursing services, sound knowledge about conditions and their treatments because of the responsibility they hold, and good interpersonal skills. Besides nurses should have compassion for people and being able to communicate effectively with patients and relatives alike is crucial to nursing. It's also really important for nurses to see every patient as an individual and to tailor their care with this in mind. These qualities require the students aspiring to become nurses to have the necessary academic qualifications, be open to change some of their values and beliefs in order to develop the necessary skills and attitude towards the nursing profession. This capability can only be captured during an interview session. Currently it's only the academic qualifications and application to train as a nurse which are used as a selection criteria for recruitment into a nurse training program me (BScN training) in the Kenyan Public universities. Selection of the right people to pursue BScN training will ease the work of training, reduce attrition rates from nursing to other professions during or after the training and improvement of nursing services by ensuring that nurses with the right attitudes work in this noble profession.

5. Increased Involvement of Lecturers in Clinical Supervision

This can be done through proper planning of the clinical placement, close follow up of the students, good communication with clinical instructors and ward in charges to ensure that the students meet their objectives. Intensified involvement of faculty staff in student
clinical learning will ensure that tasks allocated to students in clinical areas are focused to their clinical objectives and assessment requirements.

6. **Policy Modification to Improve the Pay of Nurses and Working Conditions for the Nurses**

Bed side nursing should be made attractive in terms of working conditions so that demands of nurses in direct patient care can be met. The common barriers and problems in nurse training and practice must be overcome if the shortage of nurses is going to be offset and more advanced and expanded nursing roles will be filled. Having enough nurses with the right kinds of skills will contribute to the overall safety and quality of a transformed health care system.

Most of the forth years were concerned that the nurse working shifts, working conditions and the pay given to nurse graduates is low. A policy change procedure by the main Public and Private health institutions to address these issues will improve the attitude of the BScNs towards the nursing profession.

**6.2.2 Recommendation for Further Research**

- There is need to explore the challenges in clinical areas among the nursing students since clinical area problems were a main point of discussion in all the fourth year focus group discussions.
• A Similar study need to be replicated in all the Kenyan universities training nursing students and if possible in other countries to enable broad generalization of the results.

• A longitudinal study on nursing curriculum implementation impact on student’s attitude towards nursing can be done by following the same cohort of student right from the time they join the nurse training institutions up to completion of the training.

• Follow-up study is required in order to Pilot the EM’s model and make it operational.
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Cockrell, E. (2002). “Pre Nursing Student’s Attitudes of the Nursing Profession” A Thesis Submitted to the Graduate Faculty of the Louisiana State University and Agricultural and Mechanical College. P. 32, 303–322.


161


APPENDICES

Appendix 1: Informed Consent Information

Introduction

I am a student at Nairobi University doing this research as a requirement for my course. Even though am the principal researcher, I will be working closely with my research assistants who will introduce themselves to you before the actual interaction aimed at data collection. I request for your co-operation in this exercise.

Explanation

You have been asked to take part in a research project described below. The researcher will explain the project to you in details. You should feel free to ask questions. If you have more questions the researcher will discuss them with you. You must be at least above 18 years old to be in this research (if appropriate).

Description of the Study:

You have been asked to take part in the study that will assess the impact of BScN curriculum on student's attitudes and attitudes toward the nursing profession. As an individual who meets the inclusion criteria, you are either a first or a final year Bachelor of Science in Nursing (BScN) student studying in a public Kenyan University. You can also be a nursing faculty staff, a clinical mentor or a BScN who has cleared basic nursing training in any of the Kenyan Public universities.
What the study involves:

If you decide to take part in this study you will be expected to fill in a structured questionnaire which will be issued by the principal researcher or by the research assistants. The researcher can also interview you individually as a key informant or you will be expected to participate in an organized form of group discussions. The main aim will be to get your views on the subject topic. Where necessary the researchers will be seen taking short notes, taking photos or tape recording the proceedings of the data collection exercise. This will mainly be for future referencing during data analysis and should not worry you as the information cannot be disseminated to unauthorized individuals or institutions.

Benefits of the Study:

Although there will be no direct benefit to you for taking part in this study, the researcher will learn more about the impact of BScN curriculum on students' attitudes and attitudes towards the nursing profession. Through analysis of the data the researcher plans to come up with a nurse attitude related training model which can be used in training nurses with positive attitude towards the nursing profession.

Confidentiality:

Your part in this study is confidential within legal limits. None of the information will identify you by name. All records will be maintained in secure database on a personal laptop. The researchers, the ethical-Research committee and the institutions involved in the study will protect your privacy, unless they are required by law to report information
to city, state or federal authorities, or to give information to a court of law. Otherwise, none of the information will identify you by name.

**Right of Self Determination:**

The decision to take part in this study is on voluntary basis without any form of coercion from the researchers or the research assistants. You do not have to participate. If you decide to take part in the study, you may quit at any time if you feel there is no need to continue. However it will be humane enough if you choose to start the exercise to have the patience to move on to the end.

**Reasurance:**

Your decision to participate or not to participate in this study will in no way affect your student life or profession as a key informant.

**Right to complaints:**

If you are not satisfied with the way this study is performed, you may discuss your complaints with the researchers, Ethics and Research Committee through the following address;
1 The Chairman

Ethical and Research Committee
Kenyatta N. Hospital/ University of Nairobi
P.O. Box 20723
Nairobi.

2 Professor Anna Karani (PhD, RN)

University of Nairobi
P.O Box 19676
Nairobi-00202, Kenya.
Tel: 2726300 ext.43390 or 2711250

3 Prof Grace Omoni (PhD, MSc,Pg Dip MCH,NN,RM RN)

University of Nairobi.
P.O Box 19676.
Nairobi - 00202, Kenya.
Tel: 2726300 ext.43390 or 2711250
Appendix 2: Consent Form

If you have read the informed consent information form and your questions have been answered, your signature on this form means that you understand the information and you agree to participate in this study.

-----------------------------------------  -----------------------------------------
Signature of participant                  Signature of the Researcher

-----------------------------------------  -----------------------------------------
Date                                      Date
Appendix 3: Attitude Scale for the First Year BScN Nursing Students

Instructions for using the tool

Instructions to the study participants before answering the questionnaire

- Ensure that you have read the informed consent and signed the informed consent form before participating in this discussion.
- Information acquired during this tool will be handled in a confidential manner.
- Feel free to give out information without coercion of any nature.
- You are kindly requested to answer all the sections in this questionnaire.
- Feel free to ask for clarifications from the principal researcher or the research assistants when necessary.
- Circle the answer you feel is most appropriate for each of the following aspects of your training course, using the following ratings:
- This tool is strictly for study purposes. Therefore, answering all the questions in it will help in answering the main research objective; “To determine the impact of BScN training curriculum implementation on student’s attitudes towards nursing profession and develop a positive attitude based nurse training model.”
### Key for the numerical in the attitude scale

1 – Strongly Disagree 2 – Disagree 3 – Undecided 4 – Agree 5 – Strongly Agree

### (i) Statements enquiring BScN student’s attitude toward nursing before training on Classroom experiences

<table>
<thead>
<tr>
<th>Statement</th>
<th>Response ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Training methodologies will be satisfactory.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>2. The training is well organized to meet the required objectives</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>3. The training facilities will be adequate</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>

### (ii) Statements enquiring BSc N student’s attitude toward nursing before training on Clinical experiences

<table>
<thead>
<tr>
<th>Statement</th>
<th>Response ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. There is massive shortage in nursing</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>2. Work schedules can lead to negative attitude in nursing</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>3. Hospital administration always support</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>4. The mentors in the clinical areas will be fully supportive during the training</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>

### iii) Statements enquiring BScN student's attitude toward nursing before training on Curriculum objectives, content and the nature of nursing profession

| 1. The training programme will strengthen my desire to remain in the nursing profession | 1 2 3 4 5 |
| 1. The length of training will be too long | 1 2 3 4 5 |
| 2. Nursing is a caring and a helping profession. | 1 2 3 4 5 |
| 3. Nurses are well motivated financially to do their work. | 1 2 3 4 5 |
Appendix 4: Attitude Scale for the Fourth Year BSc Nursing Students

Instructions to the study participants before answering the questionnaire

- Ensure that you have read the informed consent and signed the informed consent form before participating in this discussion.
- Information acquired during this tool will be handled in a confidential manner.
- Feel free to give out information without coercion of any nature.
- You are kindly requested to answer all the sections in this questionnaire.
- Feel free to ask for clarifications from the principal researcher or the research assistants when necessary.
- Circle the answer you feel is most appropriate for each of the following aspects of your training course, using the following ratings.
- This tool is strictly for study purposes. Therefore, answering all the questions in it will help in answering the main research objective; “To determine the impact of BScN training curriculum implementation on student’s attitudes towards nursing profession and develop a positive attitude based nurse training model”.
### Key for the numerics in the attitude scale

1 – Strongly Disagree  2 – Disagree  3 – Undecided  4 – Agree  5 – Strongly Agree

### (i) Statements enquiring attitude toward nursing at the end of the training period on Classroom experiences

<table>
<thead>
<tr>
<th>Statement</th>
<th>Response ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Training methodologies will be satisfactory.</td>
<td>1  2  3  4  5</td>
</tr>
<tr>
<td>2. The Training facilities were adequate</td>
<td>1  2  3  4  5</td>
</tr>
<tr>
<td>3. The training is well organized to meet the required objectives</td>
<td>1  2  3  4  5</td>
</tr>
</tbody>
</table>

### (ii) Statements enquiring attitude toward nursing at the end of the training period on Clinical experiences

<table>
<thead>
<tr>
<th>Statement</th>
<th>Response ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Clinical nursing often lead to burn out</td>
<td>1  2  3  4  5</td>
</tr>
<tr>
<td>2. There is massive shortage in nursing</td>
<td>1  2  3  4  5</td>
</tr>
<tr>
<td>3. Work schedules can lead to negative attitude in nursing</td>
<td>1  2  3  4  5</td>
</tr>
</tbody>
</table>
4. Facing the sick and dying patients regularly is a source of negative attitude toward nursing.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4.</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>

5. Hospital administration always support nurses in their work.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>5.</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>

6. The mentors in the clinical areas were fully supportive during the training.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>6.</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>

(iii) Statements enquiring attitude toward nursing at the end of the training period on Curriculum objectives, content and the nature of nursing profession.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Response ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The training programme strengthened my desire to remain in the nursing profession</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>2. The length of training was too long</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>3. Nursing is still a caring and helping profession.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>4. Nurses are well motivated financially to do their work.</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>
Appendix 5: Focus Group Discussion Guidelines for First Year BScN Students

Thank you for choosing to attend this focus group discussion. I am Emmah Matheka from the University Nairobi. With me is ______ from ______. The purpose of this discussion is to help in answering the main research objective. “To determine the impact of BScN training curriculum implementation on student’s attitudes towards nursing profession and develop a positive attitude based nurse training model”.

We would like to record your answers through writing and tape recording for help in analyzing your data.

Before starting our discussion, I would like to bring the following to your attention:

1. Ensure that you have read the informed consent and signed the informed consent form before participating in this discussion
2. Information acquired during this discussion will be handled in a confidential manner and that no names will be quoted while giving the report of the study.
3. Feel free to give out information without coercion of any nature.
4. All the questions and activities in this discussion will help in answering the main research objective. “To determine the impact of BScN training curriculum implementation on student’s attitudes towards nursing profession and develop a positive attitude based nurse training model”.
5. What motivated you to choose a nursing career?
6. How do you feel about being a student nurse?
7. How do you feel about nursing in general?
8. What is your expectation in your training from

(a) Your lecturers

(b) Your mentors

(c) Your seniors

(d) Other medical professionals.
Appendix 6: Focus Group Discussion Guidelines for Fourth Year BScN Students.

Introduction

Thank you for choosing to attend this focus group discussion. I am Emmah Matheka from the University Nairobi. With me is _______ from _______. The purpose of this discussion is to help in answering the main research objective. “To determine the impact of BScN training curriculum implementation on student’s attitudes towards nursing profession and develop a positive attitude based nurse training model”.

We would like to record your answers through writing and tape recording for help in analyzing your data.

Before starting our discussion, I would like to bring the following to your attention:

- Ensure that you have read the informed consent and signed the informed consent form before participating in this discussion.
- Information acquired during this discussion will be handled in a confidential manner and that no names will be quoted while giving the report of the study.
- Feel free to give out information without coercion of any nature.
- All the questions and activities in this discussion will help in answering the main research objective. “To determine the impact of BScN training curriculum implementation on student’s attitudes towards nursing profession and develop a positive attitude based nurse training model”.

182
1. Would you like to talk about those classroom experiences which you found most anxiety producing?

2. Which classroom experiences did you find enjoyable?

3. What do nursing students worry about regarding classroom experiences?

4. How do you think classroom experiences can be improved?

5. How did you feel about being a student in the clinical areas?

6. How did you feel about nursing clinical experience in general?

7. Would you like to talk about those clinical experiences which you found most anxiety producing?

8. Which training experiences did you find most enjoyable?

9. Which were your worst training experiences?

10. What do nursing students worry about regarding clinical experiences?
Appendix 7: Interview Schedule for the Key Informants

Thank you for choosing to attend this focus group discussion. I am Emmah Matheka from the University Nairobi. The purpose of this discussion is to help in answering the main research objective. “To determine the impact of BScN training curriculum implementation on student’s attitudes towards nursing profession and develop a positive attitude based nurse training model”.

We would like to record your answers through writing and tape recording for help in analyzing your data.

Before starting our discussion, I would like to bring the following to your attention:

- Ensure that you have read the informed consent and signed the informed consent form before participating in this discussion.
- Information acquired during this discussion will be handled in a confidential manner and that no names will be quoted while giving the report of the study.
- Feel free to give out information without coercion of any nature.
- All the questions and activities in this discussion will help in answering the main research objective. “To determine the impact of BScN training curriculum implementation on student’s attitudes towards nursing profession and develop a positive attitude based nurse training model”.

184
The interview questions:

1. What are the common problems faced by the nurse students during their training?

2. What experiences do nurse students undergo in (i) clinical areas (ii) Classrooms?

3. Is there any noticeable change in attitude toward nursing as students’ progress through their training? If YES, in which areas?

4. Do BSc Nursing students have relevant motivation toward nursing during their training?

5. What financial constraints do student nurses face during the course of their training?

6. What kind of attitude toward nursing do nursing students finishing their education have?
Appendix 8: Study Questionnaire for the First Year BSc Nursing Students

Instructions to the study participants before answering the questionnaire

- Ensure that you have read the informed consent and signed the informed consent form before participating in this discussion.
- Information acquired during this tool will be handled in a confidential manner.
- Feel free to give out information without coercion of any nature.
- You are kindly requested to answer all the sections in this questionnaire
- Feel free to ask for clarifications from the principal researcher or the research assistants when necessary.
- This questionnaire is strictly for study purposes. Therefore, answering all the questions in it will help in answering the main research objective; “To determine the impact of BScN training curriculum implementation on student’s attitudes towards nursing profession and develop a positive attitude based nurse training model”.

Date of interview __________________________

Questionnaire no ______

Section 1: Socio-demographic data

1. What is the name of your training institution?
   a) University of Nairobi
   b) Moi University
   c) Kenyatta University

2. What is your gender?
   a) Male
   b) Female

3. Which category of student do you belong?
   a) Regular
   b) Parallel

4. Which year of training are you in?
   a) First
   b) Fourth

5. What is your age range?
   a) 18-20 yrs
   b) 21-23 yrs
   c) 24-26 yrs
d) 27-29 yrs

e) 30 yrs and above

6. Why did you choose to study in this institution?

a) It is near home
b) It's cheap
c) It's the only place nursing was being offered
d) Its good fame
e) JAB posting
f) Other reasons

7. Why did you choose to study nursing?

a) it was my first choice
b) it was my second prevalence
c) my parents/guardian chose it
d) I didn't have enough points for what I wanted
e) To help the sick
f) Get money
g) Other reasons

8. Have you chosen nursing as your lifetime career?

a) yes
b) no
c) Not sure

9. Who pays for your expenses while in college? (Underline the main source)

a) Parents
b) Relatives / Guardian
c) Government / HELB

d) Sponsor

e) Parents and government

f) Government loan and sponsors

g) Self and well wishers

h) Spouse

i) Others; state

10 Do you have any financial difficulties

a) Yes

b) Sometimes

c) No

11. What is your attitude toward nursing?

a) Its good

b) It's just a career like any other

c) It's a noble profession
Appendix 9: Study Questionnaire for the Fourth Years BSc Nursing Students

Instructions to the study participants before answering the questionnaire

- Ensure that you have read the informed consent and signed the informed consent form before participating in this discussion.
- Information acquired during this tool will be handled in a confidential manner.
- Feel free to give out information without coercion of any nature.
- You are kindly requested to answer all the sections in this questionnaire.
- Feel free to ask for clarifications from the principal researcher or the research assistants when necessary.
- This questionnaire is strictly for study purposes. Therefore, answering all the questions in it will help in answering the main research objective; “To determine the impact of BScN training curriculum implementation on student’s attitudes towards nursing profession and develop a positive attitude based nurse training model”.

190
Section 1 Socio-demographic data

1. What is the name of your training institution?
   d) University of Nairobi
   e) Moi University
   f) Kenyatta University

2. What is your gender?
   c) Male
   d) Female

3. Which category of student do you belong?
   c) Regular
   d) Parallel

4. Which year of training are you in?
   c) First
   d) Fourth

5. What is your age range?
   f) 18-20 yrs
   g) 21-23 yrs
6. Why did you choose to study in this institution?
   a) it is near home
   b) it's cheap
   c) it's the only place nursing was being offered
   d) its good fame
   e) JAB posting
   f) Other reasons

7. Why did you choose to study nursing?
   a) it was my first choice
   b) it was my second prevalence
   c) my parents/guardian chose it
   d) I didn’t have enough points for what I wanted
   e) To help the sick
   f) Get money
   g) Other reasons

8. Have you chosen nursing as your lifetime career?
   a) yes
   b) no
   c) Not sure

9. Who pays for your expenses while in college?
a) Parents
b) Relatives / Guardian
c) Government / Higher Education Loans Board
d) Sponsor
e) Parents and government
f) Government loan and sponsors
g) Self and well wishers
h) Spouse
i) Others; state........

10. Do you have any financial difficulties?
   a) Yes
   b) Sometimes
   c) No

11. What is your attitude toward nursing?
   a) Its good
   b) It’s just a career like any other
   c) It’s a noble profession

12. Is there any area of nursing profession which you feel training was not adequate?
   a) General nursing
   b) Reproductive health
   c) Community health
   d) Clinical teaching
e) Basic clinical sciences

f) None

g) Other areas. (Specify...............................)

13. Do you feel there is lack of recognition for work performed by nurses.

   a) Yes
   b) Sometimes
   c) No

4. (i) Generally how can you group the role played by your mentors during your clinical placements

   a) Satisfactory
   b) Unsatisfactory
   c) Discouraging
   d) Encouraging and excellent

(ii) Give reasons for your answer in 14 (i) above ....................... 

   a) Assistance
   b) Not always available
   c) Intimidating
   d) Well qualified and experienced
   e) Have lower qualifications than BScNs
   f) Always there for the student
15. Why do you study nursing?
   
   a) Offers good financial reward later
   b) It's the best way of serving community
   c) Offers a good status in society
   d) Other specify........................................

16. If you were just completing high school and knew your own abilities and weaknesses as you know them, what would you do?
   
   a) Enter some other professional college like engineering
   b) Still join a nurse training college.
   c) Other..............................

17. Do you think you have made a definite choice of your profession as a nurse?
   
   a) Yes
   b) No
   c) not sure

18. What were your most preferred subjects in your training in the order of preference?
   
   a) Reproductive Health Nursing   d) Basic Sciences
   b) General nursing             e) Nursing administration
   c) Community health nursing   f) Others
19. What forms the basis of your preference of certain subjects?
   a) Like the teacher
   b) Like the subject
   c) Others

20. Which subjects did you dislike during your training?
   a) Reproductive Health  b) General nursing  c) Community nursing  d) Basic clinical sciences.

21. What forms the basis of your dislike of these subjects?
   a) Dislike the teacher
   b) Dislike the subject
   c) Others specify

22. Do you think teaching in your college can be improved?
   a) Yes
   b) No

23. If yes for number 11 above, what are your three most important suggestions for improvement?
   a) 
   b) 
   c) 

196
24. What methods of teaching did you find more useful?

a) Lecture
b) seminar
c) clinical teaching
d) practical demonstrations
e) student directed learning
f) multiple methods

25. Do you prefer to have more teaching aids in your learning?

a) Yes
b) No

26. If yes in 14 above, what aids

a) Films
b) Slides
c) Models
d) Practical demonstrations
e) Multiple methods
f) Others, specify..............................
27. Do you feel that a student can do well in examination if he depends only on lectures?
   a) Yes
   b) No

28. Do you feel your classes are?
   a) Overcrowded
   b) Right size
   c) Could accommodate more students

29. Do you use the library? a) Yes b) No

30. If your answer is yes in 6 above, is the library well equipped?
   a) Yes  b) No  c) Other ways

31. Do you get your examination papers back after marking?
   a) Yes
   b) Sometimes
   b) No

32. What method of examination do you prefer?
   a) Essay type
   b) Oral
   c) Practical
   d) Multiple choice
e) Problem solving
f) Others specify

34. What are your three most important suggestions for improving social life in the college?

   a) 

   b) 

   c) 

35. Do you feel that students should be involved more directly in planning for their training curriculum?

   (a) Yes  (b) Sometimes (c) No

36. If yes in 12 above, give three suggestions on how the students can be involved.

37. Any areas that you feel took more time than required

   a) Yes   b) No

38. If yes in 14 above, mention the areas in order of priority

   a) 

   b) 

39. Any areas that you feel took less time than required

   a) Yes
40. If yes in 16 above, mention the areas in order of priority

i

ii

iii

41. Which form of classroom evaluation did you find most appropriate

a) Continuous Assessment Tests (CAT)

b) End of semester theory exam

c) Objective structured clinical examination (OSCE)

d) All

e) Multiple methods

42. Which of the following practical assessments is usually well framed to cover your clinical objectives?

a) Nursing care of a patient

b) Ward management

c) Management of a baby at risk

d) Management of a mother in labor

e) Maternal Child Health/Family Planning clinic management

f) Multiple
43. Do you think your clinical experience had a positive impact on your training outcome?

a) Yes

b) No

If No, please explain why ..............................................................

33. Do you find nursing more demanding than you expected?

a) Yes  b) No

If YES, Please explain ..............................................................

44. After your graduation, what would you prefer to do most?

a) Remain in bed-side nursing

b) Take other collaborative roles

c) Join another less demanding job

d) Be a nurse manager only.

e) Pursue further studies.
Appendix 10: Research Approval From The Ethical Research Committee.

Ref: KNH-ERC/ A/537

Matheka Emmah Kanini
School of Nursing Sciences
College of Health Sciences
University of Nairobi

Dear Ms. Kanini

RESEARCH PROPOSAL: "IMPACT OF BSCN (BACHELOR OF SCIENCE IN NURSING) CURRICULUM ON STUDENT'S PERCEPTIONS AND ATTITUDES TOWARDS NURSING PROFESSION: A STUDY OF KENYAN UNIVERSITIES" (P10113/2010)

This is to inform you that the KNH/UON-Ethics & Research Committee has reviewed and approved your above revised research proposal for the period 20th July 2010 to 19th July 2011.

You will be required to request for a renewal of the approval if you intend to continue with the study beyond the deadline given. Clearance for export of biological specimens must also be obtained from KNH/UON-Ethics & Research Committee for each batch.

On behalf of the Committee, I wish you a fruitful research and look forward to receiving a summary of the research findings upon completion of the study.

This information will form part of the database that will be consulted in future when processing related research study so as to minimize chances of study duplication.

Yours sincerely

PROF' A N GUANTAI
SECRETARY, KNH/UON-ERC

cc. Prof. K. M. Bhatt, Chairperson, KNH/UON-ERC
    The Deputy Director CS, KNH
    The HOD, Records, KNH
    Supervisors: Prof. A. Karani, School of Nursing Sciences, UON
                Dr. Margaret Chege, School of Nursing Sciences, UON
                Prof. Ruth Gatere, Kenya Methodist University

KENYATTA NATIONAL HOSPITAL
Hospital Rd. along, Ngong Rd.
P.O. Box 20723, Nairobi.
Tel: 726300-9
Fax: 725272
Telegrams: MEDSUP*, Nairobi.
Email: KNH@kenhealthnet.org

20th July 2010
Appendix 11: Research Authorization From University

KENYATTA UNIVERSITY
OFFICE OF THE DEPUTY VICE-CHANCELLOR (ACADEMIC)

Tel: (+254-20) 8710901-19 Ext 57481
Fax: (+254-20) 8711380
Website: www.ku.ac.ke

P.O. Box 43644-00100 Nairobi, Kenya
E-mail: dvc-acad@ku.ac.ke

REF: KU/DVCACAD/GEN/9/DF
17TH FEBRUARY 2011,

EMMAH K. MATHEKA,
KENYA METHODIST UNIVERSITY,
P.O BOX 267-60200

MERU

RE: RESEARCH AUTHORIZATION

Reference is drawn to your letter dated 28th January 2011.

This is to inform you that your request to carry out research on “Impact of BSCN (Bachelor of Science in Nursing) Curriculum on students’ perceptions and attitudes towards nursing profession: A study of Kenyan Universities,” in Kenyatta University has been granted.

On completion of the research, you are required to submit one hard and soft copy of the research report/ thesis to Kenyatta University, Institute for Research, Science and Technology.

Thank you.

PROF. JOHN OKUMU
DEPUTY VICE-CHANCELLOR (ACADEMIC)

Cc: Vice Chancellor
JO/jm
Appendix 12: Authorization by the National Council for Science and Technology

REPUBLIC OF KENYA

NATIONAL COUNCIL FOR SCIENCE AND TECHNOLOGY

Telegram: SCIENTECH, Nairobi
Telephone: 254-020-241249, 2213102
254-020-210571, 2213123
Fax: 254-020-2213215, 318246, 318249

When replying please quote
Our Ref: NCST/RR1/12/1/MAS/172/4

Ms. Emmah Kanini Matheka
University of Nairobi
P. O. Box 30197
NAIROBI

Dear Madam,

RE: RESEARCH AUTHORIZATION

Following your application for authority to carry out research on “Impact of BSCN (Bachelor of Science in Nursing) curriculum on students’ perceptions and attitudes towards nursing profession: A study of Kenyan Universities” I am pleased to inform you that you have been authorized to undertake research in Nairobi, Thika, Eldoret and Meru Districts for a period ending 31st July 2013.

You are advised to report to the Vice Chancellors, University of Nairobi, Kenyatta University, Moi University and Kenya Methodist University before embarking on the research project.

On completion of the research, you are expected to submit two copies of the research report/thesis to our office.

P. N. NYAKUNDI
FOR: SECRETARY/CEO

Copy to:
The Vice Chancellor
University of Nairobi
P. O. Box 30197
NAIROBI
The Vice Chancellor
Kenyatta University
P. O. Box 43844
NAIROBI

The Vice Chancellor
Moi University
P. O. Box 3900
ELDORET

The Vice Chancellor
Kenya Methodist University
MERU

The District Commissioners

The District Education Officers