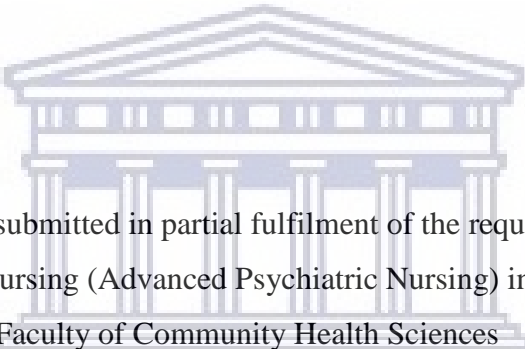


**EXPERIENCES OF ADVANCED PSYCHIATRIC NURSING
GRADUATES INVOLVED IN A SERVICE-LEARNING PROJECT
AT A HIGHER EDUCATIONAL INSTITUTION IN
THE WESTERN CAPE**

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The logo of the University of the Western Cape, featuring a classical building with a pediment and columns.

A mini-thesis submitted in partial fulfilment of the requirements for
the degree of Master in Nursing (Advanced Psychiatric Nursing) in the School of Nursing
Faculty of Community Health Sciences

University of the Western Cape

UNIVERSITY of the
WESTERN CAPE

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Date: September 2020

<http://etd.uwc.ac.za/>

ABSTRACT

The re-engineering of the healthcare landscape requires Higher Educational Institutions (HEI) to employ teaching and learning approaches that would produce graduates, who could respond to the transformative initiatives within the healthcare system. Graduates are required to become involved in a service-learning project, as part of their learning experience, within the Masters of Nursing in Advanced Psychiatric Nursing programme. Their learning and teaching activity is intended to prepare them to become competent advanced psychiatric nurse specialists, who are able to address social transformation.

In this current study, a qualitative approach, with an exploratory, contextual design, was used to investigate the experiences of the advanced psychiatric nursing graduates, who had been involved in a service-learning project. This study was aimed at exploring the experiences of advanced psychiatric nursing graduates, who had been involved in a service-learning project, during their training programme at a university in the Western Cape. The objective of the study was to explore the experiences of advanced psychiatric nursing graduates, who had been involved in a service-learning project, during their training programme.

The researcher employed snowball sampling to select advanced psychiatric nursing graduates, who had graduated between 2010 and 2018 from a Higher Educational Institution in the Western Cape. Semi-structured interviews were used to collect data from eight participants. All the semi-structured interviews were audiotape recorded and transcribed verbatim. Data saturation was reached after 8 interviews, when new information was no longer being divulged.

Thematic analysis was employed, generating 8 initial themes and 22 categories, which were further refined to 4 themes and 9 categories. Based on these findings, the researcher offered recommendations for education, practice, and future research.

KEYWORDS

Experiences

Advanced Psychiatric Nurse

Graduates

Service-Learning

Higher Education Institution



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LIST OF ABBREVIATIONS

APNG	–	Advanced Psychiatric Nurse Graduates
CBS	–	Community Based Services
CE	–	Community Engagement
HEI	–	Higher Education Institution
M Nur	–	Masters of Nursing in Advanced Psychiatry
MHS	–	Mental Health Services
PHC	–	Primary Health Care
SoN	–	School of Nursing
SA	–	South Africa
SANC	–	South African Nursing Council
SL	–	Service-Learning
L&T	–	Learning and Teaching
MHS	–	Mental Health Services
MHCU	–	Mental Health Care User
NAP 814	–	Child and Adolescence module
UWC	–	University of the Western Cape



DECLARATION

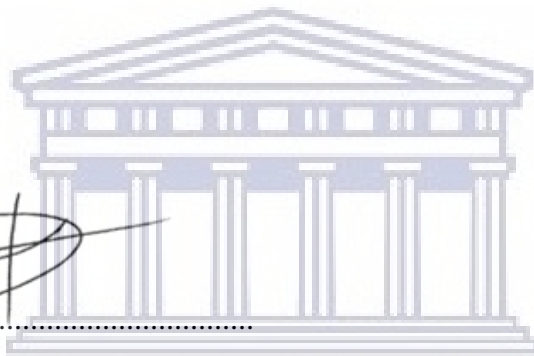
I, Hatchwell, Aldoneal King, student number 3209655, declare that:

This thesis is my own work and all the sources used, are indicated and acknowledged in the accompanying references. The study was approved by the Humanities and Social Science Ethics Committee of the University of the Western Cape, in terms of its methodology and ethics considerations, and therefore, complies with the research and ethical standards of the University of the Western Cape.

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Date: September 2020

Signed:



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This thesis has been read and approved for submission by:

Signed: *Hester Julie*

Prof. Hester Julie (Supervisor)

Date: 19/11/20

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“Perfection is an illusion persuaded by fools; detaining [legacy] is merely perseverance of a dream ignited by ambition” by H. King

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To my sisters and brothers, Helga Williams, Chantal King, Clarise Loff, Aldoneal Williams, and Denver King, thank you for your love and support.

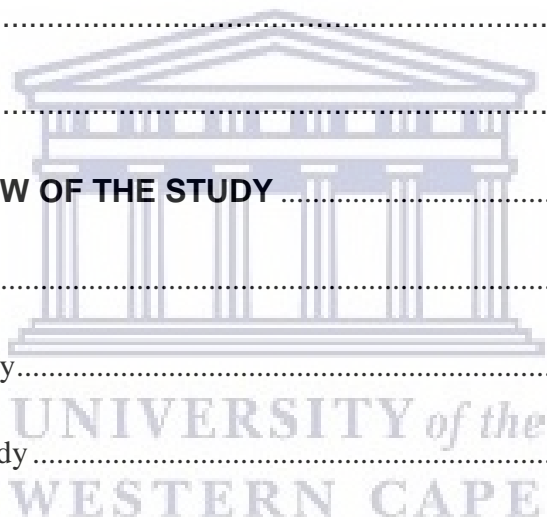
Mrs Sincliar Dianna Loff, thank you for raising me; I am grateful for your support and guidance throughout my journey.

My mother, Miss Mariana King, this year marks 10 years since you passed away, thank you for raising me, and blessing me with your values and beliefs, may your soul rest in peace.

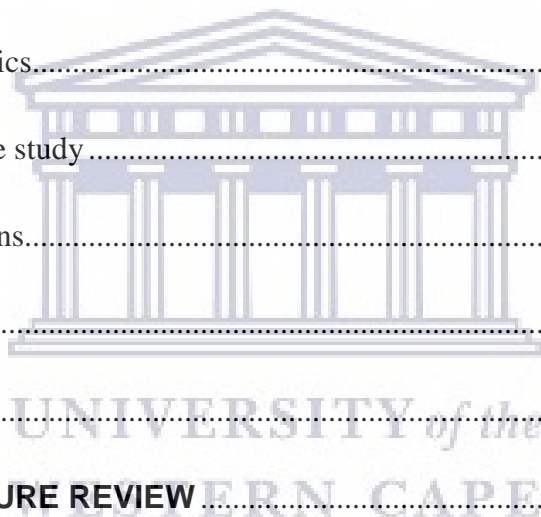
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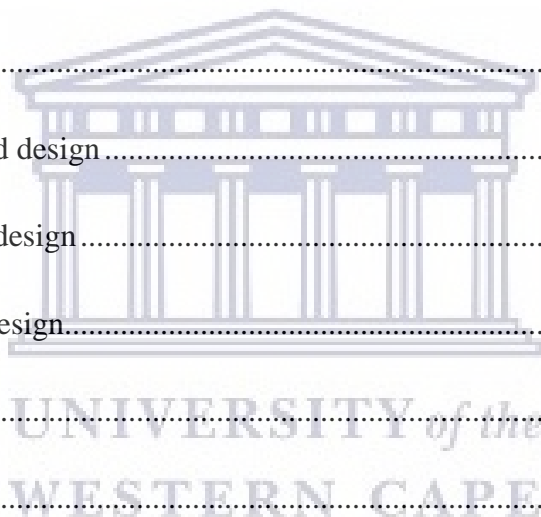
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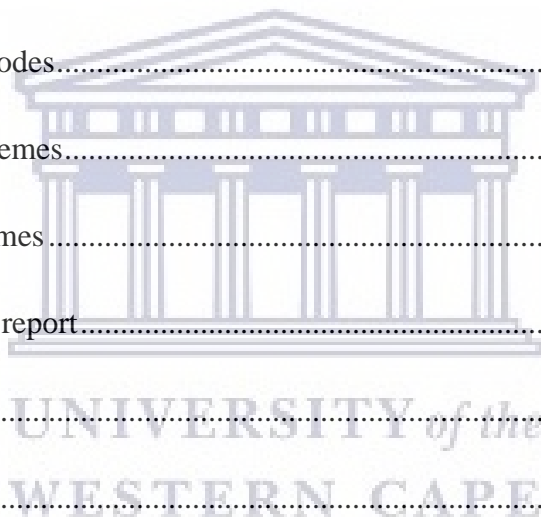
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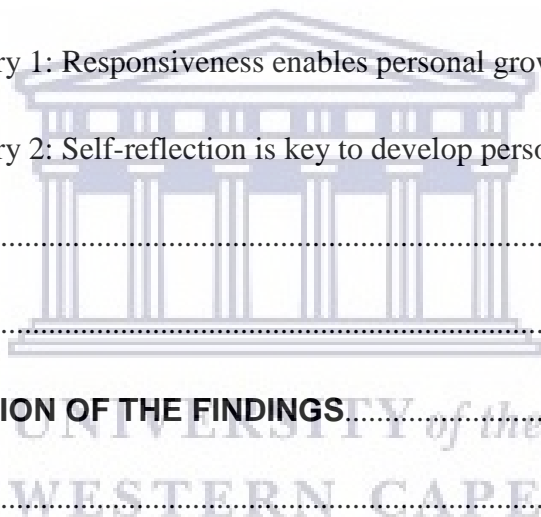


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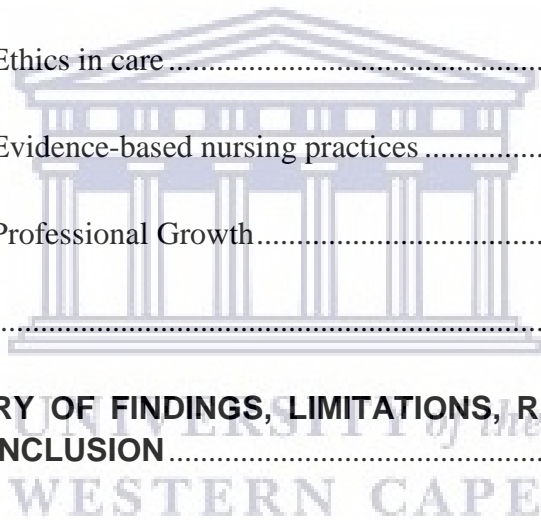


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CHAPTER ONE

OVERVIEW OF THE STUDY

1.1. Outline

In this chapter, the researcher sets the context and provides relevant information for a general overview of this current study. This chapter contains the orientation and background of the study, the problem statement, research question, aim of the study, objectives, significance of the study, operational definitions, and an overview of the research process followed. Finally, the researcher concludes with a summary of the first chapter.

1.2. Orientation to the study

Advanced psychiatric nurse graduates (APNG) are expected to enrol in postgraduate programmes at a Higher Education Institution (HEI), to obtain specialised knowledge and skills, to advance their understanding, as well as their level of responsiveness in healthcare facilities. APNGs are recognised as accountable and responsible professionals, who are competent, and strive to provide care that is based on assessments, preventative measures, and the management of people at risk (South African Nursing Council [SANC], 2018). The South African Nursing Council [SANC] identifies five core domains of competency that shape psychiatric nurses throughout their career. These core domains are *professional and ethical practices, care provision and management, personal and quality care, management and leadership*, as well as *research* (SANC, 2018). *Professional and ethical practices* refer to the ability of the APNG to take action, independently and collaboratively, to implement evidence-based mental health practice that subscribes to the ethics of care. *Care provision and management* deals with the ability to assess, implement preventative measures, as well as provide treatment and rehabilitative care, to enhance the mental wellbeing of society. *Personal and quality care* focuses on the importance of recognising strategies, such as continuous professional development, as a means of improving the quality of mental health services within the healthcare system. *Management and leadership* highlight the ability of the APNG to lead and participate in a multi-disciplinary team. Finally, *research* entails using research skills as a means of informing evidence-based nursing practices, which ensure that the APNG provides relevant and current mental healthcare. These five core domains of competency are also set to

ensure that HEIs align their psychiatric nurse postgraduate programmes in such a way that it adheres to the regulations relating to the accreditation of institutions, as a Nursing Education Institution (South African Nursing Council [SANC], 2013a). In addition, apart from providing theoretical knowledge, the HEIs are mandated by the SANC to provide psychiatric nurses with clinical learning opportunities, as a part of their learning experience. The SANC also recognises Service-Learning (SL) as a form of clinical learning, which HEIs may use to develop the clinical skills of psychiatric nurses (SANC, 2013a).

SL is a learning and teaching methodology that is rooted in Experiential learning (EL) theory. SL integrates learning and teaching activities through the provision of service to the community (Farber et al., 2018). SL is considered transformative in nature, and is consistent with teaching and learning activities that adhere to a cycle of events, namely a concrete experience, reflective observation, abstract conceptualization, and active experimentation (Kolb, 1984; Snyman, 2005). SL forms part of various community engagement (CE) typologies; therefore, these two terms may not be used interchangeably, because it has been observed that universities use community engagement and SL, as interchangeable synonyms (Favish, 2010). Based on Furco’s conceptual framework, SL can be distinguished from other forms of CE, namely, volunteerism, internship, community service, and field education, as depicted in Figure 1.1 (Julie, 2014; Higher Education Quality Committee [HEQC], 2008; Bender et al., 2007; Furco, 1996).

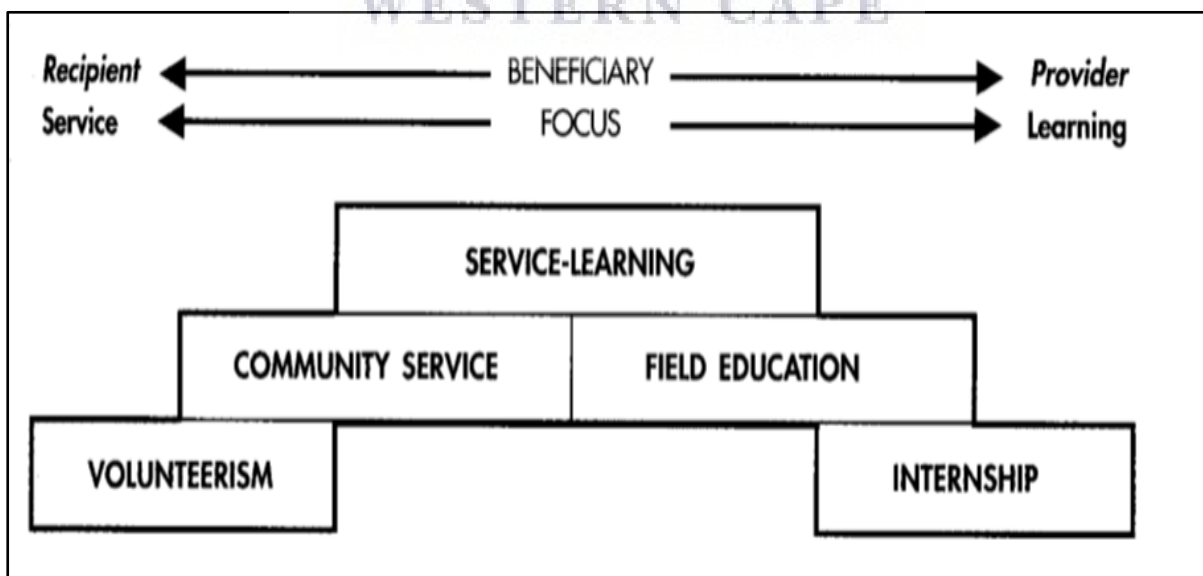


Figure 1.1: Distinctions among service programmes (Furco, 1996)

Volunteerism, primarily benefits the community, regarded as the service recipient, whereas *internship*, which is the opposing position on the CE typology, is primarily intended to benefit the student, to ensure that students gain the relevant experience to enhance their learning, or understanding of issues relevant to a particular area of study (Wilson, 2013; Higher Education Quality Committee [HEQC], 2006a). *Community service* primarily focuses on the service being provided, as well as the benefits these activities provide to the recipients, whereas *field education* is intended to engage students in co-curricular service opportunities that are relevant to, and extend with, their formal academic studies (Wilson, 2013; HEQC, 2006a).

However, SL can be distinguished from other forms of CE, as it is rooted in principles of reciprocity, ensuring a unique balance between the service needs of a community, and the learning needs of a student (Asghar et al., 2017; Smith-Tolken et al., 2017; Venter, 2013; Wilson, 2013). Additionally, SL provides students with the opportunity to engage, critically, with the content and nature of the teaching and learning experience. Other elements of SL include authentic teaching and learning activities, followed by meaningful reflection, during which time, students link their learning outcomes and service experiences to a broader context (Saylor et al., 2018; Wallace et al., 2014; Julie et al., 2005; Casey et al., 2008). In the nursing environment, SL proves equal developmental benefits to the healthcare worker, as well as the community at hand; the implications being that these healthcare workers have developed a socially responsible approach, to dismantle the existing social inequalities that hinder healthcare within the community (Julie et al., 2007).

These elements of SL have the potential of informing healthcare services, as it increases self-awareness, allowing the healthcare worker to gain insight into, and understanding of, how to approach critical issues that need to be addressed within the community. Other characteristics of the SL project are considered important to ensure an authentic experience, and to develop accountable and responsible health practitioners, who meet the needs of the service provider, as well as the recipient of the service (Jia et al., 2017; Pike et al., 2014; HEQC, 2006a).

This study seeks to explore the SL experiences of the advanced psychiatric nursing graduates, who were involved in a SL project, during their Masters of Nursing in Advanced Psychiatry degree.

1.3. Background of the study

1.3.1. Transformation of the South-African health care system

The South African healthcare system is being transformed from a curative-based service into a Primary Health Care (PHC) orientated system (Republic of South Africa [RSA], Western Cape Government, Department of Health [DoH], 2014). One of the key aspects that will be addressed through this transformation is that resources will be centralised to incorporate mental health services (MHS) into community-based services (CBS). This transformation of mental health services in South Africa is facilitated through the implementation of the National Mental Health Policy Framework and Strategic Plan 2013-2020 (Republic of South Africa [RSA], Department of Health [DoH], 2013).

The framework envisions the provision of mental healthcare services that are accessible, equitable, comprehensive at all levels of the health system, as recommended by the World Health Organization (RSA, DoH, 2013). Although the framework recognises that some progress has been made regarding the integration and training of mental health nurses at the PHC level, much work is still required. The imbalance between deinstitutionalisation, and the necessary development of CBS, only results in an increased need for specialised mental health services in communities (Friedman, 2019). The framework seeks to rectify the disequilibrium by aligning their expertise, to promote the re-engineering of PHC services, integration of mental health into general health services, and development of CBS (Uys et al., 2014; RSA, Western Cape Government, DoH, 2014; RSA, DoH, 2013).

PHC services are considered a critical component at the entry-level of the healthcare system, which views CBS as an inter-related service component within its care continuum (World Health Organization [WHO] & United Nations Children's Fund [UNICEF], 1978). PHC is encapsulated within four key strategies namely, *health promotion services, preventative services, curative services, and rehabilitation services* (WHO & UNICEF, 1978). Considering the context of the study, these strategies are regarded as sub-domains that shape care provision and the management of mental health services (South African Nursing Council [SANC], 2014). Previously, CBS was considered passive, curative, vertically, and individually oriented, which entrusts the

healthcare workers with the health needs of a defined population (RSA, Western Cape Government, DoH, 2014).

The re-engineering of PHC services will undergo major policy development, aligned to a ten-point plan objective, which envisions a CBS that is more proactive and integrated with a population-based approach. To achieve these objectives, nurses were identified as critical role players, to lead the envisioned PHC system among the multi-disciplinary teams of clinically competent professionals (RSA, Western Cape Government, DoH, 2014).

However, a national report that surfaced in 2017 indicated challenges associated with the envisioned transformation of mental health services. This report highlighted the death of 96 mentally ill patients in the Gauteng Province (Makgoba, 2017). This report claims that the professionally trained healthcare providers were not able to identify the specialized professional care requirements of the *assisted* Mental Health Care User (MCHU). The report also called into question the training provided to these healthcare providers, responsible for caring for the MCHU.

1.3.2. Education and training opportunities for mental health nurses in South-Africa

1.3.2.1. *Basic qualification*

Education and training opportunities for mental health nurses include basic and specialist qualifications. The basic qualification to register as a professional nurse as set by the South-African Nursing Council (SANC) should be completed over four years. The individual, therefore, is required to pursue fundamental clinical and theoretical training, in the various disciplines that include, general, psychiatry, community, and midwifery, as set by the SANC's R.425 regulation (South-African Nursing Council [SANC], 1985). The basic qualification could be considered as the fundamentals that shape MHS from an equity and justice perspective, when responding to the needs of CBS (South-African Nursing Council [SANC], 2013b). The basic professional health care providers are considered competent when they can integrate and apply their knowledge, skills, values, and clinical judgment within their designated programmes.

1.3.2.2. Specialist qualification

The SANC describes advanced psychiatric nurse specialists as professional nurses, who have received training in advanced psychiatry at master's level (SANC, 2014). The advanced psychiatric nurse specialists portray broader field dynamics of the specialisation. These advanced specialists function at all levels of care, namely, primary, secondary, and tertiary, independently, with basic, intermediate, and advanced competencies. The advanced specialists lead and participate in transformative activities that seek to improve access to effective MHS within CBS. The advanced specialists must accept increased responsibility, and recognise their level of competency, as well as limitations, when addressing the needs of the community. Therefore, advanced specialists should have in-depth knowledge, as well as critical clinical reasoning skills, to provide comprehensive MHS within their communities (SANC, 2018).

SANC recognises accountability and responsibility as essential core skills that advanced psychiatric specialists should exercise as a transformative strategy geared at meeting the mental health needs of the community (SANC, 2018). The School of Nursing (SON), within the Faculty of Community Health Sciences (FCHS), at an HEI in the Western Cape, offers a structured Masters of Nursing in Advanced Psychiatry (M nur) programme. To enrol for the programme, the candidate has to be registered with SANC as a professional nurse, who holds a four-year Bachelors in Nursing degree, with one-year relevant clinical experience in the area of specialisation (University of the Western Cape [UWC], 2019). The programme provides a platform for the development of accountability and responsibility skills, through a SL project, in the Child and Adolescence Mental Health (NAP 814) module (Julie, 2017). The SL project is an integral component of the 10- credit module as previous research advocated for SL to be a key component in the curriculum (Wilson 2013).

Taking into consideration the envisioned transformation within mental health, it does raise concerns about the school's commitment to the national call, to develop graduates, who could accept accountability and responsibility for the transformation of society. However, CE through SL provides the opportunity to

integrate CBS in advanced psychiatric nurse training to develop graduates, who would address issues that negatively impact the mental wellbeing of a community at risk (Barroso et al., 2019). SL provides a platform for reciprocal teaching, as well as learning opportunities that will allow APNG to function in complex CBS, based on the immediate needs of the community, through authentic teaching and learning activities (Bryant-Moore et al., 2018; Makgoba, 2017). Higher Education Institutions (HEIs) should, therefore, prioritize the development of APNGs, who have the critical skills to function in CBS, and could accept accountability, as well as increased responsibility, to address the needs of communities (Favish & Simpson, 2016; Favish, 2010).

1.3.3. SL at Higher Education Institutions (HEIs)

Various SL frameworks are implemented by HEIs to produce APNGs, who are able to accept accountability, increased responsibility, and readiness for employment, when they exit their training programmes (Osman et al., 2013). To guide the implementation of SL effectively within the curriculum, the Higher Educational Quality Committee developed four essential criteria that serve as a guide for HEIs, when implementing SL into the curriculum (HEQC, 2006b). Firstly, the SL project should be relevant and meaningful to the student, community, and HEI. The student must meet his/her module outcomes, while developing his/her skills, values, and interests. In addition, the SL project should be aligned with the development of the community, to ensure that they consider the engagement meaningful and necessary.

The second criterion indicates that the SL project needs to enhance academic learning. The SL project should align learning and teaching activities to the objectives of the module. The facilitation of learning activities needs to support and strengthen the students learning experience, to ensure that the module outcomes are achieved. The third criterion is purposeful, and intended to expose, as well as prepare the student as a professional and citizen, to face the challenges in society. The exposure during this stage is intended to guide the student, to use his/her knowledge, skills, and values, to contribute in the campaign against challenges in society.

The fourth criteria highlight the link that needs to be drawn between the community experience and the module. Once the student is able to create this link, it clarifies,

reinforces, and expands the concrete experience into knowledge. In addition, this develops a deeper understanding of the module content, profession, and personal values. The fourth criterion, therefore, highlights the need for the SL project to encompass structured reflective opportunities for students.

Julie (2014) identifies Furco's SL framework as the most commonly used framework, internationally and nationally. The SL framework of Furco (1996), has been pioneered, more than a decade ago, in an HEI in the Western Cape, at which the FCHS was selected as one of the major stakeholders to initiate this transformative approach. The current Institutional Operational Plan 2016-2020 of an HEI in the Western Cape clearly states that the institution is engaging with "national transformation and social justice" imperatives (University of the Western Cape [UWC], 2016, pp. 2). This strategic document further states that students will be offered opportunities, during their training, to participate in meaningful community service with various stakeholders, to prepare them to become "competent professionals and citizens" (UWC, 2016, pp. 15).

Such an opportunity was created for advanced psychiatric nurse graduates, by making SL projects an integral component of the Child and Adolescence Mental Health module (NAP 814) of the M nur programme. NAP 814 is a 10 credit, semester module, offered at level eight (8) of the national qualification framework. The SL project entails identifying, assessing, and managing at-risk children and adolescents, and is aimed at developing students' critical thinking skills and social responsiveness. Consequently, structured reflection is an integral part of the SL project, to facilitate a deep understanding of the students' SL experiences, as well as develop psychiatric nursing competencies, while valuing the community, as active partners in addressing the mental health needs of children and adolescents (Julie, 2017).

These SL experiences contribute to their development as students, citizens, and professionals, enabling them to link their theoretical outcomes with their clinical experiences (Bryant-Moore et al., 2018; Alston et al., 2015; Dubus, 2014; Kelly, 2013). The SL project commences with a needs assessment that is linked to the specified outcomes of the NAP 814 module. This step precedes the planning of interventions, and involves the community, as a key stakeholder in the identification of the issues that need to be addressed (Julie, 2017). The APNG's were required to complete their academic

requirements (the SL associated module outcomes), while addressing the needs of a community, through the SL projects.

1.4. Problem statement

Advanced psychiatric nursing graduates, as specialists, seek to apply newly-gained academic knowledge to real-life contexts, experienced in their daily clinical practice (Bryant-Moore et al., 2018; Saylor et al., 2017; Wallace et al., 2014; Kelly, 2013). Literature reports that graduates, who were involved in SL projects during their training, tend to develop a comprehensive understanding of societal issues, through collaboration with communities (Osman et al., 2013; Alexander et al., 2013; Wilson, 2013).

A School of Nursing at an HEI in the Western Cape has operationalised SL into its undergraduate and postgraduate programmes. To date, however, the experiences of students, involved in a SL project, have only been studied at the undergraduate level. No evidence exists for postgraduate programmes (Julie, 2014; Julie, 2007). In this current study, therefore, the researcher seeks to explore the experiences of advanced psychiatric nursing graduates, had been involved in a SL project.

1.5. Research question

The research question for this current study is, “What are the experiences of advanced psychiatric nursing graduates who were involved in a SL project?”

1.6. Research aim

The aim of the study is to explore experiences of advanced psychiatric nursing graduates, who had been involved in a SL project at a HEI in the Western Cape.

1.7. Research objectives

The research objectives for this current study is to:

- (i) Explore the experiences of advanced psychiatric nursing graduates, who had been involved in a SL project.

1.8. Research methodology

This section comprises a brief description of the research methods used. A detailed description is presented in Chapter 3.

1.8.1. Research approach and design

In this current study, the researcher adopted a qualitative research approach, using an exploratory, contextual design.

1.8.2. Research setting

The study was conducted at a School of Nursing, within a Faculty of Community and Health Sciences at a HEI in the Western Cape that offers advanced psychiatric nursing at master's level since 2002.

1.8.3. Research population

The population comprised 50 advanced psychiatric nursing graduates, who had completed their M Nur programme at a HEI in the Western Cape. These graduates had been involved in a SL project, as part of NAP 814 coursework component, between the years 2010 and 2018. Due to limited resources, the researcher only recruited participants, who resided in the Cape Town metropolitan area, during the period of the study.

1.8.4. Research sample and sampling

After permission to conduct this current study was granted from the University of the Western Cape's Humanities and Social Sciences Research Ethics Committee (HS19/8/16) see appendix D, the researcher started the research process, by seeking to recruit a sample for the study. A sample is a representative segment of a population. A population is a group of people or elements that embody the characteristics of the phenomenon, which the researcher has an interest in studying, but is too large for the study. The snowball sampling type of the purposeful sampling technique was employed in this current study, for example, one participant was selected and recruited initially, interviewed, and subsequently, asked to introduce other APNGs, who met the inclusion criteria (Brink et al., 2012).

The researcher approached the coordinator of NAP 815, as the initial point of contact. Subsequently, the researcher sent out an e-mail, inviting APNGs to participate in this

current study, including the contact details of the NAP 815 coordinator, for reassurance. The email contained the relevant information regarding this current study, specifically, what the study was about, the data collection method, as well as the ethical considerations related to the study. The researcher's contact details were also included in the e-mail, to assure the APNGs that, if any of the information was unclear, assistance would be provided. In addition, the researcher made use of various methods of communication to recruit participants, namely Facebook and WhatsApp.

The first participant was recruited and interviewed, after signing a consent form. After conducting the pilot interview, the researcher requested that the pilot participant supply details of other APNGs, who might meet the inclusion criteria of this current study. The researcher contacted the referred APNG by e-mail, and supplied the contact details of the person who referred him/her, for reassurance. This process was followed until data saturation was reached after 8 participants were interviewed, as no new information was being generated.

1.8.5. Data collection tool

Data were collected through in-depth, semi-structured interviews, with the assistance of an interview schedule, which comprised eight open-ended questions.

1.8.6. Data Analysis

The data collected in this current study were analysed according to the six phases of thematic analysis of Braun and Clarke (2006). Four themes emerged from the data. The researcher used Atlas.ti to manage and organise the documents.

1.8.7. Research ethics

The relevant research ethics were adhered to throughout this current study. Permission to conduct the study was obtained from the HEI, and the SON involved in this current study. Participation in the study was voluntary and consensual, while the ethical principles of anonymity and confidentiality were maintained throughout the study. The trustworthiness of the study is discussed in Chapter 3.

1.9. The significance of the study

The findings of this current study could contribute to a greater understanding of SL, as a teaching and learning methodology to shape future advanced psychiatric nursing specialists,

who render community-based services. In this current study, the researcher aimed to identify the contribution of SL to the development of graduates, to address the PHC orientated services on completion of their training. The information obtained from this current study could be used to inform curriculum development for advanced psychiatric nursing training.

1.10. Operational definitions

The following terms were defined for this current research study:

Experience: The knowledge, skill, thoughts, or feelings attained during a period of clinical or theoretical involvement within a specified profession (Dictionary.com, 2020). In this current study, experience refers to professional and personal encounters of the advanced psychiatric nursing graduates, during their SL project.

Community engagement: Community Engagement, essentially, could be described as a holistic, sustainable, and collaborative process that involves the community (Swazen, 2013). The HEI facilitates the empowerment and development of society, through teaching and learning.

Community-based services: This refers to care being provided at a primary health care level, within the community (RSA, Western Cape Government, Department of Health, 2014). Care can be provided at locations situated where the people live, work, or study.

Advanced psychiatric nursing graduate: This refers to a former student, who has completed his/her postgraduate training at masters' level in advanced psychiatric nursing.

1.11. Outline of the study

The current study consists of six chapters which are briefly described below to orientate the reader, regarding the structure of the study.

Chapter One:

In this chapter, the researcher orientates the reader by providing the relevant information for a general overview of the study. Additionally, this chapter contains a description of the research process followed in this thesis.

Chapter Two

This chapter consists of a literature review, in which the researcher considers the international, as well as local contexts, to generate a comprehensive foundation for SL as a learning and teaching methodology within HEIs.

Chapter Three

In this chapter, the researcher discusses the qualitative research methodology that was employed in this current study. It includes an overview of the research approach and design, the research setting, population, sampling method, data collection process, the pilot study, research ethics, data analysis process, as well as the trustworthiness of the study.

Chapter Four

The researcher presents the results of the analysed data, which includes direct quotations from participants' transcripts, used to describe the results and overall experiences of the advanced psychiatric nurse graduates, who had been involved in a SL project at a HEI.

Chapter Five

In this chapter, the researcher presents a refined analysis of the initial analysis, which is compared with international and national literature. The themes and categories are interrelated, and discussed in detail.

Chapter Six

This chapter presents the summary of the findings, the limitations of the study followed by recommendations based on the findings of this current study.

1.12. Summary

The principal components for the chapters that follow have been outlined this chapter, therefore, it orientates the reader through the introduction and background of the study. The researcher also highlights the key components of the research process, namely, the problem statement, research question, aim of the study, objectives, methodology, significance of the study, operational definitions, and an outline of the study. The following chapter comprises the literature reviewed by the researcher.

CHAPTER TWO

LITERATURE REVIEW

2.1. Introduction

This chapter comprises a literature review, which is a systematic process, used to retrieve information that provides an overview of the existing knowledge, regarding the research topic of interest. The researcher searched sources, such as Google Scholar, Ebscohost search, and UWC Library, using the following keywords, namely, Service-learning, Advanced Psychiatric Nursing Postgraduates, Experiences, and Higher Educational Institution, to retrieve information from the available international, as well as national publications. In this chapter, the researcher defines SL within the context of HEIs and the nursing profession. In addition, SL is explored as a form of EL, along with all its characteristic challenges and implications, when SL is operationalised in an advanced psychiatric nursing programme.

2.2. Defining Service-learning (SL)

SL, as a learning and teaching methodology, has been employed in the international arena to strengthen communities, through the development of graduates, who would recognise accountability, and accept increased responsibility, to address transformation in society (Alston et al., 2015; Corporation for National & Community Service, 2007). Democracy in the South-African context during 1994, permitted leaders to identify key factors for dismantling the existing social inequalities and other key factors that would impede the realization of a democratic society. During the late '90s of a new South Africa, the White Paper 3 on the Transformation of Higher Education (1997) permitted the Council of Higher Education to elect a quality assurance community known as the Higher Education Quality Committee (HEQC, 2006b). The committee was tasked with establishing the Joint Education Trust during 1997 which lead the development of a contextual SL methodology (Du Preez et al., 2016). Thus, new policies and legislations were developed geared to endorse academic development, social development and provision of practical service as transformative strategies.

This led to the establishment of a national project namely the Community Higher Service Project during 1999, which sought to further contextualise the SL methodology. The Community Higher Service Project were also tasked with developing tools and instruments that would equip HEI's to operationalise SL. This enabled the Higher Education Quality Committee to embed SL in various policy documents such as the Founding Document (2001), the Institutional Audit Framework (2004) and the Criteria for Programme Accreditation (2004), which translated the vision for SL within South African HEI's (HEQC, 2008, 2006b).

The Founding Document (2001) identifies the responsibility HEI's need to take to ensure that their resources and expertise are effectively and efficiently used to develop SL within HEI's in order to produce socially responsive graduates that are skilled and competent enough to carry out the national vision, mission, goals, and values that the Higher Education Quality Committee has for society. The Framework for Institutional Audits (2004) specifically Criterion 7 and the Criteria for Programme Accreditation (2004) specifically Criterion 1 both highlights the importance of including SL in the Institutional Operational Plan in order to ensure support, sustain and develop SL within the institution.

Since then the Higher Education Quality Committee in collaboration with CHESP produced various publications and has provided the necessary support across various universities to operationalise, implement, monitor, and evaluate SL as a transformative strategy. This implies that students were required to be engaged in transformative experiences, associated with the needs of society, across various HEIs (Favish et al., 2016; Hall, 2010; Julie et al., 2015).

2.2.1. SL at a HEI

Over the past decade, SL has gained global momentum in the higher education landscape. However, a void in the literature remains, regarding what SL seeks to achieve, as well as and how it is operationalised in the non-western contexts (Thomson et al., 2010). In Table 2.1 below, SL is viewed from the perspectives of 3 countries, namely the United States of America (USA) and the Democratic Republic of Congo (DRC), and the Republic of South-Africa (RSA), providing an overview regarding the stance of SL, as a core function, in these higher educational landscapes.

Table 2.1: SL from different higher educational perspectives

SL AS A CORE FUNCTION IN HEI'S		
USA	RSA	DRC
Except in the land-grant universities, the USA does not mandate HEIs to engage in community or national development.	Mandated by the Government, HEIs have an important role, to avail their resources and infrastructure, to facilitate the envisioned transformation agenda of the government.	The HEIs role in developing society is undefined, due to the political and economic effects of violence and war in the country.
SL is geared at empowering society and is directly rooted in human rights, as well as the responsibility of the country towards its citizens.	SL is geared at empowering society; however, it does not resonate in the country's political capacity building, as well as democratic empowerment, aimed at enhancing society's quality of life.	SL is merely used to develop society; therefore, it does not resonate with political capacity building, or democratic empowerment, aimed at enhancing society's quality of life.
The USA developed a SL model to develop responsive professionals and citizens, through teaching, research, and service in the community.	HEIs adopted the SL model from the US-based model; however, the SL model is still debated, especially regarding its contextualisation, since this is a developing country	SL is non-existent in HEIs, due to their confined student lifestyle, away from political, economic, and social issues
Practices of SL		
HEIs properly integrated and implemented SL, allowing students to practice and develop skills. The SL model enables the students to link their practical experience to their module outcomes, while developing the ability to sustain their community involvement.	The country's historical educational discourse in HEIs, negatively impacts the stability and availability of resources in its HEIs; resulting in a lack of SL opportunities and structural support, to ensure SL is properly integrated and implemented. The HEIs, therefore, do acknowledge the community as a partner in dismantling the existing social inequalities within communities. These partnerships between the HEI and the community comprises a shared vision, clarified roles, and expectations. Additionally, the partnership is based on collaborative decision making, reciprocity, and attaining mutual goals and benefits.	The integration and implementation of SL in the HEIs are perceived as a challenge, due to their non-reliable basic public services. SL is viewed as a luxury, since HEIs in this under-developed country have a lack of resources and infrastructure.
SL programmes focus on short-term community service projects and activities.	HEIs aim to form long-term partnerships with communities and third sector organisations (NPOs).	SL forms a long-term partnership; however, the relationship between the HEIs and society is seriously challenging, when the government is not functioning properly.

Source: Thomson, Smith-Tolken, Naidoo, & Bringle (2010)

The information in Table 2.1 reveals that the RSA, as opposed to the DRC, has progressed, in terms of addressing the social inequalities that exist in society, considering that both are African countries. However, further strategies need to be explored, when compared with the USA, to ensure that SL is well-articulated with the country's vision of a democratic society. As cited in Thomson et al. (2010), the implication of a *top-down approach* to institutionalise SL in South-African HEIs is further investigated in this current study, through the experiences of advanced psychiatric nursing graduates, involved in a SL project at a HEI in the Western Cape, which has operationalised the SL methodology in its FCHS, which comprises various departments, including a SON. For more than a decade, this SON has operationalised SL as a learning and teaching activity, through a SL project in its M Nur programme (Julie et al., 2007).

During 2017, this HEI in the Western Cape published its second annual Community Engagement Report, which sought to report and promote *in situ* SL projects. The report highlights the overall performance of each department, from 2014 to 2017; however, it only indicates that the HEI's SON, in the FCHS, had previously engaged in a Gender-based Violence SL project, during 2014, as part of its undergraduate nursing programme (University of the Western Cape [UWC], 2017). This implies that SL projects in the M Nur programme of the SON have not been reported and promoted from 2014 to 2017 (University of the Western Cape [UWC], 2017). Julie (2015, pp. 316) states, "Research indicates that most HEIs in South Africa fail to establish a standard practice for SL in the formalised systems of their respective academic programmes", which holds true for SL in nursing undergraduate, as well as postgraduate programmes.

2.2.2. SL in Nursing

Advanced nurse specialist learning and teaching activities need to promote the development of independent graduates, who are capable of being accountable and responsible for the provision of specialist care (University of Edinburgh, 2019; SANC, 2014; Lu et al., 2010). Therefore, APNGs need to engage in learning experiences that enhance personal and professional skills (Blewitt et al., 2018; Mtawa et al., 2018; Pike et al., 2014; Alexander et al., 2013; Julie et al., 2015). Embedding a SL project in a nursing programme facilitates the transformative learning and teaching experience that encourages APNGs to address the health inequalities, as part of the learning experience

(Ford et al, 2017). This experience positively influences characteristics associated with community involvement, such as leadership, personal and professional values, to facilitate the development of core skills, thereby ensuring that graduates develop an in-depth understanding of the social, political, and economic impact on the health status of a community (Lim, 2018; Jia et al., 2017). In addition, this interaction with the community prepares and shapes these students to become competent professionals, with a critical awareness of their contribution towards addressing the actual needs of their community (Blewitt et al., 2018; HEQC, 2008; Armstrong, 2006).

EL is considered a learning and teaching methodology, which emphasises that skills, knowledge, and experiences are acquired outside of the traditional academic classroom setting, for example, SL (Firestone, 2015). Kolb (1984) was one of the theorists, who explored and developed the EL theory, which emphasises that learning is a process, through which knowledge is created, due to a transformative experience (Kolb & Kolb, 2009; Kolb, 2015). The EL cycle of Kolb (1984) is sought to provide a conceptual framework for the preparation and implementation of SL projects (HEQC, 2008, 2006b; Farber et al., 2018). Additionally, both (SL as a form of EL) ensure that the link between theoretical learning and clinical learning experience is attained during their learning and teaching activity within the community. To ensure that this occurs, the community needs to be acknowledged as a partner, who seeks to enhance their learning and teaching activities in the community (Vogel et al., 2010). Therefore, SL, as a form of EL, enables APNGs to learn from their service experience of working with communities (Osman et al., 2013)

The past decade has seen SL opportunities expand, as a form of EL, from hospital-based settings, to community-based settings, through the provision of SL activities (Roskell et al., 2012; Boland, 2010; Alexander et al., 2009). Therefore, HEIs should have the expertise to align learning and teaching activities, to develop future healthcare professionals, within the realities of society.

A recent report highlighted the need for the South African government to invest in developing healthcare professionals, who are trained and competent to work in socially disadvantaged communities (Friedman, 2019). SL enables the critical awareness required to ensure that students commit to developing the community, whiles EL ensures that

students expand, and revise their knowledge, to alter their practice, ensuring a higher level of competence (HEQC//JET Education Services, 2006a; Snyman, 2005).

2.3. SL as an Experiential learning (EL) and teaching methodology

SL may be experienced differently than traditional learning and teaching pedagogical strategies. The traditional teaching methods are policy-driven, and consequently, aligned with the student's discipline, as well as the curriculum layout in a classroom, or laboratory setting (Zuber-skerritt, 2015). Consequently, basic lectures/discussions may emphasise service delivery, and government systems, without considering the existing social inequalities, which are constructed within these aspects (Mtawa et al., 2018; Julie et al., 2015). SL as a learning and teaching methodology is considered a project-based process, aimed at addressing social challenges that negatively impact health within a community (Zuber-skerritt, 2015). Ultimately, the SL methodology is dominated by outside the conventional classroom activities, unlike the preferred traditional teaching and learning pedagogical strategies (Lee et al., 2018).

2.4. Challenges associated with the integration and implementation of SL at a HEI

Previous studies, conducted at HEIs, highlight factors, such as leadership, commitment, and structural support, which may negatively impact the implementation and expansion of SL as a teaching and learning activity (Van Huyssteen et al., 2015; Julie, 2014; Parker, 2009). According to Julie, Daniels, & Khanyile (2007, pp. 53), "Institutional leadership was crucial for ensuring the success of dedicated SL programmes". This implies that, to develop the community is a collective effort, which could be achieved by ensuring that the faculty, or department, respond to the institution's vision and mission. However, the institution needs to ensure that the individual appointed, is able to lead and dedicate the relevant resources to create an enabling environment for SL activities. In addition, the institution executives need to ensure that new appointments possess the leadership style and the necessary experience to manage a resistant academic culture (Favish et al., 2016). A lack of institutional leadership may negatively impact sustainability, student support, and partnership with the community, which may result in the termination of essential SL projects.

Additionally, the institutional commitment to SL needs to be integrated within the Institutional Operational Plan, along with its mission and vision, implying that there should be clear

strategies regarding the way SL will be developed in the HEI, thereby demonstrating its commitment to endorse SL. This commitment will ensure that educators implement and develop SL in their academic programmes, while ensuring a sound commitment from colleagues and students (HEQC, 2008). Poor institutional commitment and partiality towards the traditional teaching approach, have also been observed to cause resistance, discouragement, and frustration, which impedes the maintenance and development of SL as an L&T methodology (Lee et al., 2018).

Julie et al. (2015, pp. 2) assert, “SL institutionalisation refers to the process through which SL is perceived and supported as being an essential component of the education process and thus embedded in the culture and organisation of the HEI”. This highlights the importance of institutional support in ensuring that SL becomes an integral component of the HEI learning and teaching activities. SL as an L&T methodology needs to be endorsed and supported by HEI to create an enabled, developmental environment that motivates lecturers and students to participate in SL projects (Lee et al., 2018; Bender et al., 2007).

2.5. Kolb’s EL Cycle

Kolb’s (1984) EL theory was built on the work of various researchers, including Piaget and Dewey, among others (Snyman, 2005). Kolb (1984, p. 41) defines learning as “the process whereby we can create knowledge through transforming our experiences”. Kolb’s (1984) EL theory comprises four stages, and students are required to move through all the stages, for meaningful, effective learning (Roskell et al., 2012). The stages of the cyclical process are: concrete experience (CE), observation reflection (OR), abstract conceptualisation (AC), and active experimentation (AE), which encourages students to move from merely perceiving information, to the transforming of that information into learning.

2.5.1. Challenges associated with Kolb’s EL at HEIs

Nooghabi, Iravani, & Fami (2011) suggest that the lack of empowerment of HEI employees, the lack of resources, and the inability to develop systems to complement the integration of Kolb’s EL theory, are challenges that may arise at HEIs. In addition, these challenges may cause facilitators to relax their monitoring or assessing of learning activities outcomes, which could fragment Kolb’s EL in practical courses. The lack of empowerment of employees and students may result in their resistance to participate in EL activities. Resistance from faculty employees, results in the lack of faculty knowledge

or experience, to use EL activities. This lack of knowledge may impact the management's decision to support the development of EL activities, thereby, directly impacting funding for such activities (Murray, 2018). The lack of resources may give rise to challenges with the implementation of EL activities, for example, no clinical, or limited placement sites for students to engage in EL activities in the community.

The inability to develop systems that complement the integration of EL activities in practical programmes may lead to insufficient time allocated to EL in the course. Insufficient time gives rise to challenges, such as increased academic demands, which negatively impact the capacity of the student to experience the true value of their learning experience (Murray, 2018). Despite these challenges within HEIs, EL activities is considered beneficial, since it provides meaningful learning experiences, which develops essential skills, aimed at endorsing transformation within complex communities (Murray, 2018).

2.5.2. Kolb's EL cycle embedded in a SL project in HEIs

Kolb's (1984) EL theory translates the importance of a learning process that acknowledges the value of a cycle of events, as displayed in Figure 2.1. Additionally, it indicates the relevance of engaging a student in a transformative learning experience, to shape personal and professional graduate attributes. Learning and teaching activities provide a continuous reconstruction of new experiences that allows the individual to invest as a whole, resulting in skills development. The holistic enabling and development of graduate attributes, creates critical awareness, which ensures that they are accountable and responsible professionals, competent enough to provide services that are geared at addressing social transformation (Lovat et al., 2016).

Graduate attributes refer to the way in which learning shapes and changes individuals' qualities, values, attitudes, skills, and understanding (Connor et al., 2011; University of the Western Cape [UWC], 2009). The HEI sets the type of learning opportunities, which are aligned with particular graduate attributes, and will form part of their identity, as professionals and citizens. International discussions focus on graduates' attributes, aligned with the employability of a graduate, and have highlighted four broad areas that should form part of the graduates' identity. These graduate attributes are as follow: self-

reliance skills; people skills; general employment skills; and specialist skills (Matthews et al., 2015; Roskell et al., 2012; Connor et al., 2011).

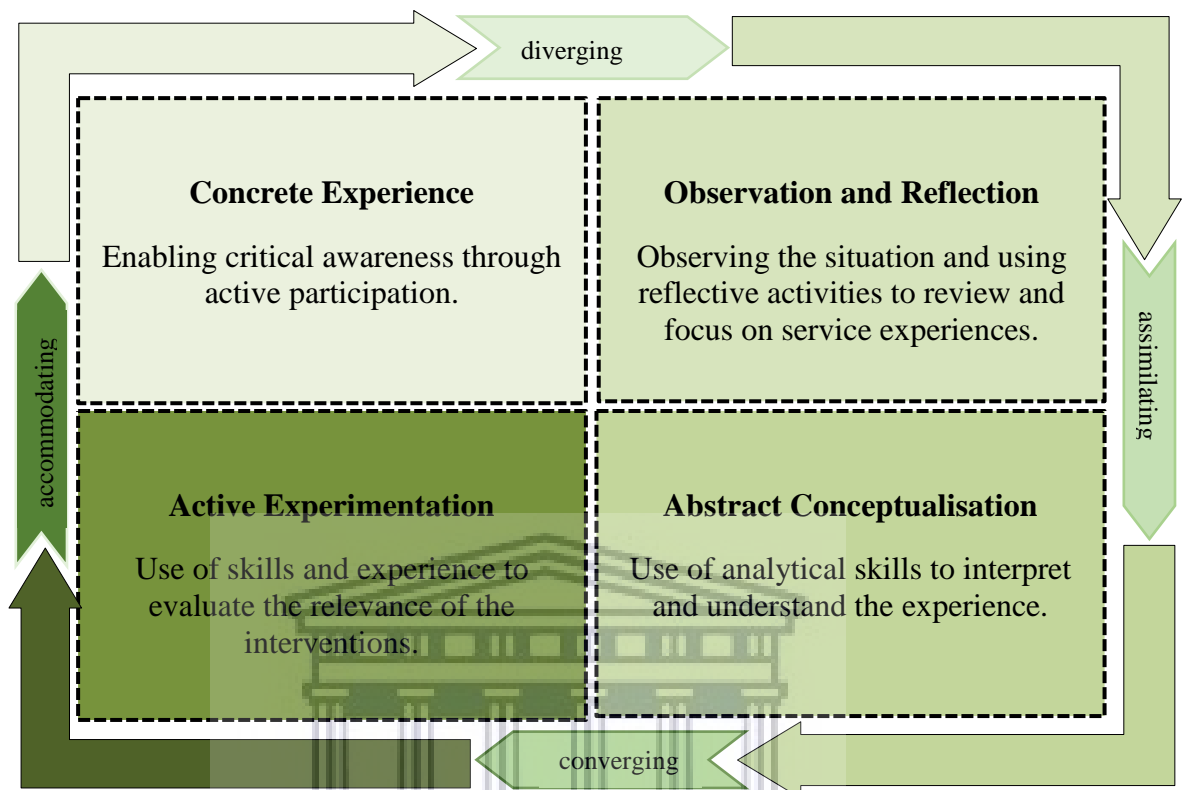


Figure 2.1 Service-Learning rooted in the Experiential Learning Cycle

In South-Africa, the Education White Paper mandated HEIs to produce “graduates with the skills and competencies that build the foundations for lifelong learning, including, critical, analytical, problem-solving and communication skills, as well as the ability to deal with change and diversity, in particular, the tolerance of different views and ideas” (Republic of South Africa [RSA], Department of Education [DOE], 1997, pp. 14). This motivated an HEI in the Western Cape to develop three graduate attributes, namely, scholarship, critical citizenship and the social good, as well as lifelong learning (UWC, 2009). The scholarship graduate attribute refers to development of a critical attitude towards knowledge in graduates. The second graduate attribute, critical citizenship and the social good, refers to the HEI’s role to develop graduates, who are committed and accountable, to contribute to social justice, as professionals and citizens in their communities. The third graduate attribute emphasises the graduates’ capacity to engage in lifelong learning, to ensure continuous professional development (UWC, 2009). Learning experiences, such as the SL project, in higher learning, therefore, enhances and

develops these attributes, to ensure that graduates can contribute to transformation in society (Connor et al., 2011).

Kolb's EL cycle provides the conceptual framework for the preparation and implementation of this SL project (HEQC, 2008). In figure 2.1, the researcher illustrates the relevance of SL in Kolb's EL cycle. The distinction between Kolb's EL cycle and SL, is that SL provides a more structured approach to the stages of the learning cycle, while Kolb's EL cycle could be entered at any stage of the cycle (Farber et al., 2018; Fleck et al., 2017; Snyman, 2005). In essence, SL operationalises Kolb's EL theory. The structured process followed through every stage of the learning cycle, regarding the SL project, in which the APNGs were involved, is depicted in Figure 2.1 (HEQC, 2008).

2.5.2.1. *The concrete experience*

The *concrete experience* (CE) can be described as *doing something, or having an experience* (McLeod, 2017; Wain, 2017; HEQC, 2008). During this stage, the APNGs needed to use their knowledge of previous experiences in an assigned task; shifting the APNG, from an observer to a participant, and employing the different learning styles embedded in the stages of Kolb's EL cycle. The *concrete experience* is considered the first stage of the Kolb's cyclical process, and linked to SL, it implies that learning can only occur through active participation (Council on Higher Education [CHE], 2011).

The SL project commences with an overall orientation, which requires the lecturer to provide the objectives of the SL project, in association with NAP 815. Subsequently, the APNG is tasked with group selection, and once group selection is concluded, the APNG engages in discussions about the allocation of specific roles and responsibilities of each group member (Julie, 2017). These roles and responsibilities vary, from scribe, timekeeper, speaker, and group leader, in order to enhance independence and self-reliance. To ensure that members are actively involved in the SL project, the SL credit-bearing mark allocation system was used to monitor and assess each individual's contribution, throughout the SL project. Active participation, therefore, was considered compulsory.

The next step involved gaining access to the community by establishing a relationship with the community's gatekeepers, after which the APNG was able to conduct a needs assessment. This aspect of the SL project ensures that they link their course content and learning outcomes to the actual needs of the community. This could be regarded as the initial stage, which enhances the critical awareness of the APNG, to form a link between theoretical and clinical knowledge (Julie, 2017). The needs assessment is considered an evidence-based approach, which provides the APNG with an overview of the socio-economic factors that negatively impact the mental wellbeing in a specific community (Ching, 2018; SANC, 2018; Heatherington et al., 2017; Dubus, 2014). This observation provides a critical awareness that these APNGs need to be able to move from an observer, to a participant.

Consequently, the process continues as the APNGs move from *concrete experience* (CE), to *observation and reflection* (OR). During this process students are provided with the opportunity to develop their diverse learning abilities (McLeod, 2017; Wain, 2017; Gottlieb, 2009; Kolb, 1984). The characteristics associated with this style of learning is self-awareness, supportive group work, and reflection (Wain, 2017; Bruce et al., 2011; Gottlieb, 2009).

2.5.2.2. *Observation and reflection*

During the observation and reflection (OR) stage, students become involved in actively thinking about their experiences, implying that students need to take the time to review what has been achieved and experienced (Wain, 2017; HEQC, 2008; Armstrong, 2006). *Observation and reflection* could be considered the second stage of the cycle through SL, which creates opportunities for the individuals to focus on certain elements of their experiences (CHE, 2011; HEQC, 2008). This stage is considered continuous throughout the SL project, since the APNGs have various contact sessions in the community, which allows them to observe the socio-economic situation of the community. This observation could be used to initiate individual and group reflective journaling, structuring these observations to gain an understanding of their experiences.

The APNGs were required to use the Gibbs (1988) reflective module for reflective activities. The Gibbs (1988) reflective module comprises six steps, namely: descriptions, feelings, evaluation, analysis, conclusion, and action plan. The first three steps focus on what happened during the experience, while the last three steps focus on how to improve the experience, as well as the future outcomes of interventions. The structured reflection activities are considered pivotal to the SL project, due to the above-mentioned steps. Additionally, it also enhances effective writing, verbal, and non-verbal communication skills.

The individual reflective entries are compiled with the other members of the group, and subsequently, submitted as a reflective journal at the end of the SL project (Julie, 2017). This ensures that the reflective practices are linked with a platform for constructive feedback, and facilitates the progression from a *concrete experience*, to sound *abstract understanding*. This progression allows the student to create opportunities to apply new knowledge (Sanders et al., 2016).

Therefore, observation and reflection (OR) progresses to abstract conceptualization (AC), as students are provided with opportunities to develop their assimilating learning abilities (Gottlieb, 2009; Kolb, 1984; Mcleod, 2017; Wain, 2017). The characteristics associated with this style of learning is, understanding the effectiveness of information and its contextualisation, as a strategy, as well as the appreciation of an evidence-based approach (Wain, 2017; Bruce et al., 2011; Gottlieb, 2009).

2.5.2.3. *Abstract conceptualization*

The *abstract conceptualization* (AC) stage involves using learning experiences to develop ideas and concepts that could be applied in similar situations (Wain, 2017; HEQC, 2008; Armstrong, 2006). This implies that the APNG should be able to interpret experiences, in order to understand them. *Abstract conceptualization* is considered the third stage of the cyclical process through SL, during which the individual is allowed to process his/her experience into a more logical form, through inductive reasoning, encouraging the APNG to use his/her analytical skills to conceptualize a sound understanding of the experience (CHE, 2011).

Once the needs assessment was concluded the APNGs were required to discuss and plan the interventions that would address the identified needs of the community. Every stage of the cycle presents its own positive experiences and challenges in the SL project, which enables personal and professional development (Lim, 2018; Sanders et al., 2016; Tietjen, 2016). This implies that the APNGs needed to use various skills to overcome those challenges, in order to achieve their learning outcomes, which enable them to comprehend the deeper meaning of their learning and teaching activity. When AC progresses to *active experimentation* (AE), the students are empowered to develop their converging learning abilities (Wain, 2017; Mcleod, 2017; Gottlieb, 2009; Kolb, 1984). The characteristics associated with this style of learning is, evaluating the consequences of strategies, and engaging in practical activities, to find, as well as solve problems (Gottlieb, 2009; Wain, 2017).

2.5.2.4. *Active Experimentation*

Active experimentation (AE) occurs when the students test what they had learned in a new situation, creating a new concrete experience, and subsequently, the cycle begins once again (Wain, 2017; Armstrong, 2006). Active experimentation through SL requires the individual to apply his/her theoretical knowledge within the context of the learning activity (CHE, 2011). Due to various socio-economic factors, for example, drug abuse, gender-based violence, and others, which may impede mental health in a community group, it is crucial to prioritise the needs, and develop specific, achievable, and realistic goals, within the designated time allocated for the SL project. This phase of the SL project is closely aligned with the fourth and final stage of the cyclical process, known as active experimentation. Active experimentation motivates the APNGs to consider the relevance of engaging in learning activities that link their service experience to the broader context of CBS, as a transformative strategy (Saylor et al., 2017; Wallace et al., 2014; Julie et al., 2005; Casey et al., 2008). When the new concrete experience (CE) begins again, AE progresses to CE, and this connection assists the student to develop accommodating learning abilities (Mcleod, 2017; Wain, 2017; Gottlieb, 2009; Kolb, 1984). The characteristics associated with this style of learning is, identifying and testing different approaches to complete a task (Gottlieb, 2009; Wain, 2017).

The significance of engagement in the community, through a SL project, is considered key to this current study, since scant knowledge exists about the experiences of the APNGs, in terms of addressing socio-economic challenges, such as gender-based violence and drug abuse, which are factors that are gaining ever more public attention.

2.6. Summary

This chapter comprised a review of relevant literature to define SL, and explore it within HEIs, as well as the nursing profession. In this chapter, the researcher also examined SL as a form of EL, as well as all the aspects that emerge, namely, the challenges, and implications, when SL is operationalised within an advanced psychiatric nursing programme. Chapter 3 includes an in-depth overview of the research methodology, and the research design used in this current study.



CHAPTER THREE

RESEARCH METHODOLOGY

3.1. Outline

In this chapter, the researcher discusses the research methods used to conduct this current study. Firstly, an overview of the research approach and design is presented, followed by the research setting, population, sampling method, data collection, the pilot study, research ethics, data analysis, as well as trustworthiness of this current study.

3.2. Research approach and design

A qualitative research approach was adopted to achieve the aim of this current study, which was to explore the experiences of the advanced psychiatric nursing graduates, involved in a SL project at a Higher Educational Institution in the Western Cape. Qualitative research is defined as a systematic process, in which the researcher explores the experiences of the participants, to provide meaning, as well as generate a deeper understanding of their experiences (Brink et al., 2012). An exploratory, contextual design was selected to examine the objectives of this current study.

3.2.1. Exploratory design

The explorative design is considered flexible, and could be used to gain an understanding of a situation, as well as the experiences of those involved in that specific situation (De Vos et al., 2011). This design was selected, as scant knowledge is available about the experiences of advanced psychiatric nursing graduates, who had been involved in SL projects at a HEI in the Western Cape.

3.2.3. Contextual design

Contextual designs are used to gain an understanding of the specific situation, in which the participant operates (Grove et al., 2012). The context of where the learning occurred, was considered important, to understand the individual experiences of the participants in this current study, who had been involved in a SL project. The main objective of the SL project was to meet the mental health needs of a community setting within the Cape Metropolitan Area, through the required integration of theoretical and clinical practices,

at primary level, which is a key feature of the envisioned mental health services in South Africa (Julie, 2017).

3.3. Research Setting

The research setting is the place where the research study is conducted. Qualitative researchers collect their data in real-world, naturalistic settings (Brink et al., 2012). This current study was conducted at a SON, located in the FCHS, at an HEI in the Western Cape. This particular SON offers various structured programmes at master's level since 2002, namely: Master of Nursing in Advanced Psychiatry; Master of Nursing in Midwifery and Neonatology; Master of Nursing in Education; and Master of Nursing in Family Nurse Practitioner (not offered in 2020). However, only the Advanced Psychiatric Nursing programme incorporates a SL project, as a compulsory and credit-bearing component. The SL project was an integral component of the clinical requirements for modules (Julie, 2017; HEQC, 2006b).

3.4. Research population

A population is a group of people or elements that embody the characteristics of the phenomenon, which the researcher has an interest in studying, but is too large for the study (Brink et al., 2012). The study population comprised 50 APNGs, who had completed the M nur: AP programme, at this specific SON, between 2010 and 2018. These APNGs were involved in a SL project, as part of NAP 814, during the coursework component, because the SL project in Community Psychiatric Nursing was discontinued.

3.5. Sampling and sample

Sampling is a selection of a smaller representative group of individuals from the population, who embody the characteristics of the phenomenon, which the researcher has an interest in studying (Brink et al., 2012). Qualitative research may include as few as five, or more than 50 participants (Streubert Speziale et al., 2011). In this current study, the non-probability, purposeful technique of snowball sampling was used, considering the availability and accessibility of the participants (Brink et al., 2012).

The geographic location of the population was unknown to the researcher; therefore, the coordinator of the NAP 815 module was approached to acquire the contact information of the population of interest. The coordinator of NAP 815 served as the initial point of contact that

was used as a source to gain access to the contact information of the APNGs. The coordinator used the submitted SL project portfolios from the years 2010 till 2018, to provide the researcher with email details. Subsequently, the researcher sent out emails (to prospective participants), containing all the relevant information, as well as the inclusion and exclusion criteria, regarding this current study. Throughout the sampling phase, the participants, who served as informants, were made aware of the inclusion and exclusion criteria of the study, to ensure that the researcher approached the ideal population, with characteristics that the researcher wished to investigate. Nine participants consented; however, data saturation occurred after 8 participants were interviewed (Brink et al., 2012).

3.5.1. Sampling criteria

The sampling criteria are the characteristics that are considered essential within the targeted population ((Brink et al., 2012). Therefore, the participants had to meet the specific inclusion and exclusion criteria, to be able to participate in this current study.

3.5.1.1. Inclusion criteria

These were the characteristics that prospective participants required to be included in the study. The following inclusion criteria were applied:

- APNGs, who had completed the M nur: AP programme between 2010 and 2018.
- APNGs, who resided in the Cape Town Metropolitan Area, during the data collection period.
- APNGs, who were employed in a psychiatric nursing setting.
- APNGs, who were registered with the SANC, as an Advanced Psychiatric Nurse specialist.

3.5.1.2. Exclusion criteria

The following exclusion criteria were applied:

- APNGs, who had been hospitalised due to illness, and who were not available to participate in the study.
- APNGs, who were not employed in a psychiatric nursing setting.

3.6. Data collection

Data collection is a systematic process, common to any field of study, essentially, used to collect information that answers the research question of the research topic under scrutiny. The fundamental aspect surrounding the data collection method, is that it should be conducted accurately, to ensure a true reflection of the data (Brink et al., 2012). Additionally, the data collection method should be of a high quality, to translate a credible answer to the research question of the study (Kabir, 2016).

3.6.1 Data collection instrument

The researcher employed semi-structured interviews as the data collection instrument (Brink et al., 2012). In qualitative studies, interviews are considered flexible, and through open-ended questions, the researcher is able to explore the meaning of the experience with greater depth (Burns et al., 2011). Conducting an interview is regarded as a process that initially involves an introduction. Subsequently, the researcher proceeds to the open-ended question form the interview schedule, using probing questions, such as “Could you provide examples”, to explore a response in more depth (Kabir, 2016, pp. 218). The interview is finally concluded once the interviewer and the participant have established a sense of closure. Interviews are conducted face-to-face, and involves verbal communication between the participant and the researcher, in order to generate reliable subjective information of the human experience, within a specific situation (Kabir, 2016). An interview guide was developed, based on relevant SL literature, to guide the researcher and stimulate/motivate the participants to talk about their experiences (Appendix A). The researcher pilot-tested the instrument, as well as personal interviewing skills, by conducting one interview, to refine the data collection instrument, and rectify any short-comings related to interviewing skills.

3.6.2. Data collection process

After ethical permission was granted from the University of the Western Cape’s Humanities and Social Sciences Research Ethics Committee on 09/10/2019 (Appendix D), the researcher started with the data collection process. The researcher approached the coordinator of NAP 815 to acquire the initial point of contact. Subsequently, the researcher sent out emails to invite various APNGs to participate in the study. The email contained the relevant information regarding this current study, such as what the study involved, the data collection method, as well as ethics considerations, related to the study.

The researcher also made use of various platforms to communicate with prospective participants, namely, SMSs, Facebook, and WhatsApp, to schedule, confirm, and remind participants of meeting dates, and places that were convenient for the participant to meet with the researcher. Meetings commenced with an explanation about the purpose of the study, and confirmation that all the participants had signed a consent form (Appendix B), confirming their voluntary consent to participate. Qualitative research is flexible, in the sense that it provides the researcher, as well as the participants, the opportunity to conduct the interview in a natural environment, which is quiet and conducive to clear recording, for approximately 30-60 minutes. Consent was also obtained from the participants, to audio-tape record the session. Due to limited resources, the researcher was only able to approach the advanced psychiatric nursing graduates residing within the Cape Metropolitan area.

3.7. Pilot study

Although the researcher followed the same data collection process to conduct the pilot interview, its data were excluded from the data analysis process. The researcher, essentially, conducted the pilot interview to refine the logic, and structure of the interview schedule questions (Kabir, 2016). Before conducting any other interview, the researcher used the pilot interview to reflect on how to structure the interview questions, for a more natural and logical flow of conversation, with the assistance of the study supervisor. The audio-tape recording of the pilot interview was reviewed by the research supervisors, and changes were made to the interview schedule (Appendix A). The purpose of the pilot interview, therefore, was to ensure the effectiveness of the interview schedule, the time frame, and to refine the researcher's interviewing skills (Grove et al., 2012).

3.8. Research ethics

Academic research mandates ethical consideration, throughout the research process, for those involved, particularly the research participants (Brink et al., 2012). The researcher conducted the research with integrity, rigour, competence, and with concern for the protection of the participants' rights (Babbie et al., 2001). To uphold the ethical standards of conducting research, the researcher adhered to the principles of privacy, confidentiality, beneficence, and respect for human dignity. In addition, the researcher ensured that the participants' right to self-

determination, as well as fair selection, and treatment. Ethics clearance was obtained from the Humanities and Social Sciences Research Ethics Committee at the University's Ethics and Senate Higher Degrees Committee (Registration number HS19/8/16D – Appendix D). Permission was also obtained from the registrar of the university, as well as the director of the school of nursing, where the study was conducted. The researcher used an information letter that was specifically designed to inform potential participants about the study (Appendix C).

3.8.1. Respect for the person and informed consent

All the selected participants were treated fairly, and provided with an information letter (Appendix C), in which the research study purpose and process were explained, as well as the inclusion criteria that had to be met, in order to participate in this current study. In addition, a consent form was provided once the participant agreed to be involved in the study, which ensured the participants exercised their right to choose whether to be involved in the study or not (Appendix B).

3.8.2. The right to freedom of choice and withdrawal

The researcher informed the participants that their participation in the study was voluntary, and that they could withdraw from the study at any time during the data collection process, without any adverse repercussions. This ensured that the participants were allowed to exercise their right to autonomy and self-determination, throughout the research process.

3.8.3. Beneficence

The researcher ensured the well-being of the participants, by minimizing harm and discomfort throughout the research process. None of the participants reported experiencing any form of discomfort. In addition, information regarding the possible risks and discomforts, associated with the study, was provided, with the reassurance of proper referrals, in case such events occurred.

3.8.4. Confidentiality, privacy and data protection

The researcher ensured the confidentiality of the participants throughout the research process. Personal information collected was stored on a password-protected computer, in a secure location, to ensure the safety of the collected data. The collected data were only accessible to the researcher and those involved in the study (Brink et al., 2012). In line

with the institution's policy, all data will be kept for, at least, five (5) years, after the results had been published. The researcher ensured anonymity by protecting all sensitive information; therefore, the identity of the participants involved in this current study, only reflected on their consent forms. Additionally, the participants were assigned code names (for example, participant 1, 2, 3...), when the researcher was conducting the interviews, to ensure the participants' anonymity. The researcher further ensured that the identities of the participants were protected, and kept anonymous, since only their code names were used in the final report of this research project.

3.9. Data Analysis

The data in qualitative research is non-numerical and usually in the form of written words, or videotapes, audiotapes, and photographs (Brink et al., 2012). As the researcher conducted face-to-face interviews, this current study comprises the words of the participants, which were transcribed verbatim, before analysis. Braun and Clarke's (2006) six phases of thematic analysis were identified as the most suitable qualitative data analysis technique, to provide a rich detailed account of the data collected. Thematic analysis is a process that essentially consists of identifying, analysing, and reporting qualitative data. The phases are as follows:

3.9.1. Becoming familiar with the data

To enhance the credibility of the findings, the pilot interview that was conducted, using a semi-structured interview, was not included in the data analysis process. In addition, field notes were used to record any non-verbal communication cues during the interviews. Personal reflections were added after each interview, to make sense of the field note, and highlight any thoughts of subjectivity (the interviewer's) that may have occurred during the interview. After the participants granted permission, all the interviews were audio-tape recorded, and subsequently, uploaded and stored onto a laptop that was password-protected for safekeeping. This enabled the researcher to listen to the audio-tape recordings, repeatedly, for transcription into verbatim text. Once all the interviews were transcribed, the researcher approached the study supervisor, to review the transcriptions, and assess whether the interviewer may have replaced any of his/her assumptions/beliefs with those of the participants'.

3.9.2. Generating codes

The researcher became familiar with the content of the transcripts, by repeatedly listening to the audio-recordings and reading transcripts. Subsequently, the transcripts were uploaded, and preliminary codes were assigned, using Atlas.ti, version 8.1.

3.9.3. Search for themes

Atlas.ti, version 8.1 was also used to print a code report, later to identify similarities and patterns among the codes, manually. Additionally, preliminary categories were assigned manually to these printed codes. Subsequently, the researcher grouped the categories into preliminary themes that could be distinguished from each other in Atlas. ti, version 8.1.

3.9.4. Defining themes

Themes consisting of categories and codes were printed as a report, which was incorporated into a table format in Microsoft Word, which was reviewed by a supervisor. After the supervisor reviewed the table, the researcher sought to refine and interpret the provisional themes, categories, and codes, into more identifiable themes, categories, and codes. Later, the assigned codes were reviewed and refined again, to identify any further similarities and patterns, to validate the existing categories and themes.

3.9.5. Writing up a report

Once the themes, categories, and codes were clear, the researcher began to write up the interpretation of the advanced psychiatric nursing graduates' experiences, during their involvement in a SL project at a HEI in the Western-Cape.

3.10. Trustworthiness

Trustworthiness is the term used to ensure that the study reflects the truth regarding the phenomenon under scrutiny (Polit et al., 2010). Certain steps were taken to ensure that the findings reported were trustworthy, namely, credibility, dependability, confirmability, and transferability was assessed, as advised by Lincoln and Guba (1985, cited in Shenton, 2004). The participants were allowed to review the transcribed documents, to ensure that the data collected, were a true and accurate reflection of their experiences, and not that of the researcher's convictions.

3.10.1. Credibility

Ensuring *credibility* implies assessing whether the findings are a true interpretation of the data (Polit et al., 2010). The researcher followed the interview guide with every

participant, to ensure consistency. To enhance the credibility, a pilot study was conducted, which confirmed that the interview guide questions were comprehensible and appropriate for the intended participants. The audio-tape recordings were transcribed verbatim, and the similarities in the data were used to construct categories and themes. Additionally, field notes were taken during the interviews, to enhance credibility further.

3.10.2. Dependability

Dependability refers to the stability of the study over time, to demonstrate how well the study was conducted, and if it was to be repeated, with the same participants, in a similar context, similar findings would be generated (Brink et al., 2012). The researcher kept an audit trail of the research process, to enhance the dependability of the study. The research process was reviewed by the researcher's supervisor for errors and recommendations regarding corrections, where required. These steps were followed to ensure that the research design and methods, used in this current study, could be used in a similar study and context, to generate similar results.

3.10.3. Confirmability

Confirmability could be defined as the objectivity of the data, regarding the study (Brink et al., 2012). The field notes, audio-tape recordings, and a reflexive journal were preserved to enhance confirmability. These steps were taken to ensure that the findings, which emerged from the data, were that of the participants. The researcher made use of a reflective journal, throughout the study, to separate personal assumptions, illuminate personal beliefs, and highlight subjectivity, to avoid the occurrence of bias.

3.10.4. Transferability

Transferability refers to the generalizability of the data (Brink et al., 2012). The thick description of the research design and methods assisted the researcher to explore the experiences of the advanced psychiatric nursing graduates.

3.11. Summary

In this chapter, the researcher provided a detailed overview of the research approach and design, research setting, population, sampling method, data collection, pilot study, research ethics, data analysis, trustworthiness, of this current study. In summary, a qualitative

explanatory, contextual design was employed. Chapter 4 follows with the presentation of the findings.



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CHAPTER FOUR

PRESENTATION OF THE FINDINGS

4.1. Outline

In this chapter, the researcher presents an overview of the findings generated from the semi-structured interviews, conducted to explore the experiences of the APNGs, who had been involved in a SL project, at an HEI in the Western Cape. In addition, a demographic profile of the participants is provided, followed by the themes and categories from the data, analysed according to Braun and Clarke's (2006) data analysis steps.

4.2. Participants' demographic profiles

The eight study participants' information are summarised in Table 4.1. All the participants, included in this current study, met the inclusion criteria of the research study. The researcher interviewed five male and three female APNGs between the ages of 35 and 50 years, who had graduated between the years 2010 and 2018. The participants' psychiatric employment settings varied, from public health services, higher educational institutions, and military health services located in the Cape Town metropolitan area of the Western-Cape Province, South Africa. The pilot interview data were not included for data analysis.

Table 4.1: Participant demographic information

Participant	Gender	Age	Graduation	Place of Employment	Duration of interview	Date interviewed
P1	M	30-40 years	2014	School of Nursing at a HEI in the Western Cape	41 min 55 sec	25/10/2019
P2	F	40-50 years	2010	Private Tertiary Hospital	39 min 07 sec	28/10/2019
P3	M	30-40 years	2017	Tertiary Hospital	34 min 59 sec	5/11/2019
P4	M	30-40 years	2013	Tertiary Hospital	42 min 13	8/11/2019
P5	F	30-40 years	2018	Tertiary Hospital	34 min 23 sec	15/11/2019
P6	M	40-50 years	2012	School of Nursing at a HEI in the Western Cape	36 min 18 sec	16/11/2019
P7	F	30-40 years	2018	Tertiary Hospital	34 min 36	18/11/2019
P8	M	30-40	2018	Tertiary Military Hospital	25 min 22 sec	25/11/2019

Legend: F=female; M= male; P= Participant;

4.3. Presentation of themes and categories

The initial analysis of the data collected from the in-depth interviews, using the interview guide questions (Appendix A), generated the 8 themes and 22 categories listed in Table 4.2. This analysis was further refined, as itemised in Table 4.3.

Table 4.2: Initial themes and categories

No.	Themes	Categories
1	The community as a learning site	<ul style="list-style-type: none"> Identifying the needs of the community Supportive group collaboration
2	SL stakeholders	<ul style="list-style-type: none"> Consultation with community leaders as gatekeepers The role of the facilitator in SL
3	Responding to community needs	<ul style="list-style-type: none"> Promoting care Empowering the community through Integrating community resources in providing care
4	SL as a learning and teaching activity	<ul style="list-style-type: none"> Aligning theoretical knowledge to the needs of the community. Reciprocity in learning Positive learning experiences Challenges Reflection as a group
5	Transforming the community	<ul style="list-style-type: none"> Evidence-based nursing practices Continuity of care Evaluation of care
6	Student development	<ul style="list-style-type: none"> Social responsiveness Enhanced group diversity
7	Professional growth	<ul style="list-style-type: none"> Responsiveness nurtures professional development Reflection in professional practice Building a professional network for practice
8	Personal growth	<ul style="list-style-type: none"> Responsiveness enables personal growth Self-reflection is key to develop personally

4.3.1. Theme 1: The community as a learning site

Most of the participants reported that, on arrival at the community learning site, they had to conduct a needs assessment, as part of their SL project, before addressing the mental health needs of the community. The results of their needs assessment yielded various underlying factors, such as gender-based violence, poverty, and gangsterism. Additionally, substance abuse was one of the factors that was rife in the community. Further investigation led them to conclude that the needs of the community were extensive. The following categories are associated with this theme, namely: *Identifying the needs of the community*; and *Supportive group collaboration*.

4.3.1.1. Category 1: Identifying the needs of the community

The participants reported on the diverse factors that were identified during their needs assessment of the community; however, substance abuse and gender-based violence are highlighted as key factors, as expressed in the following extract:

“There were many things that came out but what I focused on there was the substance abuse section. Like I said, there were teenage pregnancies, domestic violence, and there were relationship things. So, it was a broad type of focus area, but the substance abusers really stood out there”. P1

Participant 8 also reported that various factors contributed to the mental health needs of the community. The information obtained from the needs assessment enabled them to identify the predisposing factors that contributed to mental illness among the children and adolescents, as per the following excerpt:

“It was drugs and then also the issue of poverty and then psychosis as well. There are many people there who were mentally ill and there’s not much been done about their mental illness in these establishments. I don’t know if it’s drug-related or poverty-related or circumstantial issues, but you can identify that mental illness is a big problem”. P8

Similarly, Participant 7 also reported on the factors that contributed to the burden of mental illness among children and adolescence in the community:

“A lot of the parents are using drugs and substances, that causes negligence towards the children and that exposes children to a lot of things if the parents are not their 100%”. P7

Participant 6 reported that, on their arrival in the community, they had no information regarding the needs of the community they were entering. Therefore, during this stage of the SL project, they decided to use a research-based approach, by conducting a survey, to acquire a report on the needs of the accessible community. The following excerpt refers:

“So as a postgraduate student and because this programme is very research orientated. We went into this specific organisation and we didn’t know what we can expect. So, what we did was to do some surveys”. P6

Participant 6 also reported that, besides the survey, they conducted a needs assessment of the community. They used a group-based approach, and divided their group members into task teams, to ensure that they obtained a comprehensive report of the broader needs of the community. The following extract refers:

“So, we divided our group to work on different aspects after we found the results of the needs assessment, and what came out from the needs assessment was dating violence was high amongst the children. In all the contextual factors that contributed to dating violence”. P6

4.3.1.2. Category 2: Supportive group collaboration

Some participants reported that, to ensure the group members’ active engagement in the SL project, they used strategies, such as team building, and social media groups, to develop a supportive group collaboration, as well as ensure that group members were motivated to complete the tasks allocated to them. The following excerpt refers:

“We had good teamwork, everyone contributed we had a common goal it was good working in a group”. P7

Participant 3 reported that, before conducting the needs assessment, their group engaged in team-building sessions, encouraging group members to work collectively, and become familiar with each other, as a group. The following extract refers:

“We had to do what’s called team-building, where we can learn from each other first of all”. P3

Participant 1 reported that, during their SL project, their group decided to establish a social-media communication group, as a means of providing support to each other. The following excerpt refers:

We supported each other.in fact, I just had a lightbulb moment, we had a support group. We had a means of communication through a WhatsApp group”. P1

4.3.2. Theme 2: SL stakeholders

The participants reported that there were various stakeholders involved in their SL projects. Besides, fellow group members, the participants also reported that the community and their facilitator were involved in the SL project. The following two categories were identified, namely: *Consultation with community leaders as gatekeepers; and, The role of the facilitator.*

4.3.2.1 Category 1: Consultation with community leaders as gatekeepers

A participant reported that part of gaining entry into the community, was to identify and consult with community leaders, as gatekeepers of the community. These leaders, as gatekeepers, were included in the SL project, to promote a relationship, based on transparency and openness, as well as to ensure that they were well informed, regarding how the SL project would unfold. The following extract refers:

“Before we start the project in that area, we identified the people that are responsible for everything that is happening in that area it could be the stakeholders or community representatives. To involve the leaders within the community to let them know what is our purpose and how are they going to benefit from our project”. P3

Participant 3 further reported that once they had gained entry into the community, they were informed by the community leaders about the rules set up by the community, to establish a trusting relationship with the community. The following extract refers:

“We had to make sure that we obey all the protocols that were set in that area”. P3

4.3.2.2. Category 2: The role of the facilitator

Some of the participants reported that their facilitator was involved in their SL projects. Their facilitator assisted with various activities, including introducing

them to the community, as well as supporting them, and providing guidance during their SL project. The following extract refers:

“Prof X did the introduction for us to the community, and I think she had done it very successfully”. **P5**

Participant 6 reported that their facilitator provided them with educational support, during the SL project:

“We had our facilitator that also fulfilled the role of lecturer”. **P6**

Similarly, participant 4 also reported on the educational support and guidance provided by their facilitator, during their SL project:

“So, if anyone needed counselling in that aspect as well with the guidance of Prof X, she would also give us guidance in terms of that”.
P4

Participant 4 also reported that the facilitator was responsible for the facilitation of their reflective practices, during their SL project:

“So, your reflection was done at each session. So, Prof X was instrumental in making sure that we did”. **P4**

However, participant 2 reported that there was a need for more support from their facilitator:

“More support, more support from your supervisor”. **P2**

4.3.3. Theme 3: Responding to community needs

The participants reported that, due to the broad predisposing factors identified during their needs assessment, health promotion strategies were used to address the needs of the adults, adolescents, and children. The difference in cognitive functioning between the adults, adolescents, and children required them to use PowerPoint presentations to provide information to adults and adolescents. The children were provided with a playful environment to ensure effective communication with the children.

The following categories, namely: *Promoting Care; Empowering the community through prevention; and, Integrating community resources in providing care.*

4.3.3.1. Category 1: Promoting care

The participants reported that the information included in the PowerPoint presentation was based on the research they conducted, during their needs assessment of the community.

“We did a lot of gender-based violence and drugs and you had to do your own research and compile your own PowerPoint”. P2

Participant 7 reported that they used health promotion during their SL project to inform the community of the factors that negatively impact the mental wellbeing of the community. The following extracts refer:

“So, we tried to get the parents to understand that their behaviour also influences and causes the children to go astray. When they abuse children they sometimes go into drugs and the wrong friends and get involved with the wrong people. So, we sort of also had the parent session where we also talked about substances but with the children, we had a more playful scenario so that they can see the message. So, we had dolls and we had plays with them, so we went to their level to get the message through to them”. P7

Participant 3 also reported on the health promotion strategies that were used to enhance the awareness of the community, regarding the predisposing factors, which negatively impact their mental wellbeing, as per the following extract:

“It brought awareness and it also helped them to become aware of the communicable diseases and what during the health promotion. So that’s what mainly achieved”. P3

Participant 4 reported that, in order to maintain a trusting relationship with the community, they had to adhere to the principles of ethics in nursing. Additionally, the information they presented to the community needed to be sensitive. The following extract refers:

“So, when we address the church remember it was an entire community so you’re mindful of what you say and how you bring it through. Also, the aspect of confidentiality, you know, whatever the person has to say, it stays within that confinement” . P4

4.3.3.2. Category 2: Empowering the community through prevention

The participants reported that their health promotion presentation was aimed at the prevention of mental illness within the community, and the enhancement of the communities’ knowledge of gender-based violence. The following extract refers:

“If you look at recent events, in terms of violence against women and children, I think we kind of prepared or gave information to the community or assisted the community in advance to know if something like this should happen, we are giving you some tools to work with”
P4.

Participant 4 also reported that they used a holistic approach to ensure that the information was relevant enough for everyone to benefit from the SL project, as per the following extract:

“You bring all of that as one holistic approach to a person. Now, someone, not everybody’s interested but you can bring a certain degree of that spirituality in their lives and guide them to also see that spiritual counselling that they may need as well” . P4

Participant 4 further reported that the information they presented to the community was aligned to respect the boundaries of the community, as per the following extract:

“So, you have to be careful what you present in how you presented because you in a church, and you need to also respect the boundaries and the spiritual aspect of it as well, you know” . P4

Participant 5 reported that the use of health promotion, as a prevention strategy, was an effective intervention to develop the community, as per the following extract:

“You can see it is possible to do and put preventative measures in place if you engage with the community ahead of time. If you engage with them ahead of time tell them about psychosis, you empower the community”. **P5**

4.3.3.3. Category 3: Integrating community resources in providing care

Some participants reported that they had integrated resources into their SL project, to address the needs of the community, and provided the community with important information, such as referral information, for those, who required further interventions, as per the following extract:

“So, during the admittance, people will be told where to find certain resources around their community, for example, community health centres, rehabilitation centres”. **P3**

Participant 1 reported that they had included various organisations in their SL project, to secure the relevant resources, to address the needs of the community, as per the following extract:

“There are lots of resources we’ve been involved with, there were major companies, small companies that got involved”. **P1**

Participant 8 reported that they had provided the community with information, to enable them to approach these organisations directly, in the future.

“If they’re aware of certain resources in the community. What are the expectations? I was just trying to highlight certain issues to them”. **P8**

4.3.4. Theme 4: SL as learning and teaching activity

The participants reported that their SL project had been a mutually beneficial learning activity, which consisted of positive and challenging learning experiences. The following categories are associated with this theme, namely: *Aligning theoretical knowledge to the needs of the community; Reciprocity in learning; Positive learning experiences; Challenges; and Reflection as a group*

4.3.4.1. Category 1: Aligning theoretical knowledge to the needs of the community

Some participants reported that, by engaging with the community, they were afforded the opportunity of connecting their academic learning outcomes with the needs of the community. Additionally, they were able to align the theoretical knowledge gained in the classroom, with the clinical learning opportunities provided in the community.

To engage with the community, you're able to merge the two, what you learn in the classroom with what is out there. So, I'm using my learning to improve the community and I think that's okay". P5

Participant 8 reported that applying the theoretical knowledge learned in the classroom, could be a challenging learning experience in the community, as the following extract affirms:

"You can know all the theory you want on psychiatry and outsourcing but when you are dealing with the actual matter, trying to help somebody is not that easy". P8

Participant 6 reported that, using his theoretical knowledge to enhance his clinical learning skills in the community, made the SL project an authentic learning experience, as the following extract affirms:

"You learn in the textbooks of what is happening how you should approach these things, but the SL project is about learning on the job, I think that is what made the project unique". P6

4.3.4.2. Category 2: Reciprocity in learning

Some participants reported that their engagement with the community, through their SL project, was mutually beneficial to them and the community. By empowering the community, they became aware of how they were learning from the community, as well, during their SL project.

"We educate them we empower them and they empower us also, I've learned a lot from them". P2

Similarly, participant 5 reported how the SL project was beneficial to them and the community, as per the following extract:

“When you engage with them, they tend to benefit from you because they can ask you questions and you can give back so it’s more of a give and take”. **P5**

4.3.4.3. Category 3: Positive learning experiences

Participant 6 reported that the SL project, as part of their programme, was a positive learning experience, as the following extract affirms:

“It was very good at that time to conduct this project.... I can say this was a good project”. **P6**

Participant 4 reported that being able to address the needs of the community, through their SL project, was a fruitful learning experience, as expressed in the following excerpt:

“At the end of the day, I think it was a fruitful experience, helping and being part of that for me was priceless”. **P4**

Similarly, participant 5 reported that the SL project was a fun learning experience that brought a sense of emotional satisfaction, as per the following extract:

“It was a fun project” ... “For me, it was a heart-warming project”.
P5

Participant 1 reported that the community enhanced his awareness of the values that cultivate a good social relationship, such as respect, and that his entry into the community was such a positive experience, which motivated the participant to engage with the community again in the future. The following extract refers:

“The community taught to appreciate what you have to respect your fellow man they also taught me to be more empowered and enriched”.
“I think because of the welcoming and warm environment you always felt that you want to go back”. **P1**

4.3.4.4. Category 4: Challenges

Some participants reported that time management, the academic demand, and the inability of group members to participate, actively, in their SL project, were some of the challenges that they experienced during their SL project. The following extract refers:

“In that short time, you had to do all those things with the community, so I feel there was too little time”. P7

Similarly, participant 3 reported that time was a challenge.

“There were challenges, time was limited that was the main challenge that we were faced with”. P3

Participant 5 reported one of the factors that contributed to time challenges during their SL project, as the inability of group members to commit to the time set for meetings, as per the following extract:

“The challenges were there, especially when it came to time because everybody does not show up on time so the challenge was just the time for me”. P5

Participant 4 reported that the SL project was very challenging to manage with other aspects of his life, as the following extract affirms:

“It was very challenging at times it was tiresome because of the preparations and when you finish with a project and you go home, you also got your own personal projects that you need to sort”. P4

Participant 7 reported that the SL project contributed to the programme’s academic demand, which impacted negatively on her emotional and physical wellbeing, causing her to feel as if she was only involved for the marks. The following extract refers:

“Personally, it was a lot of work (binne in n mate was dit vir my veeleisend) because after night shift I had go to class then at 14:00 you have to go to the project so it was relatively strenuous on our physical,

emotional wellbeing. Sometimes it felt like it was for a good purpose but sometimes, It felt like I'm just doing this because I have to do it for the marks you know what I mean, if I had to be very honest with you".

P7

Participants 5 reported that the group members' lack of commitment to execute the tasks allocated to them, was also a challenge, as expressed in the following extract:

"Sometimes you find that not everyone can commit with all finished work". **P5**

Similarly, participant 2 reported that some of the individuals in her group were unwilling to participate in the SL project.

"We had a class for 2 to 3 days and we had to write up things then there was always a lazy one that didn't do anything". **P2**

4.3.4.5. Category 5: Reflection as a group

Participants 3 reported engaging in structured reflections as a group, after their contact with the community, to gain a common understanding, as well as inform their interventions. In addition, reflecting as a group enabled them to plan and identify solutions regarding how to approach issues that would hinder their SL project, as the following extract affirms:

"We have that time where we meet as a team, then we discuss the problems that are faced. In fact, when we have identified the problems that are faced in that area we needed to reflect on what the group has decided. What's the plan and how are we going to bring a solution to the particular problem faced in that area". **P3**

Participant 5 reported that during their SL project they used structured reflection as a group, after their contact session with the community, to confirm whether they had achieved their objective for the day.

"We did an immediate reflection in somebody's car because we wanted to make sure we get a sense of what we did. So, we sit in the car and

we say guys are we happy with what we did, that was our group reflection". P5

4.3.5. Theme 5: Transforming elements in care

The participants reported that their SL project had a positive impact on addressing the mental health needs of the community. The following categories are associated with this theme, namely: *Evidence-based nursing practices; Continuity of care; and Evaluation of care.*

4.3.5.1. Category 1: Evidence-based nursing practices

Participants reported that, while addressing the needs of the community, they had to make use of evidence-based practices. By researching the findings of their needs assessments, they ensured that their interventions were based on evidence, aimed at enhancing the effectiveness and relevance of their SL project. The following extract refers:

"It's not just about giving an answer, you need to give an answer that could be beneficial to the person and helping a person. You have to make sure that you're not just you know, giving your answers and once you give an answer, you need to make sure that it's research-based".

P4

Participant 7 reported that, before engaging with the community, they regularly needed to research, as a means of preparing themselves to address any concerns raised during the intervention, as well as those raised previously by the community. The following extract refers:

"You go back and do some preparations; we did some little bit of research then we come back then we give back to them that which they need". P7

4.3.5.2. Category 2: Continuity of care

The participants reported that, during their SL project, there were concerns regarding the sustainability of their SL project, in terms of transforming the community. To ensure the sustainability of their goal to transform the community,

they left training material behind, for the continuity in care, as expressed in the following excerpt:

“We provided some training material to ensure that the programme is sustainable on the day that we are leaving”. P6

Similarly, participant 4 reported that their SL project provided the guidance needed to enhance and enable the community to take the lead, regarding their mental wellbeing. In addition, they also left information behind for the community to peruse, to ensure the continuity of care, as per the following extract:

“So, I think how we transformed a community I, I think it just gave them a tool to provide guidance...The fact that we left our information they can remember if anyone needed to speak to us, they did communicate”. P4

Participant 5 reported that they transformed the community by building the foundation for the triad in partnership (HEI/community/APNG). They informed the community of the active role, the HEI could play in addressing their needs, as expressed in the following extract:

“The community transformed in that, now the community knows X is not a university that sits in the middle of the community, it engages there’s engagement there, so that knowledge for me is an addition”. P5

4.3.5.3. Category 3: Evaluation of care

Some participants reported that the community provided them with feedback regarding the positive impact of their SL project, in terms of transforming the community, as expressed in the following extract:

“They gave feedback that they learned a lot from our project they gave positive feedback”. P2

Participant 7 reported that their SL project had a positive impact on the adults, as well as the child and adolescents. The following extract refers:

“Some of the people especially some of the parents started coming back and said they applied some of the information that was given to them and there is some sort of improvement in their lives. The children also went and applied some of the things naturally in their lives during that time they said they are more obedient to their parents”. **P7**

Participant 6 reported that they had conducted a survey at the end of their SL project, to gain insight into the impact of the SL project, from the community’s perspective. The findings of the survey revealed that the SL project enhanced the knowledge of the community, regarding gender-based violence. The following extract refers:

“We did a small survey again, and a few interviews again, with different populations and the feedback that we got were positive in the sense that the women, for instance, gave us feedback that they were not aware of the types of abuse that exists”. The children were not aware of the different types of violence they are experiencing, for instance, at school, the bullying”. **P6**

4.3.6. Theme 6: Student development

The participants reported that the SL project developed their understanding of their role as advanced psychiatric nurse specialists, and enhanced their motivation to do well, and contribute to the development of their communities. The following categories are associated with this theme, namely: *Social Responsiveness and Enhanced Group diversity*.

4.3.6.1. Category 1: Social responsiveness

The participants reported that the SL project enhanced their awareness of their capacity to help others, and developed their willingness to continue helping others in the future. The following extract refers:

“I think, learning to continue teaching people and protecting people and helping them I think so that’s where it stemmed for me in terms of this project is to look at the person, you know, they’re going through something”. **P8**

Participant 7 also reported that the SL project enabled her to recognise that there is a need to assist the community and to take responsibility, as the following extract expresses:

“I saw that there is a need within our communities there is a great need definitely and that we sometimes go through life as if these things do not exist but it’s there. If we can help where we can, we have to give a hand like I said every bit of information you give to the people the little bit can mean a lot to our communities outside”. P7

4.3.6.2. Category 2: Enhanced group diversity

The participants reported that the SL project developed their ability to work with diverse individuals. Additionally, the learning experience developed their understanding of the ethical behaviour required, to achieve a goal when working in a group of diverse individuals. The following extract affirms:

“You know you learn to work with people you know people differ but you have to get a project going and work as a group and respect each other and understand each other’s difficulties and differences”. P1

Participant 5 reported that the SL project enhanced her understanding of the diversity of the group, as well as how to overcome challenges and strengthen their group work, as per the following extract:

“Because we had people from Rwanda that were part of our project, I am Zimbabwean part of our project and we had South Africans. So, it brings different ways of seeing the same thing, you see it from that angle, and she sees it from that angle I think that is not a challenge that was the strength of the group”. P5

Besides certain group members’ failure to complete the tasks allocated to them, the participants also reported that group diversity was a challenge during their SL project, as the following extract affirms:

“If you take a race, culture, gender, religion everyone’s belief system, everyone’s growing up system is very much different” “So, you will

have maybe a clash where a person doesn't understand you. You don't understand that person or even the person's intellect". P4

Similarly, participant 6 reported that working with diverse individuals was a challenging aspect of their SL project, affirmed in the following extract:

"Group work, in general, if I look at it as a student, it was very challenging, it was difficult. We have different personalities, we have different ways of working, we have different working etiquette. So, at that time, it was extremely challenging". P6

4.3.7. Theme 7: Professional growth

The participants reported that, by responding to the needs of the community, they were empowered to develop themselves, within their SL projects. They used their learning experiences in the community, as a means to identify aspects that they could incorporate into their professional practice, to facilitate their growth into advanced nurse specialists. The following categories are associated with this theme, namely: *Responsiveness nurtures professional development; Reflection in professional practice; and Building a professional network for practice.*

4.3.7.1. Category 1: Responsiveness nurtures professional development

Participants reported that their SL project facilitated their growth as advanced psychiatric nurse specialists, who were motivated to address the mental health needs in society, as per the following extract:

"If I look at my contribution towards society in the prevention of gender-based violence, it's about raising awareness and playing an active role in reducing the number of victims of gender-based violence". P6

Participant 7 reported that the SL project developed her awareness and understanding of the vital ethical behaviour, when providing care, and which she has incorporated into her professional practice. The following extract refers:

"You can probably say you look differently at the community, you look differently at people. A lot of our patients that come in are difficult and

they come from those types of communities so you have more empathy for your patients. You enforce more of what you learn and use it in your work circumstances for your patients”. P7

Participant 4 reported that the SL project increased his motivation to assist others, and enhanced his awareness of providing equal treatment in care, which impacted his values, as a professional. The following extract refers:

“You feel that you’re a door to hope to somebody, I think so professionally if you look at the view, not through the folders, it allows you to look at the challenges and try to find an answer for that”. P4

4.3.7.2. Category 2: Reflection in professional practice

The participants reported that their SL project enabled them to incorporate reflection into their professional practices, which developed them as advanced psychiatric nurse specialists. The following extracts affirm this report:

“When you reflect on the actions that you took, you break it down into small pieces, you might say yes, I think that I should have changed or there was nothing wrong that I did. I think the patient could have been managed better so you remove the blaming within you, you can look at it with a clear mind. I like reflection and I think that’s the biggest part of SL that I took and I put in my practice”. P5

“When we reflect before we come to our next session, we realise that we’ve learned something today we’ve learned new terminology regarding or pertaining the drugs out there”. P1

4.3.7.3. Category 3: Building a professional network for practice

Some participants reported that they had to build professional networks during their SL project, by reaching out to others, besides their facilitator, for professional assistance during their SL project, as per the following excerpt:

“I was in academics I did articles and presentations and conferences so I was with the best academic Professor S you know, she’s one of the best in psychiatry there”. P2

Similarly, participant 6 reported that they collaborated with an organisation to obtain funding, as expressed in the following excerpt:

“It brought us in, it opened so many doors we instance the Gets funding that we got for the project”. P6

4.3.8. Theme 8: Personal growth

The participants reported that their engagement with the community, through their SL project, enabled them to grow, personally. The following categories are associated with this theme, namely: *Responsiveness enables personal growth; and Self-reflection is key to develop personally.*

4.3.8.1. Category 1: Responsiveness enables personal growth

The participants reported that, addressing the needs of the community, as well as their good intentions to assist, enhanced their personal development, as per the following excerpt:

“It was personal development for me when you reach out to people, it added an extra part to reach out to people”. P4

Participant 8 reported that the project matured him enough, to become responsive to the needs of the community, as affirmed in the following excerpt:

“I think when you are involved in things like this, these are some sort of maturity that comes”. P8

Participant 7 reported that the project developed her caring nature towards children in the community. The following excerpt refers:

“I would say I look at people with new eyes, to reach out more towards people especially for children although I am not working with them you would never realise what is going on in people’s environment until you reach out to them. P7

4.3.8.2. Category 2: Self-reflection is key to develop personally

The participants reported that self-reflection, during their SL project, was one of the factors that enhanced their insight into their emotions and feelings associated with their learning experiences, which developed them personally. The following excerpt refers:

“Reflection is always a good thing just to go back and look at what you did good and what you didn’t do so good and how you can improve on what you feel were you maybe have sort comings perhaps you got angry at the people (miskien het jy neus opgetrek vir die mense)”. P1

Participants 7 reported that, through self-reflection, she was able to understand how her learning experience, during the SL project, had affected her personally. The following excerpt refers:

“Every week we had to give a reflection then you had to say, what you did and how did you experience it the positive the negative regarding your previous week’s experiences how it impacted you personally. How you feel how it influenced the community and even your fellow students, yes that is how we reflected on this whole story”. P7

4.4. Main findings

The initial analysis as indicated in Table 4.2, yielded 22 categories and 8 themes. In consultation with the researcher’s supervisor, the data analysis process was refined further. Subsequently, the data set was refined, which resulted in 4 themes and 9 categories, as indicated in Table 4.3.

Tables 4.3: Refined main themes and categories.

THEME 1: UTILIZING THE COMMUNITY AS A LEARNING SITE	
Categories	Direct quotations
1.1. The community as a critical partner	<p>(a) Reciprocity through engagement</p> <p><i>“We educate them we empower them and they empower us also, I’ve learned a lot from them”</i>. P2</p> <p><i>“When you engage with them, they tend to benefit from you because they can ask you questions and you can give back so it’s more of a give and take”</i>. P5</p>

	<p>b) Broad and diverse needs of the community.</p> <p><i>“There were many things that came out but what I focused on there was the substance abuse section. Like I said, there were teenage pregnancies, domestic violence and there were relationship things. So, it was a broad type of focus area, but the substance abusers really stood out there”. P1</i></p> <p><i>“It was drugs and then also the issue of poverty and then psychosis as well. There are many people there who were mentally ill and there’s not much been done about their mental illness in these establishments. I don’t know if it’s drug-related or poverty-related or circumstantial issues, but you can identify that mental illness is a big problem”. P8</i></p> <p><i>“A lot of the parents are using drugs and substances, that causes negligence towards the children and that exposes children to a lot of things if the parents are not their 100%”. P7</i></p> <p><i>“So as a postgraduate student and because this programme is was very research orientated. We went into this specific organisation and we didn’t know what we can expect. So, what we did was to do some surveys”. P6</i></p> <p><i>“So, we divided our group to work on different aspects after we found the results of the needs assessment, and what came out from the needs assessment was dating violence was high amongst the children. In all the contextual factors that contributed towards dating violence”. P6</i></p> <p>(c) Establishing group collaboration</p> <p><i>“We had good teamwork, everyone contributed we had a common goal it was good working in a group”. P7</i></p> <p><i>“We had to do what’s called team-building, where we can learn from each other first of all”. P3</i></p> <p><i>“We supported each other in fact! I just had a lightbulb moment; we had a support group. We had a means of communication through a WhatsApp group”. P1</i></p>
1.2. Aligning theoretical knowledge to the needs of the community	<p>(a) Connecting academic outcomes with the community needs</p> <p><i>“To engage with the community, you’re able to merge the two, what you learn in the classroom with what is out there. So, I’m using my learning to improve the community and I think that’s okay”. P5</i></p> <p><i>“You can know all the theory you want on psychiatry and outsourcing but when you are dealing with the actual matter, trying to help somebody is not that easy”. P8</i></p> <p><i>“You learn in the textbooks of what is happening how you should approach these things, but the SL project is about learning on the job, I think that is what made the project unique”. P6</i></p>
1.3. Responding to the need for community care	<p>(a) Adhering to ethical values in care</p> <p><i>“So, when we address the church remember it was an entire community so you’re mindful of what you say and how you bring it through. Also, the aspect of confidentiality, you know, whatever the person has to say, it stays within that confinement”. P4</i></p> <p><i>“So, you have to be careful what you present in how you presented because you in a church, and you need to also respect the boundaries and the spiritual aspect of it as well, you know”. P4</i></p> <p>(b) Identifying resources in the community</p> <p><i>“So, during the admittance, people will be told where to find certain resources around their community, for example, community health centres, rehabilitation centres”. P3</i></p> <p><i>“There are lots of resources we’ve been involved with, there were major companies, small companies that got involved”. P1</i></p> <p><i>“If they’re aware of certain resources in the community. What are the expectations? I was just trying to highlight certain issues to them”. P8</i></p> <p>(c) Health promotion practices</p> <p><i>“We did a lot of gender-based violence and drugs and you had to do your own research and compile your own PowerPoint”. P2</i></p> <p><i>“So, we tried to get the parents to understand that their behaviour also influences and causes the children to go astray. When they abuse children they sometimes go into drugs and the wrong friends and get involved with the wrong people. So, we sort of also had the parent session where we also talked about substances but with the children, we had a more playful scenario so that they can see the message. So, we had dolls and we had plays with them, so we went to their level to get the message through to them”. P7</i></p> <p><i>“It brought awareness and it also helped them to become aware of the communicable diseases and what during the health promotion. So that’s what mainly achieved”. P3</i></p>

	<p>(d) Providing holistic care</p> <p><i>"You bring all of that as one holistic approach to a person. Now, someone, not everybody's interested but you can bring a certain degree of that spirituality in their lives and guide them to also see that spiritual counselling that they may need as well". P4</i></p>
	<p>(e) Preventative health care practices</p> <p><i>"If you look at recent events, in terms of violence against women and children, I think we kind of prepared or gave information to the community or assisted the community in advance to know if something like this should happen, we are giving you some tools to work with" P4.</i></p> <p><i>"You can see it is possible to do and put preventative measures in place if you engage with the community ahead of time. If you engage with them ahead of time tell them about psychosis, you empower the community". P5</i></p>

THEME 2: KEY ELEMENTS RELATING TO REFLECTION

Categories	Quotations
2.1. The dynamics involved in reflection.	<p>(a) Facilitation of reflective practices</p> <p><i>"So, your reflection was done at each session. So, Prof X was instrumental in making sure that we did". P4</i></p>
	<p>(b) Individual reflection</p> <p><i>"Reflection is always a good thing just to go back and look at what you did good and what you didn't do so good and how you can improve on what you feel were you maybe have sort comings perhaps you got angry at the people (miskien het jy jou neus opgetrek vir die mense)". P1</i></p> <p><i>"Every week we had to give a reflection then you had to say, what you did and how did you experience it the positive the negative regarding your previous week's experiences how it impacted you personally. How you feel how it influenced the community and even your fellow students, yes that is how we reflected on this whole story". P7</i></p>
	<p>(c) Using reflection in professional practices</p> <p><i>"When you reflect on the actions that you took, you break it down into small pieces, you might say yes, I think that I should have changed or there was nothing wrong that I did. I think the patient could have been managed better so you remove the blaming within you, you can look at it with a clear mind. I like reflection and I think that's the biggest part of SL that I took and I put in my practice". P5</i></p> <p><i>"When we reflect before we come to our next session, we realise that we've learned something today we've learned new terminology regarding or pertaining the drugs out there". P1</i></p>
	<p>(d) Engaging in reflection as a group</p> <p><i>"We have that time where we meet as a team, then we discuss the problems that are faced. In fact, when we have identified the problems that are faced in that area and we needed to reflect on what the group has decided. What's the plan and how are we going to bring a solution to the particular problem faced in that area". P3</i></p> <p><i>"We did an immediate reflection in somebody's car because we wanted to make sure we get the sense of what we did. So, we sit in the car and we say guys are we happy with what we did, that was our group reflection". P5</i></p>

THEME 3: PERSONAL AND ACADEMIC GROWTH

Categories	Quotations
3.1. Resilience	<p>(a) Time management</p> <p><i>"In that short time, you had to do all those things with the community, so I feel there was too little time". P7</i></p> <p><i>"There were challenges, time was limited that was the main challenge that we were faced with". P3</i></p> <p><i>"The challenges were there, especially when it came to time because everybody does not show up on time so the challenge was just the time for me". P5</i></p>

	<p>(b) The academic demand</p> <p><i>"It was very challenging at times it was tiresome because of the preparations and when you finish with a project and you go home, you also got your own personal projects that you need to sort". P4</i></p> <p><i>"Personally, it was a lot of work (binne in n mate was dit vir my veeleisend) because after night shift I had to go to class then at 14:00 you have to go to the project so it was relatively strenuous on our physical, emotional wellbeing. Sometimes it felt like it was for a good purpose but sometimes, It felt like I'm just doing this because I have to do it for the marks you know what I mean, if I had to be very honest with you". P7</i></p> <p>(c) Lack of group participation in collaboration</p> <p><i>"Sometimes you find that not everyone can commit with all finished work". P5</i></p> <p><i>"We had a class for 2 to 3 days and we had to write up things then there was always a lazy one that didn't do anything". P2</i></p> <p>(d) Diversity in collaboration</p> <p><i>"If you take a race, culture, gender, religion everyone's belief system, everyone's growing up system is very much different...." "So, you will have maybe a clash where a person doesn't understand you. You don't understand that person or even the person's intellect". P4</i></p> <p><i>"Group work in general if I look at it as a student, it was very challenging, it was difficult. We have different personalities, we have different ways of working, we have different working etiquette. So, at that time, it was extremely challenging". P6</i></p> <p><i>"You know you learn to work with people, you know people differ but you have to get a project going and work as a group and respect each other and understand each other's difficulties and differences". P1</i></p> <p><i>"Because we had people from Rwanda that were part of our project, I am Zimbabwean part of our project and we had South Africans. So, it brings different ways of seeing the same thing, you see it from that angle, and she sees it from that angle I think that is not a challenge that was the strength of the group". P5</i></p>
3.2. Positive Experiences	<p>(a) Facilitation of SL experiences</p> <p><i>"Prof X did the introduction for us to the community, and I think she had done it very successfully". P5</i></p> <p><i>"We had our facilitator that also fulfilled the role of lecturer". P6</i></p> <p><i>"So, if anyone needed counselling in that aspect as well with the guidance of Prof X, she would also give us guidance in terms of that". P4</i></p> <p><i>"More support, more support from your supervisor". P2</i></p> <p>(b) Positive SL engagement experiences</p> <p><i>"It was very good at that time to conduct this project.... I can say this was a good project". P6</i></p> <p><i>"At the end of the day, I think it was a fruitful experience, helping and being part of that for me was priceless" P4</i></p> <p><i>"It was a fun project" ... "For me, it was a heart-warming project". P5</i></p> <p><i>"The community taught to appreciate what you have to respect your fellow man they also taught me to be more empowered and enriched". "I think because of the welcoming and warm environment you always felt that you want to go back". P1</i></p> <p>(c) Personal development through responsiveness</p> <p><i>"It was personal development for me when you reach out to people, it added an extra part to reach out to people". P4</i></p> <p><i>"I think when you are involved in things like this, these are some sort of maturity that comes". P8</i></p> <p><i>"I would say I look at people with new eyes, to reach out more towards people especially for children although I am not working with them you would never realise what is going on in people environment until you reach out to them". P7</i></p>
THEME 4: TRANSFORMING ELEMENTS OF CARE	
Categories	Quotations
4.1. Ethics in Care	<p>(a) Identifying community leaders and key stakeholders of the community</p> <p><i>"Before we start the project in that area, we identified the people that are responsible for everything that is happening in that area it could be the stakeholders or community representatives. To involve the leaders within the community to get to know what is our purpose and how are they going to benefit from our project". P3</i></p> <p><i>"We had to make sure that we obey all the protocols that were set in that area". P3</i></p>

<p>4.2. Evidence-based nursing practices</p>	<p>(a) Research-based practices</p> <p><i>"It's not just about giving an answer, you need to give an answer that could be beneficial to the person and helping a person. You have to make sure that you're not just you know, giving your answers and once you give an answer, you need to make sure that it's research-based". P4</i></p> <p><i>"You go back and do some preparations; we did some little bit of research then we come back then we give back to them that which they need". P7</i></p> <p>(b) Enabling sustainable transformation</p> <p><i>"We provided some training material to ensure that the programme is sustainable on the day that we are leaving". P6</i></p> <p><i>"So, I think how we transformed a community I, I think it just gave them a tool, to provide guidance...The fact that we left our information they can remember if anyone needed to speak to us, they did communicate". P4</i></p> <p><i>"The community transformed in that, now the community knows X is not a university that sits in the middle of the community, it engages there's engagement there, so that knowledge for me is an addition". P5</i></p>
<p>4.3. Professional Growth</p>	<p>(a) Humanistic values</p> <p><i>"You can probably say you look differently at the community, you look differently at people. A lot of our patients that come in are difficult and they come from those types of communities so you have more empathy for your patients. You enforce more of what you learn and use it in your work circumstances for your patients". P7</i></p> <p><i>"You feel that you're a door to hope to somebody, I think so professionally, if you look at the view, not through the folders, it allows you to look at the challenges and try to find an answer for that". P4</i></p> <p>(b) Recognising responsibility</p> <p><i>"I think, learning to continue teaching people and protecting people and helping them I think so that's where it stemmed for me in terms of this project is to look at the person, you know, they're going through something". P8</i></p> <p><i>"I saw that there is a need within our communities there is a great need definitely and that we sometimes go through life as if these things do not exist but it's there. If we can help where we can, we have to give a hand like I said every bit of information you give to the people the little bit can mean a lot to our communities outside". P7</i></p> <p><i>"If I look at my contribution towards society in the prevention of gender-based violence, it's about raising awareness and playing an active role in reducing the number of victims of gender-based violence". P6</i></p> <p>(c) Collaboration in care</p> <p><i>"I was in academics I did articles and presentations and conferences so I was with the best academic Professor S you know, she's one of the best in psychiatry there". P2</i></p> <p><i>"It brought us in, it opened so many doors we instance the Gets funding that we got for the project". P6</i></p> <p>(d) SL from a community perspective</p> <p><i>"They gave feedback that they learned a lot form our project they gave positive feedback" P2.</i></p> <p><i>"Some of the people especially some of the parents started coming back and said they applied some of the information that was given to them and there is some sort of improvement in their lives. The children also went and applied some of the things naturally in their lives during that time they said they are more obedient to their parents". P7</i></p> <p><i>"We did a small survey again, and a few interviews again, with different populations and the feedback that we got were positive in the sense that the women, for instance, gave us feedback that they were not aware of the types of abuse that exists". The children were not aware of the different types of violence they are experiencing, for instance, at school, the bullying". P6</i></p>

4.5. Summary

In this chapter, the researcher presented the findings of the data analysis. The aim of the study was to explore the experiences of advanced psychiatric nursing graduates, who had been involved in a SL project, at a HEI in the Western Cape, South Africa. The APNGs were engaged in a transformative learning experience that enabled them to develop various competencies, which underpin the role of the advanced psychiatric nurse. The SL project was well embedded, with its roots in EL, and aligned to address relevant national concerns within the health system. Some challenges were highlighted, which indicated that the SL project in the Masters in Nursing of Advanced Psychiatry programme, could be developed further. Chapter 5 comprises the discussion of the findings of this current study.



CHAPTER FIVE

DISCUSSION OF THE FINDINGS

5.1. Outline

The researcher presents the discussion of the results in this chapter, based on the available evidence in the existing literature. The objective of the research study was to explore the experiences of the advanced psychiatric nurse graduates (APNG who had been involved in an SL project. The findings of this current study, therefore, is discussed with these objectives in mind. Table 5.1 contains a summary of the main findings, based on the questions explored, during the individual interviews.

5.2. Overview of the main themes

The researcher conducted the data analysis to find information within the data collected, as well as attach meaning to it (Brink et al., 2012). In this current study, the data analysis was executed to ensure meaning, through the interpretation of the data set, which resulted in the generation of 4 themes, discussed briefly in the following sections.

5.2.1. Theme 1: Utilizing the community as a learning site

Utilizing the community as a learning site accentuates the role of the community, as a partner in facilitating the learning experience of the APNG. Also, the community as a learning site enables HEIs to create learning and teaching activities, outside the conventional classroom setting. As a result, the HEIs are able to align the learning outcomes of the APNG, to address the needs of the community.

Additionally, the community as a learning site enables the APNGs to link their academic learning with their clinical skills in a community setting. The community as a learning site, therefore, needs to be acknowledged as part of the triad in a partnership that is mutually beneficial for all stakeholders.

5.2.2. Theme 2: Key elements relating to reflection

Key elements relating to reflection, highlight the essential role of structured reflective activities, as part of the learning and teaching experience, in the development of the APNG. The individual and group reflections, highlighted the dynamics, and unpacked the elements that could be associated with the APNG's learning experiences, which were enhanced through personal and professional awareness.

5.2.3. Theme 3: Personal and academic growth

Personal and academic growth highlight the capacity of the APNGs to overcome adversity, which enables them to complete their learning outcomes. This ability allows them to apply their skills, constructively, to solve a problem that may arise during their learning experience. The APNG, therefore, through this interactive process, is prepared to identify and solve similar challenging situations that may arise in the future. In addition, the APNG is also enabled to identify a similar situation that would generate a positive experience.

5.2.4. Theme 4: Transforming the elements of care

Transforming the elements of care highlights the implications associated with providing APNGs with a learning experience that develops their academic and clinical learning. Once the APNG develops an understanding of the learning experience, concerning mental health nursing, various competencies are unpacked. Additionally, the impact of their learning experience is identified, which shapes the APNG as an advanced psychiatric nurse specialist.

Table 5.1: Themes and categories

NO	THEMES	CATEGORIES
1.	Utilizing the community as a learning site	The community as a critical partner
		Aligning theoretical knowledge to the needs of the community
		Responding to the need for community care
2.	Key elements relating to reflection	The dynamics involved in reflection.
3.	Personal and academic growth	Resilience
		Positive experiences
4.	Transforming elements of care	Ethics in care
		Evidence-based nursing practices
		Professional growth

5.3. Theme 1: Utilizing the community as a learning site

The community, as a learning site, is being used as a means of developing APNGs, who are able to provide mental healthcare at CBS. Learning and teaching activities in the community is gaining momentum, due to the increase in demand for mental healthcare services at PHC level. This implies that the need for competent nursing professionals, at the primary level is also increasing (Friedman, 2019). The re-engineering of PHC comprises various policies and strategies that are aimed at addressing these demands within society (RSA, Western Cape Government, DoH, 2014). As a stakeholder in this intended transformation within the community, HEIs are regarded as crucial.

HEIs initiated the utilisation of learning and teaching activities that enable interaction with the community, as a means of developing socially responsive APNGs (Osman et al., 2013). Therefore, APNGs are offered the opportunity to learn in the community, to develop their discipline-based knowledge from a community perspective. In turn, APNGs use their academic learning to address the needs of the community, as well as dismantle the existing socio-economic factors that negatively impact the mental wellbeing of the community (Thomson et al., 2011; Julie et al., 2007). This allows APNGs the impetus to achieve their learning outcomes, as they unpack the factors that hinder the community from achieving optimal health. The following categories are associated with this theme namely: *The community as a critical partner; Aligning theoretical knowledge to the needs of the community; and Responding to the need for community care.*

5.3.1. Category 1: The community as a critical partner

The community needs to be acknowledged as a critical partner, alongside HEIs, while shaping future professional healthcare providers. Based on the principle of reciprocity, APNGs are allowed to achieve their learning outcomes, in the community (HEQC, 2006b). Reciprocity is initiated through the community's willingness to partner with APNGs to achieve shared goals (Thomson et al., 2011). Additionally, reciprocity ensures a unique balance between the learning experience of the APNG, and the service provided to the community (Asghar et al., 2017; Smith-Tolken et al., 2017; Venter, 2013; Wilson, 2013). The following codes emerged in the data analysis under this category namely; (a) *Reciprocity through engagement; (b) Broad and diverse needs of the community and (c) Establishing group collaboration.*

(a) Reciprocity through engagement

Reciprocity in learning protects the vulnerable communities from being exploited by, either the HEI, or the APNG (Asghar et al., 2017). To prevent this occurrence, stakeholders need to communicate their intentions clearly, and adhere to principles of respect and trust, to maintain the balance of power (Asghar et al., 2017). The nature of mutually-beneficial partnerships in learning, ensures that all stakeholders benefit from the learning and teaching activity. The APNGs reported their recognition of the community's role in the enhancement of their learning experience. In addition, they reported that, utilising the community as a learning site, served them well, while they, simultaneously, addressed the needs of the community. They further reported that the experience allowed them to build trust, as well as use resources in the community to strengthen the service provision experience. This coincided with utilising existing knowledge and experiences to cultivate comprehensive mental healthcare strategies at this primary level.

(b) Broad and diverse needs of the community

In a study conducted by Barroso et al. (2019), the researchers agree that, by understanding the diverse needs of the community, stakeholders, such as HEIs, could align academic programmes, which are relevant to the needs of the community. This would imply that nursing specialist training programmes could be developed in such a way that it enables APNGs to address the social and economic challenges in society (Julie, 2014). This approach encourages APNGs to provide mental healthcare services that are community-centred, and comprehensive in nature. In addition, it impacts their motivation to unpack and address the underlying factors, such as substance abuse, gender-based violence, and poverty, which contributes to the burden of disease in the community.

(c) Establishing group collaboration

Supportive group collaboration refers to effective group work, directed towards providing quality care (Saylor et al., 2018). Maintaining functional group work, enabled the APNGs to develop effective communication skills, teamwork skills, and interactive social skills, to address the needs of the community, collaboratively (Blewitt et al., 2018). Additionally, in a study conducted by Gerholz et al, (2018), the researchers suggest that

a supportive environment has a positive impact on the development of students' confidence to use their knowledge, during their SL project.

5.3.2. Category 2: Aligning theoretical knowledge to the needs of the community.

Theoretical knowledge, acquired in conventional classrooms, seminars, and workshops, as core strategies to address the mental health needs of the community, have been critiqued recently (Makgoba, 2017). The SANC emphasises the importance of incorporating clinical experience, as a means of developing competent advanced nurse specialists, who could address the needs of the community (SANC, 2018). This implies that, during training, advanced nurse specialists need to be exposed to learning opportunities, which enable them to form a link between their academic learning, within the context of a community. The APNGs' capacity to conceptualise existing knowledge and new knowledge, within the context of the learning opportunity in the community, was enhanced by this interactive process. The following code emerged in the data analysis under this category, namely; *(a) Connecting academic outcomes with the community needs.*

(a) Connecting academic outcomes with the community needs

When APNGs connect their learning outcomes to the needs of the community, the process, therefore, is considered reciprocal in nature (Fleck et al., 2017). During this process, APNGs develop the desire to respond, and positively impact the community, as part of their learning experience. In addition, this prepares the APNGs for their role as advanced psychiatric nurses, in a realistic manner (Stoecker, 2018). Julie et al. (2005) state that, when APNGs apply their existing knowledge, to address the needs of the community, it contributes towards developing them as adequately trained health professionals, who could provide services within the community.

5.3.3. Category 3: Responding to community needs

Responding to community needs relates to the APNGs' enabled commitment and responsiveness to address the needs of the community (Blasdell, 2017). Learning outcomes, as set by the HEI, are considered as a key strategy that should provide APNGs with learning opportunities to enhance their commitment to social transformation (Favish et al., 2016; UWC, 2016).

Enabling APNGs to develop a sense of social responsibility is important, to ensure that they apply their theoretical knowledge to uplift society, through meaningful healthcare services (Osman et al., 2013). The APNGs in this current study expressed how their learning opportunities motivated them to do more for society, and highlighted the role that they could play in facilitating social transformation. The following codes emerged in the data analysis under this category, namely: (a) *Adhering to ethical values in care*; (b) *Identifying resources in the community*; (c) *Health promotion practices*; (d) *Providing holistic care* and (e) *Preventative health practices*.

(a) Adhering to ethical values in care

Adhering to the ethical values in care refers to the APNGs' ability to develop a relationship with the community, based on trust, as part of their learning experience (Samuels-dennis, et al., 2016). Establishing a trusting relationship would imply that APNGs would be entrusted with sensitive information, and consequently, required to respect the privacy of individuals in the community, by maintaining confidentiality (Uys et al., 2014; Brink et al., 2012). Being sensitive towards the community refers to the APNGs' enhanced consideration and understanding of the boundaries in the community.

Ethics dictates the type of behaviour that is perceived to be right, or wrong (Duma et al., 2008). Various guidelines regulate ethical behaviour in nursing, which is considered important, since unethical behaviour has the consequence of negatively affecting the service provider, as well as the recipient of the service. Through their SL project, the APNGs in this current study applied specific ethical principles, namely, beneficence, respect for human dignity, privacy, and confidentiality, which enabled them to understand the views and choices of others, when responding to the needs of the community.

(b) Identifying resources within the community

The community assessment includes identifying resources in the community that would enable the APNGs to plan how, and when to use resources, to support their intentions (Hunt et al., 2015; Julie at al., 2005). To acquire these resources, the APNGs should consider planning various strategies that promote the community's needs, to encourage organisations to support transformation in the community (Dubus, 2014).

(c) Health promotion practices

Health promotion practices, aimed at the prevention of mental illness, are encouraged by providing the community with essential information (Uys et al., 2014). APNGs, essentially, need to plan, develop, and implement needs-based programmes to promote the mental wellbeing of the community, as a preventative strategy (Samuels-dennis et al, 2016; SANC, 2018). Consequently, APNGs fulfil the important role of contextualising the information, to ensure that the community understands the information provided (SANC, 2018). The APNG, as the service provider, determines the objective of employing mental health promotion strategies; however, the intervention needs to address relevant issues, such as awareness, stigma, discrimination, coping mechanisms, and building social capital (Uys et al., 2014).

(d) Providing holistic care

Holistic care refers to APNGs' capacity to acknowledge the social determinants of health, as well as understand its impact on the various domains that make up the community's needs (Uys et al., 2014; Duma et al., 2008). By providing holistic care, the APNGs transcend beyond their academic centred approach, to evaluate the clinical value of holistic care (Doodhnath, 2013). This develops their academic learning, by enhancing their existing knowledge, as a means of informing their future practices. Consequently, the APNGs used a holistic approach to shift the inequity and stagnation of those, who resided in the community.

(e) Preventative healthcare practices

Preventative health care practices are considered an important learning experience, since the intentioned engagement between the APNG and the community needs to be mutually beneficial (Mtawa et al., 2018; Asghar et al., 2017). Employing preventative health promotion strategies has the potential to empower the community, by developing the mental wellbeing of the community (RSA, Western Cape Government, DoH, 2014). Since mental illness remains a burden of disease in society, APNGs must be provided with the learning opportunities that enable them to develop their competency in employing preventative health promotion strategies, to address this national issue (Friedman, 2019; SANC, 2018). The findings of this current study highlighted the effectiveness of using preventative health promotion strategies in the community.

5.4. Theme 2: Key elements relating to reflection

Reflection is aimed at developing the APNGs' knowledge, from a community-based perspective. It has a positive impact on their awareness, which directly impacts their personal and professional knowledge (Blewitt, Parsons, & Shane, 2018; HEQC, 2008; Armstrong, 2006). Structured reflection is an interactive process that enables the APNG to gain a better understanding of their actions, feelings, and thinking, associated with their learning experience (Gibbs, 2013; Gibbs, 1988). In addition, enhancing reflective skills in APNGs is considered effective, when it is linked with providing discipline-based care, such as responding to the mental health needs of the community (Roskell et al., 2012). Wain (2017) suggests that structured reflective practices could expand the depth of a student's academic learning, to develop their clinical reasoning and judgment skills. This implies that reflection allows APNGs to develop an understanding of their learning experiences, towards preparing them as advanced psychiatric nurse specialists (Farber & Bishop, 2018; Wain, 2017). The following category is associated with this theme, namely: The dynamics involved in reflection.

5.4.1. Category 1: The dynamics involved in reflection

The dynamics involved in reflection highlight the impact of individual reflection, as well as group reflection on the development of the APNGs' awareness of their feelings, emotions, thoughts, and behaviour in the community. More importantly, being able to reflect implies that the APNGs have acquired skills to understand the relevance, as well as the need for continuous and professional development (SANC, 2018). Continuous development enables APNGs to recognise their capacity to safely, effectively, and competently, provide mental healthcare that is relevant to the trends of society (Feldacker et al., 2018). The following codes emerged in the data analysis under this category namely: (a) *Facilitation of reflective practices*; (b) *Individual reflection*; (c) *Using reflection in professional practices* and (d) *Engaging in reflection as a group*.

(a) *Facilitation of reflective practices*

The facilitation of reflective practices refers to the role of the lecturer in enabling APNGs to understand the relevance of reflection, as part of their learning experience (Gibbs, 2013). The findings of this current study highlight that the role of the lecturer is to facilitate the APNGs participation in reflective practices. Lecturers, therefore, should implement and develop SL within their academic programmes, to ensure a sound commitment from colleagues and students (HEQC, 2008). The findings of studies

conducted by Wain (2017), as well as Brown and Schmidt (2016), support the facilitator's approach, since both studies suggest that the facilitator needs to use his/her expertise to encourage students to engage in reflection activities after a learning experience in the community, as a means of sharing their experiences.

(b) Individual reflection

According to Blewitt et al. (2018), individual reflection allows students to enhance their awareness of feelings and emotions associated with their learning experiences. This increased awareness enables them to conduct regular self-assessments, to recognise the positive and negative experiences that enhance/impede their emotional intelligence (Blewitt et al., 2018; Kolb, 2015; Connor et al., 2011). This directly impacts the APNG's capacity to recognise the implications of diversity in social construction, within the community and among group members, which enables them to behave appropriately.

(c) Using reflection in professional practices

Utilising reflection in professional practices facilitates stimulating discussions, or written reflections, which develop the APNG's understanding of the social issues of the community at hand (Lovat & Clement, 2016). The findings of this current study highlight the impact of reflection on the facilitation of continuous professional development. The findings of a study conducted by Bryant-moore et al. (2018) reveal that reflective activities facilitate the students' development, in terms of the awareness and understanding of their engagement with the community, as part of their learning activity. This implies that, once these APNGs had engaged in reflective practices, they were able to transfer their learning experiences in the community, to generate an abstract understanding of their role as advanced nurse specialists (Stoecker, 2018; Roskell et al., 2012).

(d) Engaging in reflection as a group

Engaging in reflection as a group is considered a collaborative effort, which allows group members to exchange their experiences, understanding, newly gained knowledge and skills, throughout their engagement with the community (Venter, Erasmus, & Seale, 2015). Similarly, the findings of this current study revealed that the APNGs engaged in structured reflections as a group, after their contact with the community, to gain a common understanding of the needs of the community, and to inform their interventions.

5.5. Theme 3: Personal and academic growth

Personal and Academic growth have been highlighted as the resulting benefits of engaging in a SL project that is well operationalised, within a discipline-based programme (Farber, 2017; Lovat & Clement, 2016; Venter et al., 2015). Personal growth, through SL, is considered a transformative experience, when the APNGs become aware and analyse their learning experiences, in terms of their values, beliefs and actions, which enhances their understanding (Sanders et al., 2016). Academic growth, through the use of SL, could be associated with enhanced basic learning skills and high-level learning skills (Tietjen, 2016).

The enhanced basic learning skills refers to the APNG's ability to enhance the community's knowledge of mental illnesses, by replacing their myths (associated with mental illness) with facts. The enhanced high-level learning skills enables APNGs to think critically, as well as evaluate their knowledge and skills, in order to fit the context from the perspective of an advanced psychiatric nurse specialist. The findings of a study conducted by Roskell et al. (2012) acknowledge the implications of the SL experience for a student's personal and professional development. This theme highlights some of the challenges, as well as positive experiences that were revealed by the APNGs, during their SL project. The following categories are associated with this theme, namely: *(a) Resilience and (b) Positive experiences.*

5.5.1. Category 1: Resilience

Resilience involves the capacity of APNGs to adapt, as well as cope, positively, with factors such as stress, and adversity to overcome challenges, in order to achieve their objectives (Osman et al., 2013). Foster et al. (2019) suggest that a nurse's positive adaption to stress and adversity, during their learning experiences, is facilitated through enhanced personal characteristics, such as hope, coping, and self-efficacy. The implication of being able to cope with various situations is important, as the advanced psychiatric nurse specialist needs to promote mental health in all settings, to cultivate resilience (SANC, 2018). The following codes emerged in the data analysis under this category, namely: *(a) Time management; (b) The academic demand; (c) Lack of group participation in collaboration and (d) Diversity in collaboration.*

(a) Time management

Time management is considered an important skill that directly impacts the APNGs' ability to provide effective and efficient care (Nayak, 2018). Time management skills

could be considered an important component of self-management, which enables the APNGs to manage their academic demands, with other personal daily tasks (Miller, 2016). This implies that, in every stage of their SL project, APNGs need to devote a certain amount of time, to decrease the stress and pressure associated with their learning experiences. The APNGs in this current study reported that the time provided to complete their SL project was insufficient, which resulted in increased pressure.

(b) The academic demand

Roskell et al. (2012) only highlight emotional aspects, as factors that a student should overcome, to develop personally and professionally. However, the findings of this current study revealed that the SL project was academically demanding, which added more stress, causing strain on the APNGs' personal, emotional, and physical wellbeing. Additionally, Stoecker (2018) suggests that personal transformation, through the development of personal resilience during the SL project, directly impacts a student's capacity to cope with adversity. In nursing, effective work-life balance is considered a strategy to reflect, and develop effective resilience (Foster et al., 2019). Once the APNGs understand their learning experiences, they could identify a problem and start to think, critically, about the impact of the academic demands on their wellbeing (Tietjen, 2016).

(c) Lack of group participation in collaboration

Active participation is one of the key elements that could impact the APNGs' learning experiences (Gerholz et al., 2018; Roskell et al., 2012; Furco, 1996). In nursing, workgroups are formed, and coordinated to implement care (Valente et al., 2014). Similarly, Jakubowski et al. (2018) highlight the impact of active collaboration on the students' learning experience, and regard it as an effective method to conduct a needs assessment of the community. This implies that APNGs should be able to accept responsibility and accountability, as well as work independently, as part of a team, towards a common goal (SANC, 2018).

(d) Diversity in collaboration

Group diversity could be defined as the characteristics of individuals, who are from different social groups, and objectively, or subjectively, different; therefore, people may be diverse, in terms of their gender, age, and ethnicity (Patrick et al., 2012). In nursing, collaboration towards care is imperative, to ensure that nurses work together as a group, to achieve a common goal (SANC, 2018). However, factors in diversity, namely, gender,

race, personality, culture, and religion, could make group work a potentially positive, or challenging experience.

The findings of this current study concur with those of DeLucia-Waack et al. (2011), which reveal that diversity in groups, potentially, could enhance or disrupt a group from functioning and achieving a goal. According to the findings of this current study, some APNGs, at times during their SL project, experienced diversity in their group as challenging; however, they had to adapt and overcome this diversity, to achieve their goals as a group. However, others felt that the group diversity was a positive aspect of their learning experience that strengthened their group work.

5.5.2. Category 2: Positive experiences

A positive experience could be described as emotions that are associated with happiness, love, selflessness, or simply enjoying a stimulating occurrence (Lambert et al., 2013). By valuing their SL project as a positive experience, these APNGs emphasised their awareness of the positive impact, their learning experiences stimulated, in terms of preparing them to be advanced psychiatric nurse specialists (Favish et al., 2016). The following codes emerged in the data analysis under this category, namely: (a) *Facilitation of SL experiences*; (b) *Positive SL engagement experiences* and (c) *Personal development through responsiveness*.

(a) Facilitation of SL experiences

The facilitation of SL experiences has a profound impact on the learning experiences of APNGs, to ensure that both the APNG, as a service provider, and the community service recipient, benefit substantially (Kelly, 2013). Some APNGs emphasised the supportive role of their facilitator, which positively impacted their learning experiences, during their SL project. The findings of this current study concur with those of Brown, Schmidt, and Schmidt (2016), which highlight the role of the facilitator, towards ensuring that the APNG's awareness is enhanced, regarding the impact of nursing care, to address the diverse needs of the community. However, an APNG also reported that there was a need for more support from facilitators, as the findings of a study conducted by Roskell et al. (2012) highlighted the lack in support by the facilitator, which resulted in the termination of a SL project. As the findings of this current study revealed no indication of any SL

project being terminated, it does signify the development of independence and self-reliance (University of Edinburgh, 2019; SANC, 2014).

(b) Positive SL engagement experiences

The findings of this current study are similar to those of a study conducted by Thomas (2017), which suggest that positive SL engagement experiences could be associated with being able to address the needs of the community, as well as the emotional satisfaction of being able to build a relationship with the community, through interaction on a primary level. Casey et al. (2008), in their study, further assert that nursing students reported an association between their engagement with the community as a positive experience and the opportunity to use their acquired knowledge and skills in the community learning site

(c) Personal development through responsiveness

Responsiveness to the needs of the community, allows the APNGs to enhance their knowledge, competencies, and commitment, to continuously develop themselves, personally (Alexander et al., 2013). Their willingness to respond to the social and economic needs, as well as their commitment to find solutions, enables them to discover and refine their role in dismantling the existing social inequalities, which hinder the re-engineering of community mental health services (Makgoba, 2017; RSA, DoH, 2013)

5.6. Theme 4: Transforming the elements of care

Transforming the elements of care refers to change, through the use of transformative approaches, to develop healthcare professionals, who can address the increasingly diverse health needs in society (Venter, 2013). A study conducted by Pfeffermann and Kurth (2014) highlights the need for HEIs to provide healthcare professionals with learning opportunities that enable them to manage health settings with diverse needs and limited resources, as part of their clinical learning. The implications of such opportunities would enable APNGs to reform and adopt new professional competencies, associated with providing mental healthcare services in complex health systems in the community (Smith-Tolken, 2013). This transformative learning experience alters the depth of their perceptions and interpretations, which affects their ethical commitments towards societal transformation, while developing the richness of their academic and clinical learning (Venter et al., 2015; Smith-Tolken, 2013). The following categories are associated with this theme namely: *(a) Ethics in care; (b) Evidence-based nursing practices; (c) Professional growth.*

5.6.1. Category 1: Ethics in care

Ethics in care refers to a trait that guides the APNGs' behaviour, which directly impacts the way the APNGs engage with the community and each other (Uys et al., 2014; Bruce et al., 2011). The SANC (2018) suggests that APNGs should understand and practice the standards, which conform to the code of ethics associated with nursing, through caring. This implies that, when these APNGs respond to the needs of the community, their decisions should be favourable to all stakeholders, including those, who are vulnerable (Du Plessis & Van Dyk, 2013; HEQC, 2008). The APNGs' ethical behaviour in the community setting, enhances their ability to use their cognitive and emotional readiness, to enable transformation within the community (Sanders et al., 2016). In health, "Batho Pele" means *putting the people first*, which are the principles that were developed within public services, including healthcare, to guide ethical behaviour, and professional conduct, as well as improve person-centred quality care (Republic of South Africa [RSA], Department of Public Service & Administration [DPSA], 2014, pp.1; RSA, Western Cape Government, DoH). These eight principles are: *consultation; setting service standards; increasing access; showing courtesy; giving information; being transparent; redress; and value for money*. Their core function is to promote and maintain the standard in public services, by acknowledging the basic rights of humans, as well as guiding the ethical behaviour of the professional healthcare providers. The following code emerged in the data analysis under this category namely: *(a) Identifying community leaders and key stakeholders of the community*.

(a) Identifying community leaders and key stakeholders of the community

Community leaders serve as gatekeepers and liaison officials between the APNGs, as part of the HEIs, and the community (Osman et al., 2013). The gatekeepers fulfilled an important role in providing the APNGs with access to the community. Community gatekeepers need to be included in all discussions, to ensure that the visions and goals of the community are considered, during the planning phase of the SL project (Du Plessis et al., 2013; Clinical and Translational Science Awards Consortium Community Engagement Key Function Committee Task Force, 2011). Consultation with the gatekeepers and key stakeholders of the community is associated with the first Batho-Pele principle, which was published in The White Paper on the Transformation of the South African Public Services, in October 1997 (Khoza et al., 2010). James et al. (2015) suggest that consultations with the gatekeepers and key stakeholders should comprise the

nature of the service that will be provided. This implies that the APNGs needed a clear work plan for the gatekeepers and key stakeholders, to ensure that they understood what the APNGs were aiming to achieve in the community. Additionally, consultations could influence the gatekeepers and key stakeholders to facilitate the APNGs' request for access to the community (RSA, DPSA, 2014). Once the APNG had access to the community, they could ensure that the community provided proper input, when decisions were being made.

5.6.2. Category 2: Evidence-based nursing practices

APNGs adhere to evidence-based nursing practices, when they take the time to plan, and conduct research that will inform their practices (Heatherington et al., 2017; Dubus, 2014). Using their research skills, APNGs search existing literature, using various methods to generate an understanding regarding the effectiveness, quality, and relevance of certain mental health interventions in a community setting (Ching, 2018). Additionally, SANC (2018) highlights the relevance of research, as a means of preparing to address a situation, which is considered a skill that enhances the nurse's professional practice. The following codes emerged in the data analysis under this category namely: *(a) Research-based practices and (b) Enabling sustainable transformation.*

(a) Research-based practices

Research-based practices in nursing provide sound information about a situation, which could be used to inform the healthcare provider of the current trends in nursing practice (Brink et al., 2012). When the APNGs engage in research-based practices, they enhance their academic learning, which directly impacts their clinical practices, during their SL project. Makgoba (2017) highlights the importance of making decisions, based on evidence, to operationalise national health policies and strategies, at the primary level.

(b) Enabling sustainable transformation

Sustainable transformation refers to achieving a long-term developmental impact of care on the community (Osman et al., 2013). Understanding the depth of their interventions towards transforming the community, enabled the APNGs to compare their progress, based on the findings of existing literature. This further enabled the APNGs to consider the implementation of mechanisms that promote continuity, to ensure sustainable community development. The APNGs reported that they developed training material,

which could be used in the future, to ensure continuity in the development of the community.

5.6.3. Category 3: Professional Growth

Professional growth is facilitated through learning experiences, which occur when APNGs are involved in situations that allow them to recognise and overcome their limitations (Wain, 2017). The impact of their learning experience extends beyond the completion of their academic content, as it also prepares them for their role as advanced nurse specialists (Lim, 2018). Recognising limitations enables the APNGs to assess and enhance their learning experience, which directly stimulates their motivation for continuous professional development (Feldacker et al., 2018). This shift, not only transforms the way the APNGs view the community, but it also ensures that, when they overcome their limitations, they maintain a high level of competency (Townsend et al., 2016). The following codes emerged in the data analysis under this category namely: (a) *Humanistic values*; (b) *Recognising responsibility*; (c) *Collaboration in care*; (d) *SL from a community perspective*.

(a) *Humanistic values*

The humanistic values in nursing care refer to the APNGs' ability to provide dedicated and compassionate mental healthcare that is aimed at preventing mental illness, as well as maintaining and promoting the mental wellbeing of the community (Shahriari et al., 2013; Dossey et al., 2005). The continuous interaction among the APNGs and the community, enables the APNGs to understand the value of their behaviour, when responding to the diverse needs of the community (Bruce et al., 2011). The APNGs reported that the dynamics associated with the community's needs, enhanced their intention of doing good.

(b) *Recognising responsibility*

Recognising responsibility in addressing the needs of the community, enables the APNG to portray the values associated with caring in nursing (Farber et al., 2018). This implies that the caring could be associated with the APNGs' intrinsic motivation, which is portrayed by their eagerness and willingness to address the needs of the community (Lagarde et al., 2019). By engaging with the community, the APNGs were able to assess the motivation and desire associated with their intention to address the community's needs, as part of their learning experience (Hoffman et al., 2012). Their intrinsic

motivation, therefore, directly enhanced their awareness regarding the impact of sustained nursing care in a developing society (Blasdell, 2017).

(c) Collaboration in care

Collaboration in care required a platform, where the APNGs and the community could engage in a goal-directed approach, to address the diverse needs of the community (Venter et al., 2015). A study conducted by (Alexander et al., 2009) suggests that the commitment of HEIs to endorse SL projects has a positive impact on enhancing the APNG's learning experience. The current Health Care Plan 2030, highlights the government's commitment to developing systems that enable healthcare practitioners to gain access to academic content within networks (RSA, Western Cape Government, DoH, 2014). A study conducted by The APNGs' innovative strategy to develop professional networks, indicates their willingness to learn, as well as improve their knowledge and skills, to address the diverse needs of society (Alexander et al., 2013).

(d) SL from a community perspective

The voice of the community is considered a key strategy within the vision of quality care for the public health services (RSA, Western Cape Government, DoH, 2014). This implies that their opinions and concerns, no matter how diverse, need to be considered, to inform public health services. A recent report on the deaths of many mentally ill patients highlights the implications of failing to consider the concerns and opinions of the service recipients (Makgoba, 2017). By obtaining feedback from the community, these APNGs provided the community with a platform to voice their opinions, regarding the relevance of the services provided to them (Kelly, 2013).

In addition, the voice of the community is important for the shaping and developing of the standards of SL, within the learning programme (Clinical and Translational Science Awards Consortium Community Engagement Key Function Committee Task Force, 2011). By enabling the community to evaluate their interventions, they operationalised the national healthcare vision for mental health services, which is to grant a voice to the mental health patient (RSA, Western Cape Government, DoH, 2014). The APNGs reported that the community provided positive feedback, regarding the impact of their SL project.

5.7. Summary

In this chapter, the findings of the data analysis were discussed, based on the experiences of the advanced psychiatric nurse APNGs, involved in a SL project, at an HEI in the Western-Cape. The discussion of the findings revealed that the APNGs were engaged in a transformative learning experience, which enabled them to develop various competencies, underpinning the role of advanced psychiatric nurses. In Chapter 6, the limitations, recommendations, and conclusion of the study are discussed.



CHAPTER SIX

SUMMARY OF FINDINGS, LIMITATIONS, RECOMMENDATIONS, AND CONCLUSION

6.1. Outline

In the previous chapter, the findings of the study were presented and discussed. This final chapter comprises a summary of the findings, the limitations of the study, recommendations, based on the findings of the study, followed by the conclusion.

6.2 Summary of main findings

Four themes emerged from the semi-structured interviews, conducted with the advanced psychiatric nurse graduates. The main findings of each theme are summarised below:

6.2.1. Utilizing the community as a learning site

The mental health needs of the community could be utilized to develop socially responsive graduates, who would be able to function, independently, at primary health service level. Additionally, the graduates would be empowered to use their skills in the provision of preventative mental health promotion strategies, to address the diverse needs of the community. Therefore, HEIs should be urged, as part of the triad in a partnership (HEI/Graduate/Community), to create learning and teaching opportunities for graduates within the community. The participants reported that the community was very welcoming, allowed them access, and was willing to facilitate their SL project within the community. The graduates were able to build a partnership, based on trust and openness, while the community was included in pertinent discussions. Some of the participants reported that the community's willingness to provide a platform for them to engage in a learning and teaching activities, as part of their programme, convinced them to acknowledge the community as a critical partner in their learning experience, alongside the HEI. The partnership between the graduates and the community was reciprocal in nature, implying that the SL project was mutually beneficial. Some of the participants reported that they were able to align their learning outcomes with the needs of the community, which motivated them to empower the community.

The community as a learning site contributed towards the shaping of the graduate, as some of the participants disclosed that the SL project provided them with the opportunity to connect their theoretical learning with clinical experience. This authentic learning experience made them aware of the diversity encapsulated in the mental health needs of the community. Some of the participants reported that, after conducting the community assessment, the graduates discovered that the community had various underlying factors diverse needs, such as poverty, gangsterism, substance abuse, and gender-based violence, which negatively impacted their mental wellbeing.

6.2.2. Key elements relating to reflection

The graduates were required to engage in structured reflection practices, individually and in groups, after each contact session with the community. Some of the participants reported that their facilitator was instrumental in ensuring that they, accordingly, reflected after each session. Structured reflection practices had a positive impact on the graduates' awareness and understanding of intrinsic factors, such as their feelings, emotions, and thinking, while gaining insight into their learning experiences. A few participants mainly reported that engaging in reflective practices during their learning experiences, enhanced their personal and professional knowledge.

Structured reflective practices expand the depth of academic learning, which directly impacts the graduate's clinical skills, reasoning, and judgment. The participants reported that, engaging in structured reflection activities, enhanced their insight into the competencies and skills required to address the needs of the community, as advanced psychiatric nurse specialists. Several of the participants reported that, engaging in reflection practices, developed their ability to respond more maturely to certain adverse situations that developed in the community. This implied that the structured reflection practices helped them to develop, personally and professionally, by enhancing their emotional intelligence.

The graduates applied reflection through discussions and journals, which impacted their capacity to recognise the implications of diversity in social construction, and ensured that each member of the group gained a common understanding of the community's needs. In addition, the participants reported that, due to the interactive nature of reflective

practices, they were able to plan the way forward, in terms of addressing the needs of the community.

6.2.3. Personal and academic growth

SL is considered a compulsory learning and teaching activity; therefore, graduates are required to use positive adaptive and coping strategies to overcome challenges associated with their learning experiences, to achieve the objectives associated with their learning and teaching activity, successfully. Additionally, these graduates were expected to advance their academic learning, comprehend the deeper meaning of their learning and teaching activity, and develop their cognitive, as well as emotional readiness to improve the mental wellbeing of the community.

The participants disclosed that group work was one of the main challenges of the SL project, mainly because of certain factors, such as, active participation, and group diversity. Firstly, some of them reported that group members were not actively participating in the SL project. This lack of active contribution towards the achievement of their goals, may have impacted the workload of other group members. A few participants reported that the workload, such as tests, employment duties, exams, and the SL project, were challenging at times, constricting them from attending to another aspects of their lives, namely, families and friends. Despite this, some felt that the group was very supportive, which had a positive effect on their interpersonal relationship. However, some participants also considered that the time allocated for the SL project was limited, which made the course demanding, at times. In general, most of the participants expressed that, in the future, a longer period would have to be allocated to conduct their SL projects.

Secondly, the participants reported that group diversity was another major challenge they faced while working in a group; however, they also highlighted that, eventually, the diversity of the group enhanced their learning experience. Participants also reported that various factors such as team building sessions, as well as supportive group collaboration, using social media platforms, such as WhatsApp groups, significantly contributed to their positive group work experience. In general, the participants were of the opinion that the SL project was a positive learning experience.

6.2.4. Transforming the elements of care

Graduates are expected to improve their academic learning and clinical practices, when providing mental healthcare services, within complex health systems in the community. Due to the diverse needs of the community, these graduates had to address the needs of the community, by providing holistic care, to enable a transformative shift in the mental wellbeing of the community. Some participants reported that they had used preventative health promotion strategies, such as training materials, as a form of intervention to transform the mental wellbeing of the community.

To generate the information required to develop relevant, effective, and quality preventative strategies, the graduates used the information obtained from their community assessment, as a base to guide their search for existing literature, to inform their practice and decisions. Consequently, some of the participants reported that their preventative strategies had a positive impact on the empowerment of the community. Creating a platform, for graduates to engage with the community, in *their* environment, required that the graduates adhere to various conditions, including, respecting the boundaries of the community, and being conscious about how they address the community. Importantly, the graduates were expected to build trusting relationships with members of the community; thereby, paving the way for the ethics of clinical practices, which needed to be considered. The Batho-Pele principles, personal values, and the ethical conduct, associated with nursing and the HEI, emerged during their learning experience. Consequently, some of the participants reported that the community entrusted sensitive information to them; therefore, they were compelled to adhere to the ethical principles associated with nursing, such as privacy and confidentiality.

To ensure that the graduates achieved their shared goals with the community, they conducted surveys to obtain feedback from the community. The participants reported that the community provided them with positive feedback regarding the relevance and impact of their SL project.

6.3. Limitations of the study

The study was conducted at an HEI in the Western Cape, and the participants were recruited in the Cape Metropolitan area; thereby limiting the study to only one geographical area. The

population of interest for this study comprised 50 advanced psychiatric nurse graduates from the years 2010 to 2018. Considering that the study was conducted between 1 and 9 years after these participants were involved in a SL project, may have impacted their recollection of the SL project. In addition, the results of the study do not represent the experiences of advanced psychiatric nurse graduates involved in a SL project at other HEIs that offer the Advanced Psychiatric Nursing in Masters Programme. Therefore, the findings are limited to one HEI setting, and cannot be generalised beyond the study context, as it is specifically applicable to this study context.

6.4. Recommendations for education and practices

- The SL project should form part of the graduate's structured orientation programme, which should allow previous graduates the opportunity to hand-over SL projects. This implies that graduates would be expected to conclude their SL projects, using various technological platforms to highlight variances that were not addressed.
- The facilitator should engage with platforms that seek to promote SL within the HEI, by reporting the SL project to the CE unit, to persuade the HEI to endorse and develop SL as a learning and teaching activity in the School of Nursing, with the community.
- The voice of the community should be empowered further in the shaping of graduates, by providing them with opportunities to conduct their own assessments of the graduates' engagements, based on basic ethical considerations, such as the Batho-Pele principles.

6.5. Recommendations for future research

- This research should be expanded to other HEIs that have operationalised SL in their advanced psychiatric nursing programme, to provide a broader view of the experiences of the advanced psychiatric nurse graduates involved in a SL project.
- Further research should be conducted on the experiences of the community, regarding SL projects, as a means of addressing their mental health needs.

6.6. Conclusion

This study explored the experiences of the advanced psychiatric nursing graduates involved in a Service-Learning (SL) project at a Higher Educational Institution in the Western Cape. Based on the findings of this study, the researcher has made recommendations that may enhance the

learning experiences of the graduates, while addressing the needs of the community at hand. The researcher anticipates that the proposed recommendations will be implemented to help resolve the numerous challenges that graduates face, during their involvement in a SL project.



REFERENCES

- Alexander, M., Daniels, P., & Adonis, T. (2009). The ideal learning site: Requirements for Service-learning placements in health-sciences modules. In *Service-learning in Higher Education: Paradigms & Challenges* (pp. 73–81). United States of America: University of Indianapolis Press.
- Alexander, G., & Khabanyane, M. (2013). Service-learning as a response to community/school engagement : Towards a pedagogy of engagement. *Perspectives in Education*, 31(2), 102–113.
- Alston, G. D., Clegg, T. E., Clodfelter, R. J., Drye, K. C., Farrer, J. V., Gould, D., ... Ray, S. L. (2015). Reflections from graduate adult learners about service-learning . *Adult Learning*, 27(4), 175–177. <https://doi.org/10.1177/1045159515615844>
- Armstrong, M. (2006). *Human Resource Management Practice* (10th ed.). London, England, United Kingdom: Kogan Page Limited.
- Asghar, M., & Rowe, N. (2017). Reciprocity and critical reflection as the key to social justice in service-learning : A case study. *Innovations in Education and Teaching International*, 54(2), 117–125. <https://doi.org/10.1080/14703297.2016.1273788>
- Babbie, E., & Mouton, J. (2001). *The practice of social research*. Cape Town, Western Cape, South Africa: Oxford University Press.
- Barroso, C., Spence, M., Hill, C., Rodgers, M., Jennings, K., Parkman, K., & Waddill, M. (2019). Maternal and Child Health Nutrition Faculty and trainees work collaboratively with community partners to assess afterschool nutrition environments. *Maternal and Child Health Journal*, 23(3), 292–297. <https://doi.org/10.1007/s10995-018-2653-4>
- Bender, G., & Jordaan, R. (2007). Student perceptions and attitudes about Community Service-learning in the teacher training curriculum. *South African Journal of Higher Education*, 27(4), 631–654.

- Blasdell, N. D. (2017). The Meaning of Caring in Nursing Practice. *International Journal of Nursing & Clinical Practice*, 4(238), 1–5. <https://doi.org/10.15344/2394-4978/2017/238>
- Blewitt, J. M., Parsons, A., & Shane, J. M. Y. (2018). Service-learning as a high-impact practice: Integrating business communication skills to benefit others. *Journal of Education for Business*, 93(8), 412–419. <https://doi.org/10.1080/08832323.2018.1498315>
- Boland, J. (2010). Teaching and learning through civic engagement: prospects for sustainability in teacher education. *Issues in Educational Research, Special Issue on Service-learning*, 20(1), 1–20.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. Retrieved from <http://dx.doi.org/10.1191/1478088706qp063oa>
- Brink, H., Van der Walt, C., & Van Rensburg, G. (2012). *Fundamentals of Research Methodology for Healthcare Professionals* (D. Ristic, Ed., 3rd ed.). Cape Town, Western Cape, South Africa: Juta and Company Ltd.
- Brown, J., & Schmidt, N. A. (2016). Service-learning in undergraduate nursing education: Where is the reflection? *Journal for Professional Nursing*, 32(1), 48–53. Retrieved from <https://doi.org/10.1016/j.profnurs.2015.05.001>
- Bruce, J., Kollper, H., & Mellish, J. (2011). *Teaching and Learning the practice of nursing* (5th ed.). Cape Town, Western Cape, South Africa: Heinemann Publishers.
- Bryant-Moore, K., Bachelder, A., Mps, M. P. H., Rainey, L., Hayman, K., Bessette, A., & Williams, C. (2018). Use of service-learning to increase master's-level nursing students' understanding of social determinants of health and health disparities. *Journal of Transcultural Nursing*, 29(5), 473–479. <https://doi.org/10.1177/1043659617753043>
- Burns, N., & Grove, S. (2011). *Understanding nursing research* (5th ed.). Philadelphia, PA., USA: Saunders.

Casey, D., & Murphy, K. (2008). Irish nursing students' experiences of service-learning. *Nursing and Health Sciences*, 10(4), 306–311. <https://doi.org/10.1111/j.1442.2018.2008.00409.x>

Ching, S. H. (2018). Turning a service-learning experience into a model of student engagement: The Lighthouse Heritage Research Connections (LHRC) Project in Hong Kong. *The Journal of Academic Librarianship*, 44(2), 196–206. <https://doi.org/10.1016/j.acalib.2018.02.007>

Clinical and Translational Science Awards Consortium Community Engagement Key Function Committee Task Force. (2011). *Principles of community engagement* (2nd ed.). NIH Publication No. 11-7782. Washington, DC., USA: Department of Health & Human Services USA. Retrieved from https://www.atsdr.cdc.gov/communityengagement/pdf/PCE_Report_508_FINAL.pdf

Connor, K., Lynch, K., & David, O. (2011). Student-community engagement and the development of graduate attributes. *Education and Training*, 53(2/3), 100–115. <https://doi.org/10.1108/00400911111115654>

Corporation for National & Community Service. (2007). *Issue brief: The Impact of Service-Learning: A Review of Current Research*. Washington, DC., USA: Corporation for National & Community Service. Retrieved from https://www.nationalservice.gov/sites/default/files/documents/issuebrief_service-learning.pdf.

Council on Higher Education [CHE]. (2011). *Work-intergrated learning: Good practice guide*. HE Monitor No. 12. Pretoria, Gauteng, South Africa: Council on Higher Education. Retrieved from http://www.ru.ac.za/media/rhodesuniversity/content/communityengagement/documents/Higher_Education_Monitor_12.pdf

DeLucia-Waack, J., & Polzer, J. (2011). Diversity in Groups. In R. K Conyne (Ed.), *The Oxford Handbook of Group Counseling* (pp. 1–14). New York, NY., USA: Oxford University Press <https://doi.org/10.1093/oxfordhb/9780195394450.013.0006>

- De Vos, A. S., Strydom, H., Fouché, C. B., & Delport, C. S. L. 2011. *Research at grass roots For the social sciences and human service professions* (4th ed.). Pretoria, Gauteng, South Africa: Van Schaik.
- Dictionary.com (2020). 'Experience' definition. Retrieved from www.dictionary.com/browse/experience.
- Doodhnath, M. (2013). *Experiences of advanced psychiatric nurses on their practice in an Occupational Specific Dispensation hospital setting* (Unpublished master's thesis). University of the Western Cape. Bellville, Western Cape, South Africa.
- Dossey, B., Keegan, L., & Guzzetta, C. (2005). *Holistic nursing: Holistic nursing a handbook for practice* (4th ed.). Sudbury, MA., USA: Jones and Bartlett Publishers.
- Dubus, N. (2014). Applied Learning : A project for graduate social work students. *Social Work Education*, 33(2), 254–270.
- Duma, S., De Swardt, H., & Khanyile, T. (2008). *Fundamentals of Nursing: Fresh perspectives*. Cape Town, Western Cape, South Africa: Philippa van Aardt.
- Du Plessis, C., & Van Dyk, A. (2013). Integrating the community voice into service-learning: Engaging with communities. In R. Osman & N. Petersen (Eds.), *Service-Learning in South Africa* (pp. 59–84). Cape Town, Western Cape, South Africa: Oxford University Press Southern Africa.
- Du Preez, P., Simmonds, S., & Verhoef, A. (2016). Rethinking and researching transformation in higher education: A meta-study of South Africa trends. *Transformation in Higher Education*, 1(1).
- Farber, K. (2017). Learning by doing: Service-learning as a means of personal growth in the middle grades. *Current Issues in Middle Level Education*, 22(1), 1–9.
- Farber, K. & Bishop, P. (2018). Service-learning in the Middle Grade: Learning by doing and caring. *Research in Middle Level Education*, 41(2), 1–16. <https://doi.org/10.1080/>

19404476.2017.1415600

Favish, J. (2010). *Towards developing a common discourse and a policy framework for social responsiveness* (Community Engagement Kagisano Series No. 6, pp. 89–103). Pretoria, Gauteng, South Africa: Council on Higher Education/Jacana Media.

Favish, J., & Simpson, G. (2016). *South African Higher Education Reviewed: Two Decades of Democracy*. Council on Higher Education. Pretoria, Gauteng, South Africa: CHE. <https://doi.org/10.3102/0002831209359419>

Feldacker, C., Jacob, S., Chung, M. H., Nartker, A., & Kim, H. N. (2017). Experiences and perceptions of online continuing professional development among clinicians in sub-Saharan Africa. *Human Resources for Health*, 15(1), 1–8. <https://doi.org/10.1186/s12960-017-0266-4>

Firestone, M. (2015). *What is Experiential Learning? - Definition, Theories & Examples*. Retrieved from <https://study.com/academy/lesson/what-is-experiential-learning-definition-theories-examples.html>.

Fleck, B., Hussey, H. D., & Rutledge-Ellison, L. (2017). Linking class and community: An investigation of service-learning. *Teaching of Psychology*, 44(3), 232–239. <https://doi.org/10.1177/0098628317711317>

Ford, M., Neilan, R., & Moscou, S. (2017). International Service-Learning Projects: A role for nursing students. *Journal of the New York State Nurses Association*, 45(2), 19–23.

Foster, K., Roche, M., Delgado, C., Cuzzillo, C., Giandinoto, J. A., & Furness, T. (2019). Resilience and mental health nursing: An integrative review of international literature. *International Journal of Mental Health Nursing*, 28(1), 71–85. <https://doi.org/10.1111/inm.12548>

Friedman, I. (2019). *Innovations that have transformed the health system in South Africa*. New York, NY., USA: Atlantic Philanthropies.

Furco, A. (1996). Service-learning: a balanced approach to experiential education. In B. Taylor

and Corporation for National Service (Eds.), *Expanding Boundaries: Serving and Learning* (pp. 2–6). Washington, DC., USA: Corporation for National Service.

Gerholz, K. H., Liszt, V., & Klingsieck, K. B. (2018). Effects of learning design patterns in Service-learning courses. *Active Learning in Higher Education*, 19(1), 47–59. <https://doi.org/10.1177/1469787417721420>

Gibbs, G. (1988). *Learning by doing, A guide to teaching and learning methods*. Oxford, England, United Kingdom: Further Education Unit Oxford Polytechnic: Oxford.

Gibbs, G. (2013). *Learning by doing*. Oxford, England, United Kingdom: Oxford Centre for Staff and Learning Development.

Gottlieb, B. (2009). Using the Kolb Learning Cycle in Service-learning. Retrieved from www.scribd.com/document/321969033/CCPH-SLI-Learning-Styles-and-Service-Learning-Part-2-pdf

Grove, S., Burns, N., & Gray, J. (2012). *The practice of nursing research* (7th ed.). St Louis, MO., USA: Elsevier.

Hall, H. (2010). *Community Engagement in South African Higher Education* (Community Engagement Kagisano Series No. 6, pp. 1–51). Pretoria, Gauteng, South Africa: Council on Higher Education/Jacana Media.

Heatherington, T., & Zerilli, F. (2017). Anthropologists witnessing and reshaping the neoliberal academy. *Anuac*, 6(1), 23–98. <https://doi.org/10.7340/anuac2239-625X-2988>

Higher Education Quality Committee [HEQC]/JET Education Services. (2006a). *A good practice guide and self-evaluation instruments for managing the quality of service-learning*. Pretoria, Gauteng, South Africa: Council on Higher Education.

Higher Education Quality Committee [HEQC]. (2006b). *Service-learning in the curriculum: A resource for higher education institutions*. Pretoria, Gauteng, South Africa: Council on Higher Education.

- Higher Education Quality Committee [HEQC]. (2008). *Service-learning in the disciplines lessons from the field*. Pretoria, Gauteng, South Africa: Community Higher Education Service Partnerships(CHESP). Retrieved from <http://www.che.ac.za>
- Hoffman, J., & Julie, H. (2012). The academic transitional experiences of masters' students at the University of the Western Cape. *Curationis*, 35(1), 33. <https://doi.org/10.4102/curationis.v35i1.33>
- Hunt, K. P., & Krakow, M. M. (2015). The Best of Both Worlds: Exploring Cross-Collaborative Community Engagement. *Journal of Effective Teaching*, 15(2), 87–98. Retrieved from <https://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,shib&db=eric&AN=EJ1077241&site=ehost-live&scope=site&custid=s1123049>
- Jakubowski, L., & Mcintosh, M. (2018). Resistance versus Transformation: Exploring the transformative potential of high-impact service-learning experiences. *Partnerships: A Journal of Service-Learning and Civic Engagement*, 9(1), 51–62. Retrieved from <http://libjournal.uncg.edu/prt/article/view/1563>
- James, S., & Miza, T. M. (2015). Perceptions of professional nurses regarding introduction of the Batho Pele principles in State hospitals. *Curationis*, 38(1), 1–9. <https://doi.org/10.4102/curationis.v38i1.1128>
- Jia, X., Jung, J., & Ottenbreit-Leftwich, A. (2018). Learning technology integration from a service-learning project: Connecting preservice teachers to real-world problems. *Journal of Experiential Education*, 41(3), 261–276. <https://doi.org/10.1177/1053825917738269>
- Julie, H. (2014). *The development of an implementation framework for service-learning in the undergraduate nursing programme in the Western-Cape* (Unpublished doctoral dissertation). University of the Western Cape, Bellville, Western Cape, South Africa.
- Julie, H. (2015). Piloting of a service-learning pedagogical model : Students' perceptions of the gender-based violence service-learning module at a school of nursing in the Western Cape, South Africa. *African Journal for Physical Health Education, Recreation and Dance*, 2015(October), 316–335.

Julie, H. (2017). *Child and adolescence mental health (NAP 814)*. Module Guide. Bellville, Western Cape, South Africa: University of the Western Cape.

Julie, H., Adejumo, O., & Frantz, J. (2015). Cracking the nut of service-learning in nursing at a higher educational institution. *Curationis*, 38(1), 1–9. <https://doi.org/10.4102/curationis.v38i1.117>

Julie, H., Daniels, P., & Adonis, T. (2005). Service-learning in nursing : Integrating student learning and community-based service experience through reflective practice. *Health SA Gesondheid*, 10(4), 41–54. <https://doi.org/10.4102/hsag.v10i4.206>

Julie, H., Daniels, F., & Khanyile, T. (2007). Service-learning : A creative means of teaching nursing. *JCHS*, 2(1), 48–55.

Kabir, S. (2016). Methods of data collection. In *Basic guidelines of research: An introductory approach for all disciplines* (1st ed., pp. 201–275). Chittagong-4203, Bangladesh: Book Zone Publication.

Kelly, M. J. (2013). Beyond Classroom Borders: Incorporating Collaborative Service-learning for Adult student. *Adult Learning*, 24(2), 82–84. <https://doi.org/10.1177/1045159513477844>

Khoza, V., Du Toit, H., & Roos, J. (2010). Implementation of the “Batho Pele” (people first) principles in one public hospital in South Africa: Patients’ experiences. *Africa Journal of Nursing and Midwifery*, 12(2), 56–68.

Kolb, D. A. (1984). *Experiential learning: Experience as the source of learning and development*. Englewood Cliffs, N.J., USA: Prentice-Hall

Kolb, D. (2015). *Experiential Learning: Experience as the source of learning and development* (Second). Upper Saddle River, NJ., USA: Pearson Education Inc.

Kolb, A. & Kolb, D. (2009). *Experiential learning theory: a dynamic, holistic approach to*

management learning, education and development. In S. J. Armstrong & C. V. Fukami, *The SAGE handbook of management learning, education and development* (pp. 42–68). London, England, United Kingdom: SAGE Publications Ltd. <https://doi.org/10.4135/9780857021038.n3>

Lagarde, M., Huicho, L., & Papanicolas, I. (2019). Motivating provision of high quality care: it is not all about the money. *BMJ* 366(Clinical research ed.), 15210. <https://doi.org/10.1136/bmj.15210>

Lambert, N. M., Gwinn, A. M., Baumeister, R. F., Strachman, A., Washburn, I. J., Gable, S. L., & Fincham, F. D. (2013). A boost of positive affect: The perks of sharing positive experiences. *Journal of Social and Personal Relationships*, 30(1), 24–43. <https://doi.org/10.1177/0265407512449400>

Lee, J. J., Tippet, T. P., Townend, P. A., Clements, C. M., Boersma, J. M., & Hicks, R. A. (2018). Promoting Community Engagement: A Campus-Wide Approach to Applied Learning. *Partnerships: A Journal of Service-Learning and Civic Engagement*, 9(1), 31–43.

Lim, H. A. (2018). Service-Learning: Implications for the academic, personal, and professional development of criminal justice majors. *Journal of Criminal Justice Education*, 29(2), 1–12. <https://doi.org/10.1080/10511253.2017.1377742>

Lovat, T., & Clement, N. (2016). Service-learning as holistic values pedagogy. *Journal of Experiential Education*, 39(2), 115–129. <https://doi.org/10.1177/1053825916628548>

Lu, Y., & Lambright, K. (2010). Looking beyond the undergraduate classroom: Factors influencing service-learning's effectiveness at improving graduate students' professional skills. *College Teaching*, 58(4), 118–126. Retrieved from <http://www.jstor.org/stable/25763427>

Makgoba, W. M. (2017). The report into the “Circumstances Surrounding the Deaths of Mentally Ill Patients: Gauteng Province.” *Office of the Health Ombud* (Vol. 1). Johannesburg, Gauteng, South Africa: Health Ombud: Republic of South Africa.

https://doi.org/10.1007/978-3-642-04235-5_35

Matthews, P. H., Dorfman, J. H., & Wu, X. (2015). The impacts of undergraduate service-learning on post-graduation employment outcomes. *The International Journal of Research on Service-Learning and Community Engagement*, 3(1), 1–16. Retrieved from <http://journals.sfu.ca/iarslce>

Mcleod, S. (2017). Kolb's Learning Styles and Experiential Learning Cycle. Retrieved from <https://www.simplypsychology.org/learning-kolb.html>

Miller, A. (2016). *Tools for student self-management*. Retrieved from <https://www.edutopia.org/blog/tools-for-student-self-management-andrew-miller>

Mtawa, N., & Wilson-Strydom, M. (2018). Community Service-learning: Pedagogy at the interface of poverty, inequality and privilege. *Journal of Human Development and Capabilities*, 19(2), 249–265. <https://doi.org/10.1080/19452829.2018.1448370>

Murray, R. (2018). An overview of experiential learning in nursing education. *Advances in Social Sciences Research Journal*, 5(1), 1–6. <https://doi.org/10.14738/assrj.51.4102>

Nayak, S. G. (2018). Special article time management in nursing-hour of need. *International Journal of Caring Sciences*, 11(3), 1997–2000. Retrieved from www.internationaljournalofcaringsciences.org

Nooghabi, S. N., Iravani, H., & Fami, H. S. (2011). A study on present challenges on experiential learning of university students (University of Tehran, The Colleges of Agriculture and Natural Resources, Iran). *Procedia - Social and Behavioral Sciences*, 15(2011), 3522–3530. <https://doi.org/10.1016/j.sbspro.2011.04.329>

Osman, R., & Petersen, N. (2013). *Service-learning in South Africa*. Cape Town, Western Cape, South Africa: Oxford University Press.

Patrick, H. A., & Kumar, V. R. (2012). Managing workplace diversity: Issues and challenges. *SAGE Open*, 2(2), 1–15. <https://doi.org/10.1177/2158244012444615>

Parker, M. B. (2009). *Design, implementation and evaluation of a model for Service-learning in Pharmacy (SLIP) at a Tertiary Hospital* (Unpublished master's thesis). University of the Western Cape, Bellville, Western Cape, South Africa. Retrieved from <http://etd.uwc.ac.za/xmlui/handle/11394/4603>

Pfeffermann, G., & Kurth, A. (2014). Value of management education to enhance health systems. *Lancet Global Health*, 2(9), 504. [https://doi.org/10.1016/S2214-109X\(14\)70272-4](https://doi.org/10.1016/S2214-109X(14)70272-4)

Pike, G., Bringle, R., & Hatcher, J. (2014). Assessing Civic Engagement at Indiana University-Purdue University Indianapolis. *New Directions For Institutional Research*, 162, 87–97. <https://doi.org/10.1002/ir.20081>

Polit, D. F., & Beck, C. T. (2010). *Essentials of nursing research: Appraising evidence for nursing practice* (7th ed.). Philadelphia, PA., USA: Wolter Kluwer Health/Lippincott Williams & Wilkins.

Republic of South Africa [RSA], Department of Education [DOE]. (1997). *Education White Paper 3. A Programme for Higher Education Transformation*. Pretoria, Gauteng, South Africa: Government Printer.

Republic of South Africa [RSA], Department of Health [DoH]. (2013). *National Mental Health Policy Framework and Strategic Plan 2013-2020*. Pretoria, Gauteng, South Africa: Government Printer.

Republic of South Africa [RSA], Department of Public Service & Administration [DPSA]. (2014). *The Batho Pele Vision*. Pretoria, Gauteng, South Africa: Government Printer.

Republic of South Africa [RSA], Western Cape Government, Department of Health [DoH]. (2014). *Healthcare 2030: The road to wellness*. Pretoria. Retrieved from <https://www.westerncape.gov.za/assets/departments/health/healthcare2030.pdf>

Roskell, C., White, D., & Bonner, C. (2012). Developing patient-centered care in health professionals: Reflections on introducing service-learning into the curriculum.

International Journal of Therapy and Rehabilitation, 19(8), 448–457.

- Samuels-dennis, J., Xia, L., Secord, S., & Raiger, A. (2016). Health Advocacy Project : Evaluating the benefits of service-learning to nursing students and low income individuals involved in a community-based mental health promotion project. *International Journal of Nursing Education*, 13(1), 97–108. <https://doi.org/10.1515/ijnes-2015-0069>
- Sanders, M. J., Van Oss, T., & McGeary, S. (2016). Analyzing reflections in service-learning to promote personal growth and community self-efficacy. *Journal of Experiential Education*, 39(1), 73–88. <https://doi.org/10.1177/1053825915608872>
- Saylor, J., Hertsenberg, L., McQuillan, M., Connell, A. O., Shoe, K., Calamaro, C. J., ... & Calamaro, C. J. (2018). Effects of a service-learning experience on confidence and clinical skills in baccalaureate nursing students. *Nurse Education Today*, 61(November 2017), 43–48. <https://doi.org/10.1016/j.nedt.2017.11.009>
- Shahriari, M., Mohammadi, E., Abbaszadeh, A., & Bahrami, M. (2013). Nursing ethical values and definitions: A literature review. *Iranian Journal of Nursing and Midwifery Research*, 18(1), 1–8. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/23983720>
- Shenton, A. K. (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information*, 22(2), 63–75. <https://doi.org/10.3233/EFI-2004-22201>
- Smith-Tolken, A. (2013). *Service-learning across the globe: From local to transnational* (5th International Symposium Ser No. 5th). Stellenbosch, Western Cape, South Africa: Community Interaction and Personnel, Stellenbosch University.
- Smith-Tolken, A., & Bitzer, E. (2017). Reciprocal and scholarly service-learning: emergent theoretical understandings of the university–community interface in South Africa. *Innovations in Education and Teaching International*, 54(1), 20–32. <https://doi.org/10.1080/14703297.2015.1008545>
- Snyman, A. (2005). Service-learning and experiential learning as forms of experiential education : similarities and dissimilarities. *Journal for New Generation Sciences*, 3(1),

132-147.

South African Nursing Council [SANC]. (1985). *Regulations relating to the approval of and the minimum requirements for the education and training of a Nurse (General, Psychiatric and Community) and Midwife leading to registration*. Retrieved from <https://www.sanc.co.za/regulat/Reg-4yr.htm>.

South African Nursing Council [SANC]. (2013a). *Regulations relating to the accreditation of institutions as Nursing Education Institutions*. Retrieved from <https://www.sanc.co.za/regulat/Reg-acc.htm>

South African Nursing Council [SANC]. (2013b). The Relationship between the Scope of Practice, Practice Standards and Competencies. *Nursing Act, 2005*, 1–4. Retrieved from http://www.sanc.co.za/pdf/Competencies/SANC_Relationship_between_SOPs,_Practice_Standards_and_Competencies.pdf

South African Nursing Council [SANC]. (2014). Generic Competency Framework for Advanced Nurse Practitioners. *Nursing Act, 2005*, 1–6. Retrieved from http://www.sanc.co.za/pdf/Competencies/SANC_Competencies-Generic_Framework_for_Advanced_Nurse_Practitioners_2014-05.pdf

South African Nursing Council [SANC]. (2018). *Competencies for mental health nursing*. Pretoria. A collaborative report generated from on a workshop aimed at amending an existing SANC publication based on the competencies of advanced nurse practitioners Retrieved from <http://www.sanc.co.za/pdf/Competencies/Competencies%20-%20Mental%20Health%20Nurse.pdf>.

Stoecker, R. (2018). Students as partners in a service-learning programme: Speech pathology students on Cambodia. *Partnerships: A Journal of Service-Learning and Civic Engagement*, 9(1), 51–62. Retrieved from <http://libjournal.uncg.edu/prt/article/view/1563>

Streubert Speziale, H., & Carpenter, D. (2011). *Qualitative Research in Nursing: Advancing the Humanistic Imperative* (5th ed.). Hong Kong, China: Wolters Kluwer Health. <https://doi.org/10.4018/978-1-59140-575-7.ch001>

- Swazen, R. (2013). Elements needed for service-learning in an international higher education institution. In A. Smith Tolken & J. du Plessis (Eds.), *Service-Learning across the globe: From local to transnational* (pp. 9–19). Stellenbosch, Western Cape, South Africa. Retrieved through <https://ikamva.uwc.ac.za/content/whitepaper.pdf> from www.issl2013.co.za
- Thomas, M. (2017). Building community engagement : Incorporation of service-learning in a nursing curriculum. *Nurse Education Today*, 52(x), 63–65. <https://doi.org/10.1016/j.nedt.2017.01.013>
- Thomson, A. R., Smith-Tolken, A. R., Naidoo, A. V., & Bringle, R. G. (2010). Service-learning and Community Engagement: A Comparison of Three National Contexts. *VOLUNTAS: International Journal of Voluntary and Nonprofit Organizations*, 22(2), 214–237
- Tietjen, L. (2016). *Service-learning in teacher education individual and group experiences* (Unpublished doctoral dissertation). Manhattan, Ks., USA: Kansas State University.
- Townsend, L., Gray, J., & Forber, J. (2016). New ways of seeing: Nursing students' experiences of a pilot service-learning programme in Australia. *Nurse Education in Practice*, 16(1), 60–65. <https://doi.org/10.1016/j.nepr.2015.08.004>
- University of Edinburgh (2019). *Postgraduate study at Edinburgh: An overview of some key features of post graduate education at the University of Edinburgh*. Retrieved from <https://www.ed.ac.uk/institute-academic-development/postgraduate/taught/succeeding/pgstudy>
- University of the Western Cape [UWC]. (2009). *Charter of graduate attributes*. Bellville, Western Cape, South Africa: UWC. Retrieved from [https://www.uwc.ac.za/Students/SD/CSSS/Documents/Graduate Attributes Charter.pdf](https://www.uwc.ac.za/Students/SD/CSSS/Documents/Graduate%20Attributes%20Charter.pdf)
- University of the Western Cape [UWC]. (2016). *Institutional Operation Plan 2016-2020 White Paper*. Retrieved from <https://ikamva.uwc.ac.za/content/whitepaper.pdf>.

University of the Western Cape [UWC] (2017). Community Engagement Database Report. Bellville, Western Cape, South Africa: UWC. Retrieved from <https://www.uwc.ac.za/CE/Documents/CE%20Database%20Report.pdf>

University of the Western Cape [UWC]. (2019). *Faculty of Community & Health Science Calendar*. Retrieved from <https://www.uwc.ac.za/Faculties/CHS/Nursing/Pages/Postgraduate-Studies.aspx>

Uys, L., & Middleton, L. (2014). *Mental Health Nursing: a South-African Perspective* (6th ed.). Cape Town, Western Cape, South Africa: Juta and Company Ltd.

Van Huyssteen, M., & Bheekie, A. (2015). Embedding relevance in pharmacy training: A case study from South-Africa. *Pharmacy Education*, *15*(1), 270–274.

Valente, G., Fernandes, N., Braga, A., & Ferreira, D. (2014). A group dynamic as a strategy for teaching-learning in a nursing management course. *Revista de Pesquisa: Cuidado é Fundamental Online*, *6*(1), 312–319. <https://doi.org/10.9789/2175-5361.2014v6n1p312>

Venter, K. (2013). Students, academics and community as voyagers on a service-learning journey. In A. Smith Tolken & J. du Plessis (Eds.), *Service-Learning across the globe: From local to transnational* (pp. 117–125). Stellenbosch, Western Cape, South Africa: Planning Committee, International Symposium on Service-Learning 2013.

Venter, K., Erasmus, M., & Seale, I. (2015). Knowledge sharing for the development of Service-learning Champions. *Journal for New Generation Sciences*, *13*(2), 147-163.

Vogel, A. L., Seifer, S. D., & Gelmon, S. B. (2010). What influences the long-term sustainability of service-learning? Lessons from early adopters. *Michigan Journal of Community Service-Learning*, *17*(1), 59–74.

Wain, A. (2017). Learning through reflection. *British Journal of Midwifery*, *25*(10), 662–666. <https://doi.org/10.12968/bjom.2017.25.10.662>

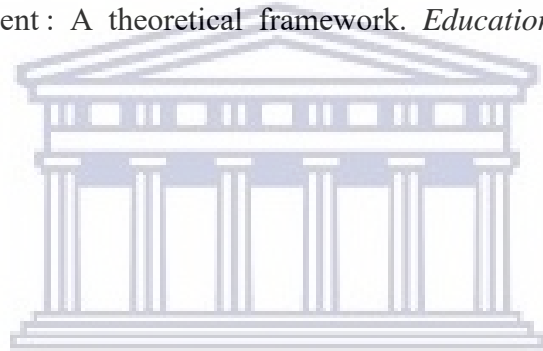
Wallace, J., Blinkhorn, F., & Blinkhorn, A. (2014). Dental hygiene students' views on a

service-learning residential aged care placement programme. *Journal of Dental Hygiene*, 88(5), 309–315.

Wilson, L. (2013). *A framework for effective practice in community engagement in higher education in a postgraduate programme at NORTH-WEST University* (Unpublished doctoral dissertation). Stellenbosch University, Stellenbosch, Western Cape, South Africa.

World Health Organization [WHO] & United Nations Children’s Fund [UNICEF]. (1978). *International Conference on Primary Health Care* (Alma-Ata, USSR). Retrieved from <https://apps.who.int/iris/handle/10665/39228>.

Zuber-skerritt, O. (2015). Participatory Action Learning and Action Research [PALAR] for Community Engagement: A theoretical framework. *Educational Research for Social Change*, 4(1), 1–27.



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APPENDICES

Appendix A: Interview Guide

Socio-demographic questions

1. Tell me about yourself (who are you, where and when did you do your trainings and qualifications)
2. Tell me about your work experience.

Interview Questions

1. Tell me about your service-learning project you were involved in during your Masters in Nursing degree.
2. Who was involved in your service-learning project?
3. How would you describe your experiences when it came to addressing the needs of the community?
4. Can you tell me about your learning experiences during the time you spent in the SL project? Please give me an example of a learning experience.
5. How did your SL project transform the community involved?
6. To what extent did the service-learning project develop you as a student?
7. Please tell me about your professional growth as a result of your involvement in the SL projects
8. Please tell me about your personal growth as a result of your involvement in the SL project





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Appendix B: Consent Form

CONSENT FORM

Title of Research Project: Experiences of Advanced Psychiatric Nursing Graduates involved in a Service-Learning project at a Higher Educational Institution in the Western Cape.

The study has been described to me in language that I understand. My questions about the study have been answered. I understand what my participation will involve and I agree to participate of my own choice and free will. I understand that my identity will not be disclosed to anyone. I understand that I may withdraw from the study at any time without giving a reason and without fear of negative consequences or loss of benefits. This research project involves making an audio recording device that forms part of the interview process. In addition, information collected from the participants will be protected, kept confidential and stored in a secured location. Data will only be accessible to the researcher and those involved in the study only the researcher will be able to link any information to the participant. According to the institution's policy, all data will be kept for at least five (5) years after the results have been published.

___ I agree to be audiotaped during my participation in this study.

___ I do not agree to be audiotaped during my participation in this study.

Participant's name:

Participant's signature:

Date:



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Appendix C: Information Letter

INFORMATION SHEET

Project Title: Experiences of Advanced Psychiatric Nursing Graduates involved in a Service-Learning project at a Higher Educational Institution in the Western Cape.

What is this study about?

This is a research project being conducted by Hatchwell King from the University of the Western Cape. We are inviting you to participate in this research project because as an advanced psychiatric nursing graduate you were involved in a Service-Learning project which formed part of your Masters of Nursing in Advanced Psychiatric Nursing programme. The purpose of this research project is to explore the experiences of advanced psychiatric nursing graduates who were involved in a Service-Learning project at a University in the Western Cape.

What will I be asked to do if I agree to participate?

You will be asked to partake in an in-depth semi-structured interview. The researcher will be using an audio recording device to record the interview. The participants will be interviewed at the school of nursing or at a public place of the participants choice which is suitable and affords privacy for approximately 30-60 minutes.

Would my participation in this study be kept confidential?

The researchers undertake to protect your identity and the nature of your contribution. To ensure confidentiality the researcher will store the information collected on a password-protected computer in a secured location to keep the data safe. Data will only be accessible to the researcher and those involved in the study.

The researcher will ensure anonymity through protecting all sensitive information and that only those involved in the study will be able to link any information to the participants. In addition, participants will be assigned code names (omega 1,2,3) when conducting interviews to ensure that the identities of the participants are kept anonymous. If we write a report, article or final report about this research project your identity will be protected and are kept anonymous.

What are the risks of this research?

All human interactions and talking about self or others carry some amount of risks. We will nevertheless minimise such risks and act promptly to assist you if you experience any discomfort, psychological or otherwise during the process of your participation in this study. Where necessary, an appropriate referral will be made to a suitable professional for further assistance or intervention.

What are the benefits of this research?

The findings may contribute to a greater understanding of service-learning as a teaching and learning methodology in shaping, future advanced psychiatric nursing specialists rendering CBS. This study also aims to identify the contribution of service-learning to develop graduates that are able to address the PHC orientated services on completion of their training. The information obtained from the study may be used to inform curriculum development for advanced psychiatric nursing training.

Do I have to be in this research and may I stop participating at any time?

Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized or lose any benefits to which you otherwise qualify.

What if I have questions?

This research is being conducted by Hatchwell King from the School of Nursing at the University of the Western Cape. If you have any questions about the research study itself, please contact Hatchwell King at 0846628992.

Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

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This research has been approved by the University of the Western Cape's Humanities and Social Sciences Research Ethics Committee –(HS19/8/16)

Appendix D: Ethical Clearance



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09 October 2019

Mr HA King
School of Nursing
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Ethics Reference Number: HIS19/8/16

Project Title: The Experiences of Advanced Psychiatric Nursing Graduates involved in a Service-Learning project at a Higher Educational Institution in the Western Cape.

Approval Period: 09 October 2019 – 09 October 2020

I hereby certify that the Humanities and Social Science Research Ethics Committee of the University of the Western Cape approved the methodology and ethics of the above mentioned research project.

Any amendments, extension or other modifications to the protocol must be submitted to the Ethics Committee for approval.

Please remember to submit a progress report in good time for annual renewal.

The Committee must be informed of any serious adverse event and/or termination of the study.

A handwritten signature in black ink, appearing to read 'Josias'.

*Ms Patricia Josias
Research Ethics Committee Officer
University of the Western Cape*

HSSREC REGISTRATION NUMBER - 130416-049

Appendix E: Editorial Certificate

18 September 2020

To whom it may concern

Dear Sir/Madam

RE: Editorial certificate

This letter serves to prove that the thesis listed below was language edited for proper English, grammar, punctuation, spelling, as well as overall layout and style by myself, publisher/proprietor of Aquarian Publications, a native English speaking editor.

Thesis title

THE EXPERIENCES OF ADVANCED PSYCHIATRIC NURSING
GRADUATES INVOLVED IN A SERVICE-LEARNING PROJECT
AT A HIGHER EDUCATIONAL INSTITUTION IN
THE WESTERN CAPE

Author

Hatchwell Aldoneal King

The research content, or the author's intentions, were not altered in any way during the editing process, and the author has the authority to accept, or reject my suggestions and changes.

Should you have any questions or concerns about this edited document, I can be contacted at the listed telephone and fax numbers or e-mail addresses.

Yours truly



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