

THE UNIVERSITY OF ZAMBIA
SCHOOL OF MEDICINE
DEPARTMENT OF POST BASIC NURSING

**A STUDY TO DETERMINE KNOWLEDGE, ATTITUDE AND PERCEPTION
OF GRADE 12 PUPILS AT KASAMA GIRLS HIGH SCHOOL TOWARDS
NURSING AS A CAREER IN THE NEW MILLENNIUM**

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ROSEMARY KALIMAPOSO
ZRN (NDOLA) 1991

**A RESEARCH STUDY SUBMITTED IN PARTIAL FULFILMENT OF THE
REQUIREMENTS FOR THE AWARD OF THE BACHELOR OF SCIENCE
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ABBREVIATIONS

AIDS	Acquired Immunodeficiency Disease Syndrome
CBOH	Central Board of Health
CSO	Central Statistical Office
DENOSA	Democratic Nurses Organization of South Africa
ECSACON	East Central South African College of Nursing
EHT	Environmental Health Technician
GNC	General Nursing Council
HIV	Human Immunodeficiency Virus
ICN	International Council for nurses
ILO	International Labor Organization
IOM	International organization for immigrants
MMD	Multi – Party Democracy
MOH	Ministry Of Health
NHR	National Health Reforms
PBN	Post Basic Nursing
PHC	Primary Health Care
RM	Registered Midwife
RN	Registered Nurse
TB	Tuberculosis
UTH	University Teaching Hospital
ZEM	Zambia Enrolled Midwife
ZEN	Zambia Enrolled Nurse

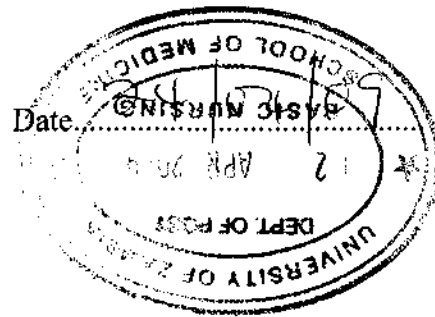
DECLARATION

I, hereby declare that the work presented in this study for a Bachelor of Science Degree in Nursing has not been presented either wholly or in part, for any other degree and is not being currently submitted for any other degree.

Signed.....*Ats2.*
(Candidate)

Date.....*24 . 04 . 09*.....

Approved.....*Elugoma*
(Supervisor)



STATEMENT

I, Rosemary Kalimaposo, hereby certify that this study is entirely the result of my own independent investigations. The various sources to which I am indebted are clearly indicated in the text and references.

Signed.....*RK*.....
(Candidate)

Date.....*24.04.09*.....

DEDICATION

This research is especially dedicated to my family members who have always wanted to see me succeed in life through their continued support and encouragement. My beloved husband Gaston, my daughters Natasha and baby Rita for bearing the pain of being away from the motherly love at a tender age. My mother for taking care of baby Rita from infancy to toddler hood at the time I came to school. I am really greatly indebted to her.

I also dedicate this study to my late father, brothers and sisters who composed the Kalimaposo family may their souls rest in eternal peace.

ABSTRACT

The study was aimed at determining knowledge, attitude and perception of grade 12 pupils of Kasama Girls High School towards nursing as a future career in the new millennium. Literature review was done globally, regionally and nationally but it has revealed that very few studies have been conducted in this area especially at regional and national levels.

A pilot study was conducted at David Kaunda High School among grade 12 pupils using a sample of 5 subjects before the actual study was conducted. An explorative descriptive study design was used. The research participants were randomly selected using simple random sampling procedure. A sample consisted of fifty [50] respondents who were females. Data was collected using a self administered questionnaire. Before the analysis, data was checked for completeness and consistency and was entered on a data master sheet. Data analysis was done manually with the help of a scientific calculator. Data has been presented using frequency tables, figures and cross tabulations to determine relations between variables.

The study revealed that most of the respondents [88%] had inadequate knowledge about nursing. The study also revealed that all the respondents [100%] felt that nursing was neither a career for the lowly educated nor for females only and 40% of them wanted to take up nursing as a career. However, all the respondents [100%] stated that nurses were important in society. The reasons advanced by the respondents for taking up nursing as a career included helping the sick [21%], nursing is the only reliable employment [16%], working in foreign countries [9%], wanting to look nice in white uniform [19%], open up private hospitals after being trained [4%], interest and a calling from God [13%].

This study has also revealed that 60% of the respondents did not choose nursing as their career. The reasons the respondents gave for not taking up nursing as a career were that nursing was a hard and risky job [27%], chances of being infected with HIV infection were high [21%], afraid of nursing procedures [12%], salaries were too low compared to the work that nurses do [17%] and poor conditions of services [14%]. All the respondents

[100%] stated that they had a careers Master at the school but only 30% had been offered career guidance. All the respondents [100%] were of the opinion that nursing was not a career for females only and that it was not a career for the lowly educated people because for one to become a nurse, he/she must have adequate knowledge in medicine [52%]. The problems identified by the respondents which nurses faced were low salaries [35%], attending to too many patients [27%], risk of infection [21%], poor accommodation [12%] and many working hours [5%]. However all the respondents [100%] acknowledged that nurses were important in society. In view of the above findings, the following were the major recommendations made;

- The Ministry of Health should improve the conditions of service for nurses by ensuring that nurses are paid reasonably for the work that they do, to ensure that nurses access house and car loans and also to build better institutional houses for nurses. This measure would promote morale and job satisfaction amongst the nurses. The nurses would not go for greener pastures and the people out there would talk good about the nursing profession since the conditions of service would improve and this would attract more people to enter into nursing.
- The General Nursing Council of Zambia as a statutory body together with the Ministry of Health should continue working with other cooperating partners so that they could lobby for teaching materials on behalf of the nursing institutions. This would improve the quality of training for the nurses.
- The careers Masters in schools must work hand in hand with the Principal Tutors in the Schools of Nursing and GNC so that adequate and proper information about the Nursing profession could be obtained and provided to pupils. This could be achieved by incorporating it in the school health programs. The school should also arrange school tours to hospitals so that pupils could be exposed to what nurses do.
- **Key words:** knowledge, attitude, perception, grade 12 pupils, nursing career, new millennium.

CHAPTER ONE

1.0 INTRODUCTION

1.1 BACKGROUND INFORMATION

Zambia is one of the developing countries situated in the Southern Part of Africa. It is a landlocked country covering an area of 752,612 square kilometers, about 2.5% of Africa (CSO, 2005). The country shares its boarders with the Democratic Republic of Congo and Tanzania in the North, Malawi and Mozambique in the East, Zimbabwe and Botswana in the South, Namibia in the South-West and Angola in the West (C.S.O, 2005).

According to CSO (2005), the country is divided into nine provinces so as to facilitate the sound functioning of administrative work. Among the nine provinces, Lusaka and Copper belt provinces are considered as urban. The other provinces are mainly rural; these are Central, Eastern, Northern, Luapula, Western, North-Western and Southern provinces.

Zambia lies between 8 and 18 degrees south latitude and between 20 and 35 degrees east latitude. It has a tropical climate and vegetation with three distinct seasons, the cool dry winter from May to August, a dry season during September and October and a hot and wet season from November to April (C.S.O, 2005).

The country has savanna type of vegetation. Among the many river sources in Zambia are the Kafue, Luangwa and Luapula. The country also has major lakes such as Tanganyika, Mweru, Bangweulu and Kariba. The northern part of the country receives the highest rainfall with annual average ranging from 1,100 millimeters to over 1,400 millimeter (CSO, 2005). The southern and eastern parts of the country have less rainfall ranging from 600 millimeter to 1,100 millimeter annually and are prone to droughts (C.S.O, 2005). However, the 2007/2008 last rain season had a different pattern in that it was characterized by floods in most parts of the country, leaving most of the people homeless.

According to C.S.O (2005), the country has a population of 11.7 million people with an annual growth rate of 2.9%. The population density ranges from 65 people per square kilometer in Lusaka province to 5 people per square kilometer in rural provinces.

1.1.1 HEALTH CARE DELIVERY

The Zambian government has put in place a number of ministries through which various needs of people are met. One such Ministry is the Ministry of Health, which is responsible for delivering quality health care. The delivery of health care services is made possible by careful utilization of financial, material and human resources within the Ministry of Health.

Before independence, health care facilities in the country were concentrated along the line of rail. This necessitated a review in health care so that provision of health care may be adequate for the people of Zambia. Shortly after independence in 1964, the Zambian government declared free health care services for all and the main focus was on curative as opposed to preventive medicine. The country's population grew at a very faster rate within a few years and this led to falling health care standards. This was due to an increase in the rural urban drift that led to overcrowding in urban cities with poor housing and sanitation (Health Reforms News, 1995).

The country was facing a severe economic crisis caused by external factors such as drought and the collapse of copper market as well as internal factors such as heavy international borrowing and weak public sector management. The decline in copper prices led to shortages of drugs in the hospitals and the infrastructure run down. The people lost confidence in the medical system and so they resorted to unsafe herbal medicine and unhealthy traditional practices. Health workers became demoralized working with inadequate resources (Health Reforms News, 1995).

In 1981, the Zambian government through the Ministry of Health adopted the Primary Health Care (PHC) concept with the vision of providing health to all by the year 2000 (MOH, 1981). This concept emphasizes that the health services should be provided as

close to the family as possible through community participation and at a cost that families and communities can afford. The emphasis was more on preventive rather than curative medicine. In 1991, when the Movement for Multi-Party Democracy (MMD) came into power, the government introduced the concept of National Health Reforms (NHR) whose vision was to provide equitable access to high quality cost effective intervention as close to the family as possible (CBOH, 2002). Health reforms stressed the need for families and communities to be self reliant and to participate in their own health and development.

1.1.2 NURSING PROFESSION AND EDUCATION

Florence Nightingale was the first nurse theorist who defined nursing over 100 years ago as the “act of utilizing the environment of the patient to assist him in his recovery” (Nightingale, 1860). Nightingale considered a clean, well ventilated and quiet environment essential for recovery. Virginia Henderson in 1960, defined nursing as “the unique function of the nurse is to assist the individual, sick or well in the performance of those activities contributing to health or its recovery (or to peaceful death) that he would perform unaided if he had the necessary strength, will or knowledge and to do this in such a way as to help him gain independence as rapidly as possible” (Henderson, 1966). Henderson saw the nurse as concerned with both well and ill individuals, acknowledged that nurses interact with clients even when recovery may not be feasible and mentioned the teaching and advocacy roles of the nurse.

Nursing education has undergone dramatic changes in response to societal change needs and influences. The profession has continued with the struggle for identification through education which influences nursing practice. Most nurses agree that nursing education is important to practice and that it must respond to changes in health care created by scientific and technological advances (Potter et al, 2005). There are also important developments in professional nursing that have a major impact on the design and delivery of nurse education. In Zambia, there are a number of nursing schools that train nurses by equipping them with skills and knowledge they need to deliver quality health care. Currently, the country is training two categories of nurses, that is, the Registered Nurses and Enrolled Nurses. The state registered nurses undergo a three year training program

and they are trained to be administrators, while enrolled nurses undergo a two year program to become bed side nurses. Today as nurses responds to the new scientific knowledge and technology, culture, political and social economic changes in the society, nursing education curricula are continually being revised to meet the needs of the nurses working in a changing environment (Kozier, et al, 2000).

1.1.2.1 NURSING TRAINING SCHOOLS IN ZAMBIA REGISTERED NURSES

There are several nurse training schools in Zambia. The following are the registered nurse training schools;

- Lusaka school of nursing in Lusaka
- Ndola school of nursing in Ndola
- Kitwe school of nursing in Kitwe
- Kasama school of nursing in Kasama
- Chipata school of nursing in Chipata
- Mansa school of nursing in Mansa
- Livingstone school of nursing in Livingstone
- Chikankanta school of nursing in Chikankanta
- Ronald Ross in Mufulira

The minimum entry requirements for school leavers into registered nursing programme include 5 ordinary levels at credit level of the Zambian certificate or its equivalent with English language, Mathematic, Biology or science being compulsory and any other two subjects from the following; History, Geography, Chemistry, Physics, Agricultural science, Religious Knowledge, Commerce, Physical Science, Nutrition, except local language. The minimum entry requirements for in – service include 3 ordinary levels at credit level of the Zambian school certificate, English, Mathematics, and Biology or Science being compulsory and a minimum of two years working experience.

Other considerations include;

Minimum entry age should be 18 years.

All candidates should pass both interviews and aptitude tests.

ENROLLED NURSES

The enrolled nurse training institutions are as follows;

- Chilonga mission in Chilonga
- Solwezi in solwezi
- Lewanika in Mongu
- St Francis in Katete
- Mwami in Mwami
- Kashikishi in Kashikishi
- Mukinge in Mukinge
- Kaleni in Kaleni
- Kabwe in Kabwe

The entry requirements include credits in English, Mathematics, and Science with a pass in any other two subjects from the following; History, Geography, Chemistry, Physics, Agriculture Science, Religious Education, Nutrition, Commerce, except local language. The minimum age is 18 years. In addition, the candidates are required to pass both personal interviews and aptitude test.

1.1.2.2 SPECIALTY COURSES

In Zambia there are also nurse training schools that offer specialty courses and these are listed below;

Registered Midwifery

The midwifery programme for in – service is one year. Training is done in the following schools;

- Lusaka midwifery school in Lusaka
- Ndola midwifery school in Ndola
- Kitwe midwifery school in Kitwe

The entry requirements for in – service Midwifery includes; a Diploma in Registered Nursing, Minimum of two years working experience, and candidate should pass the oral interviews.

Enrolled Midwifery

The midwifery programme for in – service is one year. Training is done in the following schools;

- Chilonga in Chilonga
- Lewanika in Mongu
- Chikankanta in Chikankanta
- St Francis in Katete
- Kabwe in Kabwe

The entry requirements for enrolled midwifery training include a certificate in Enrolled Nursing, Minimum of two years working experience and candidate should pass the oral interviews.

Straight entry midwifery programme

This programme started in 2008 in order to improve the shortage of midwives in the country. The following are the schools that are offering this training;

- Roan Antelope in Luanshya
- Chingola in Chingola
- Chipata in Chipata
- Entry Requirements are the same as for Registered Nursing.

Theatre

Lusaka Theatre School is the only school that is offering a specialty in theatre in the country for registered nurses. It is a one year programme undertaken by in –service only.

Mental health nursing

There is a straight entry programme for registered nurses being offered at Chainama Hills College of Health Sciences.

Entry requirements are as for registered nurses.

Ophthalmology

The programme is undertaken by in – service registered nurses and it is done at Chainama Hills College of Health Sciences for a period of two years.

1.1.2.3 DEGREE PROGRAMMES

Bachelor of Science in nursing degree program for registered nurses is offered at the University of Zambia. The programme is undertaken at the school of medicine, Department of Post Basic Nursing. It is a four year programme.

Masters Degree is also offered at this institution in various areas of specialties.

1.1.2.4 PRIVATE SCHOOLS

Registered Nursing

- Copperbelt Politechnique College of nursing in Ndola for in – service only.
- Edwin Simpaya Ushibantu nursing school in Lusaka.
- Lusaka Institute College of nursing in Lusaka.
- Makeni Institute nursing school in Makeni –Lusaka.

Enrolled Nursing

- Western Nursing College of nursing in Mongu.

1.1.2.5 NURSES CURRENTLY REGISTERED WITH GENERAL NURSING COUNCIL

• Registered Nurses	-	5,683
• Registered Midwives	-	2,555
• Enrolled Nurses	-	9,442
• Enrolled Midwives	-	3,485
• Registered Mental Health	-	105

• Enrolled Psychiatric Nurses	-	208
• Registered Theatre Nurses	-	416
• Enrolled Theatre Nurses	-	94
• Foreign Registered Nurses	-	44

(Source G.N.C.2008).

With regards to verification, a total number of 3,220 registered and enrolled nurses requested for verification between 1991 to 2004 (G.N.C, 2007).

The total number of Zambian Registered and Enrolled Nurses requesting verifications from G.N.C (1991-2004) was 3,220.

1.1.2.6 MINISTRY OF HEALTH RETENTION SCHEME FOR HEALTH WORKERS

In order to address the human resource crisis in the country, M.O.H has developed a retention scheme plan. The Retention Scheme plan seeks to address the human resources challenges currently being faced by the health care delivery system as it relates to core health workers serving at both the district and urban levels. The plan also tries to address the capacity constraints faced by our training institutions in terms of the fact that fewer tutors have been produced each year which has in turn inhibited the training schools from increasing their outputs in number of graduates. The staffing situation in rural is worse than in urban areas. The focal point of the scale up plan is to ensure that the rural health centers are staffed appropriately as this is the first point of contact for the patients (MOH Strategic plan, 2008).

The current human resource shortages are caused by a number of factors which include;

- Inadequate conditions of services such as allowances and incentives.
- Poor working condition (facilities supplies and equipment).
- Weak human resource management systems.
- Inadequate education and training systems.
- Poor living conditions in rural and urban areas (inadequate accommodation in terms of housing and hostels).

OBJECTIVES OF THE PLAN

The retention scheme is to attract and retain the most critical health workers in the rural and urban areas so that the M.O.H can meet its mandate in terms of service delivery needs. M.O.H need to ensure that more medical professionals are produced each year. M.O.H has included all the qualified tutors and lectures on the scheme as this will allow generating more health workers. The objective of the scale up plan was;

- To increase the number of skilled health workers in all categories.
- To increase the number of medical professionals at those hospitals classified as rural and remote.
- To increase the training output by expanding the number of training schools available by re- opening and expanding of the current schools in all categories.
- To improve terms and conditions for the identified health workers in the three phases on financial and non financial incentives such as;
 1. The renovation, up grading and construction of houses.
 2. The provision and replacement of medical and surgical equipments.
 3. Improve communication connectivity [radio and network links].
 4. Provision of transport.

Monetary Incentives

Nurse tutors

- Category A = K1, 000,000 gross.
- Category B = K1, 486,800 gross.
- Category C = K1, 890,000 gross.

Other Cadres

- Clinical Officer, Z.E.N, Z.E.M, R.N, R.M, E.H.T K800, 000 gross for all category districts.

THE IMPLICATIONS OF THE SCHEME FOR NURSES

Education and Training Policy

- Nurses are given opportunity to up grade themselves.
- Provision of quality care after training.
- Nurses are motivated and there is competition.
- It brings human resource development in nursing career.

Retention

- It reduces brain drain on nurses.
- Nurses are encouraged to work in rural areas.
- It uplifts the living standards of nurses both in rural and urban areas.
- It does not encourage training because it does not include nurses on study leave.
- Urban nurses will not benefit in terms of monthly allowances.

1.2 STATEMENT OF THE PROBLEM

Nursing is a noble profession; it is often described as a calling from God. It requires dedication and sacrifice. However, despite nursing being a noble profession many times young people enter into nursing as a career for wrong reasons or without fully understanding what nursing is all about. A profession has been defined as an occupation that requires extensive education or a calling that requires special knowledge, skill, and preparation (Kozier et al, 2000) A profession is generally distinguished from other kinds of occupation by its requirement of prolonged specialized training to acquire a body of knowledge pertinent to the role to be performed and an orientation of the individual toward service, either to a community or to an organization.

The climate in health care today is influencing health care professionals, as well as consumers. In the midst of the evolving health care system, nurses must be prepared to participate fully and effectively within a managed care environment. Berwick (1994) has noted that "only those who provide care can in the end change how to maintain health care quality, they need to acquire the knowledge, skill and values that will allow them to practice competently as professionals. It is also important for nurses to collaborate with

health care colleagues in designing new approaches for client care delivery. Today as nurses responds to the new scientific knowledge and technology, culture, political, and social economic changes in society, nursing education curricula are continually being revised to meet the needs of the nurses working in a changing environment (Kozier, et al, 2000)

Depending on an individual's opinions and perceptions, nursing may mean different things. What one knows about nursing may greatly influence his or her attitude and will to join the profession. Since what one knows about the profession and what they feel about nursing greatly influences the decision to either join nursing or not. The individuals who take up nursing as their true career and have nursing at heart perform better and contribute to the well being of the individuals and families by rendering quality nursing care to clients. However, individuals who take up nursing without that interest but just as a form of employment usually offer poor services to clients because it was not their calling. Certain individuals may take up nursing because of being forced by their parents or family members and others may take up nursing because of just admiring the uniform. Such individuals may fail to perform better when instituting nursing procedures. However certain individuals may develop the interest after being exposed to the system. In addition, the community also speaks evil about the nurses' negative attitude towards work and nursing is looked upon as a lowly paid job (low status) this contributes to individuals not taking up nursing. It is for the above stated reasons that the researcher decided to undertake this study to investigate the knowledge, attitude and perception of high school girls towards nursing as a future career in the new millennium.

1.3 FACTORS INFLUENCING THE KNOWLEDGE, ATTITUDE AND PERCEPTION OF GRADE 12 PUPILS OF KASAMA GIRLS HIGH SCHOOL TOWARDS NURSING AS A FUTURE CAREER IN THE NEW MILLENNIUM

Several factors influencing knowledge, attitude and perceptions of grade 12 pupils towards nursing as a career have been identified. The community also speaks evil about

the nurses' negative attitude towards work and nursing is looked upon as a lowly paid job [low status] this contributes to individuals not taking up nursing.

1.3.1: SERVICE RELATED FACTORS

1.3.1.1. Entry Requirements

The country has a number of nursing schools that train nurses in order to equip them with skills and knowledge needed to deliver quality health care. There are two categories of nurses being trained, that is, Registered Nurses and Enrolled Nurses. The Enrolled Nurses undergo a two year training programme and graduate with a certificate. Once they are registered with G.N.C, they work in various health centers and hospitals as bedside nurses. They can further specialize in Enrolled Midwifery for one year and the course is offered in various Enrolled Nursing Schools within the country.

The entry requirements include Credit in Maths, Science, English and a pass in any two other courses except local language (G.N.C 2004). The state Registered Nurse undergoes a three year training programme and graduates with a Diploma. Registered nurses can further specialize in Midwifery, Theatre, Mental Health, and Ophthalmology nursing within the country. These are trained to become administrators when they start practicing. The entry requirements include full school certificate with Credits in Mathematics, English and Science plus Credits in other two courses except local language, making 5 ordinary Levels. The candidates must pass aptitude tests and oral interviews (G.N.C, 2004) It has been observed that most of the female students/ pupils do not perform well in mathematics and science subjects (G.N.C, 2004). This makes it difficult for them to meet the entry requirements hence more males are entering the nursing profession.

1.3.1.2 Increased Disease Burden

With the emergence of new diseases such as HIV/AIDS, people have fear of contracting the infection especially when it comes to nursing them in hospitals and so this discourages people from joining the nursing profession.

1.3.1.3 Nursing Procedures

The image of the nurses, performing tasks such as bed making, bathing patients and serving bed pans make nursing to appear as a dirty job. This perception of the profession discourages people to take up nursing. Therefore, there is need for society to be made aware that nursing is a far more than just serving bed pans and bathing patients.

1.3.1.4 Shortage of Staff

Many health institutions in Zambia complain of shortage of nurses. The poor quality of patient care has been blamed on the shortage of nurses. Constant outcry from the general public on the poor quality of nursing care offered has tarnished the good image of the nursing profession (Munjanja, 1992). According to the report on Exodus of nursing staff, shortage of nursing staff resulted greatly from exodus of nurses. This in turn adversely affected nursing care and not only losing man power, but also losing efficient and experienced nurses (Munjanja, 1988). Some of the factors that contributed to shortage of nurses were poor conditions of service, lack of motivation and increased work load because of this, many nurses left for greener pastures. In addition, between 1996 and 1998, many nurses went on voluntary separation. The individual would perceive that there could be something wrong with nursing basing on the above mentioned factors that contributed to the shortage.

1.3.1.5 New Technology and New Trends

Today the profession is faced with multiple challenges. Nurses and nurse educators are revising nursing practice and school curricula to meet the ever changing needs of society, emerging infections and disaster management, advancing in technology, the rising acuity of hospitalized clients early discharge from health care institutions require nurses in all settings to have a strong and current knowledge base from which to practice (Potter and Perry, 2004). New technology includes use of computers; advanced machinery or equipment etc. this call for the nurse to be computer literate and knowledgeable .This will influence the choice of nursing as a profession because of fear of being subjected to the complicated machinery or equipment found in the hospital.

1.3.1.6 Poor Working Environment

Most of the health institutions in the country are not able to provide a conducive working environment for health workers (nurses). The infrastructure is dilapidated and requires renovation. The working space is too small to accommodate the too many patients that come to the health institutions; this requires new construction of more wards or screening rooms. In addition to this, health institutions run out of surgical and medical supplies, this makes it difficult for the nurses to operate. A school leaver may fail to make up the decision to take up nursing as a career because of all these problems that nurses are facing during their operations.

1.3.1.7 Lack of Role Models

Before the new millennium nursing used to have role models who were competent in their work and were really admired in society. These nurses used to dress in full uniform and they appeared very smart. They were so much dedicated to duty and society at large really appreciated their work. In the new millennium, nursing has totally changed, there are no role models because nurses are not wearing full uniforms and have negative attitude towards work. Therefore a young school leaver would have mixed feelings as to take up nursing or not because of the bad image of nursing that has been portrayed nowadays.

1.3.2 SOCIAL CULTURAL AND ECONOMICAL FACTORS.

1.3.2.1 Society Beliefs about Nursing.

Many young people do not join nursing due to misconceptions about nursing such as that, nursing is a career for people who are not educated.

In order to remove the misconceptions about the nursing profession, which discourage some people from taking it up as a career, the nursing profession must market itself adequately so that the general public becomes aware about the new and changing image of the profession Richter and Richter (1995) argued that the nursing profession has undergone tremendous change in the past two decades. If the profession has to satisfy young candidates, a new and real image must emerge, on what the modern nurse should be and

what he or she should do in order to effectively execute her changing roles. This will greatly change society perception of nursing as being for the lowly educated.

1.3.2.2 Lack of Jobs

Nowadays, people take up nursing because they have failed to find anything else to do and this is a completely wrong reason for taking up nursing as a career because such nurses won't perform to the acceptable standards. The poor performance and image of nurses can prevent school leavers from choosing nursing as a career.

1.3.2.3 Lack of Career Guidance

The career Masters, during career guidance must give well detailed information to the pupils about the entry requirements for various careers (nursing) and the subject combinations. This way the pupils will be well prepared to meet the required qualifications. Pupils must be guided into career at the time in their lives when wrong advice or careless selection could not have lasting harmful effects on them.

1.3.2.4 Lack of Sensitization:

Ideally, the faculty of the schools of nursing are supposed to advertise through the media when potential candidates should apply, but this is not done due to financial constraints and as such nursing schools continue to receive application letters through out the year, from which the successful candidates are short listed and invited for interviews at the appropriate time. This is not a good practice because some people may not have the privilege to know what time they should apply and hence loose the opportunities. It is important to sensitize the people and provide information to them through the use of posters, media etc. some people are just ignorant about nursing, and hence they need the information.

1.3.2.5 Increased population:

According to CSO (2005), the country has a population of 11.7 million people with a growth rate of 2.9% per annum. The increased population has contributed to work overload on the few nurses that are working in the health institutions. Because of this the

quality of nursing care has been affected because the health institutions are congested with patients and the health professionals are failing to meet the demands of the patients, and so some nurses have become frustrated.

1.3.2.6 Poor Conditions of Service

The conditions of service for nurses has been perceived to be on the poor side because of the little salaries nurses get and the poor accommodation that nurses are given to occupy. Therefore this job is considered to be of low class in society.

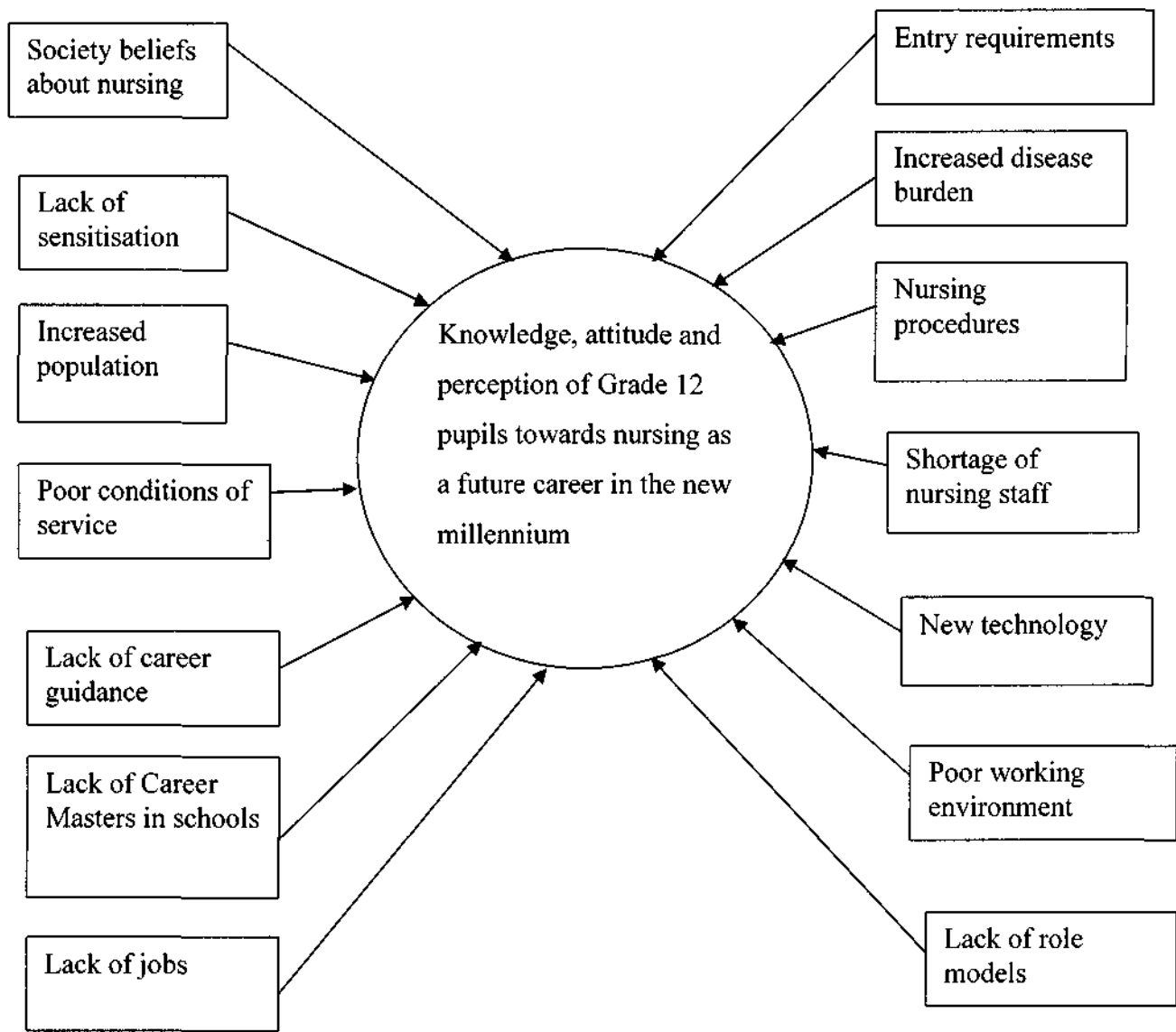
1.2.3.7 Lack of Career Masters in the Schools

The country has got a lot of secondary schools but they lack the career Masters. This is a draw back on career sensitization because pupils lack the information about what they could choose to do as their career after completing school. Career Masters play an important role in schools where guiding of students on subject combination is concerned so that pupils do not make wrong career choices.

FIGURE 1: DIAGRAM OF FACTORS INFLUENCING KNOWLEDGE, ATTITUDE AND PERCEPTION OF GRADE 12 PUPILS TOWARDS NURSING AS A CAREER IN THE NEW MELLINNIUM

**Social Cultural and Economical
Related Factors**

**Service
Related Factors**



1.4 JUSTIFICATION OF THIS STUDY

The study attempts to assess the knowledge, attitude and perception of grade 12 pupils at Kasama girl's high school towards nursing as a future career in the new millennium. This study is significant because it looks at an important but under explored area of nursing research. Understanding pupils' knowledge, attitude and perception of nursing as a career is critical to fully understand why pupils do not choose nursing as a career. It is hoped that the study will determine if the available information about nursing profession helps in molding the pupil's attitude positively to take up nursing as a future career. The results of the study will be useful to the career Masters in the schools as they provide career guidance to ensure that pupils who would want to join nursing would be given all the necessary information about the profession. The nursing profession would also benefit in that it would utilize the results of the study to know how best to improve society awareness about nursing.

1.5 RESEARCH OBJECTIVES

The objectives of this study include general and specific objectives.

1.5.1 General Objective

The general objective is to determine the knowledge, attitude and perception of grade 12 pupils at kasama girls' high school towards nursing as a future career in the new millennium

1.5.2 Specific Objectives

- To establish the level of knowledge of the pupils about the nursing career.
- To determine the pupils attitude towards the nursing career.
- To find out factors that may hinder pupils from taking up the nursing career.
- To identify factor that can motivate pupils in taking up the nursing career.
- To ascertain the misconceptions that the pupils have about nursing.
- To make the recommendations of the findings to the relevant authorities.

1.6 Research Question

What are the factors that contribute to school leavers not taking up nursing as a future career?

1.7 HYPOTHESES

A hypothesis is an assumption statement about the relationship between two or more variables that suggest an answer to the research question (Basavanthappa, 2006).

1.7.1 It is assumed that nursing is a risky and dirt job.

1.7.2 Nursing is associated with the lowly educated in society.

1.8 OPERATIONAL DEFINITIONS OF TERM

The following are the operational definitions that apply to this study:

1.8.1 Attitude

Is ones settled mode of thinking about nursing as career.

1.8.2 Opinion

Belief or judgment not found on complete knowledge.

1.8.3 School

Institution for educating children (primary and secondary).

1.8.4 Career

Progress through life development and progress of a part or principle

1.8.5 Future

Time or event coming after the present.

1.8.6 Knowledge

What one knows, the body of facts, accumulated over time, fact of knowing or understanding.

1.8.7 Pupil

A person who is studying at a school i.e primary or secondary.

1.8.8 Nursing

The Canadian Nursing Association (1984) defined nursing:- “Nursing or the practice of nursing” means the identification and treatment of human responses to actual or potential health problems and include the practice of and supervision of function and services that directly or indirectly, in collaboration with clients or providers of health care other than nurses, have as their objectives the promotion of health, prevention of illness, alleviation of suffering, restoration of health and optimum development of health potential and includes all aspects of the nursing process.

1.8.9 Millennium

A period of one thousand years.

1.8.10 Perception

The ability to see, hears, or become aware of something through the senses. It is a way of understanding or regarding something the ability to understand the true nature of something, insight.

1.8.11 Grade 12 Pupils

A person who is studying at a secondary school doing his or her final secondary level.

1.9 VARIABLES

A variable is an attribute or characteristic that can have more than one value such as height, weight, and blood pressure (Dempsey and Dempsey, 2000).

1.9.1 Independent Variable

An independent variable is believed to cause or influence the dependent variable, in experimental research, the manipulated variable (Polit and Hungler, 2001). The independent variables used in this study are knowledge, attitude and perception.

1.9.2 Dependent Variable

A dependent variable that changes as a result of the independent variable (Dempsey and Dempsey, 2000). This is a variable used to measure a problem under study, in this study nursing as a career in the new millennium.

TABLE 1: VARIABLES, INDICATORS AND CUT OFF POINTS

VARIABLES	INDICATORS	CUT OFF POINTS	QUESTIONS
Knowledge	High knowledge	6 correct responses	8 -15
	Moderate	3 correct responses	
	No knowledge	2 or less	
Attitude	Positive	Respondents who favors nursing as a career	16 – 20
	Negative	Respondents who do not favor nursing as a career	
Perception	Positive	Respondents who perceive nursing as a good career	21 – 29
	Negative	Respondents who do not perceive nursing as a good career	

CHAPTER TWO

2.0 LITERATURE REVIEW

2.1 INTRODUCTION

Literature review is a critical summary of research on a topic of interest, generally prepared to put a research problem in context or to identify gaps and weaknesses in prior studies so as to justify a new investigation (Polit and Hungler 1995: 645). The researches done by other people will help the investigator to avoid duplication of work that has been done by other people before. Literature review will also helps the investigator to have a theoretical basis for carrying out the study and by knowing different research methodologies used before, that could be useful during this study. Literature review assisted the researcher to determine what is already known about the topic being studied so that the comprehensive picture of the state of knowledge on the topic can be obtained. It would also give the researcher clues to the methodology and instruments that people used before and therefore provide information on what has been tried in regard to approaches and methods and what types of data collecting instruments exist and do not work. It would also help the researcher to refine certain parts of the study.

The literature review focuses on published and non published studies; therefore the investigator would look at the global, regional and national perspectives. The investigator will consult a number of sources, which include books, journals as well as the Internet.

2.2 GLOBAL PERSPECTIVE

Early and late international perspective about the history of nursing covers a lot of important areas and persons. Florence Nightingale (1820- 1910) contributions to nursing are well documented. Her achievements in improving the standards for the care of war casualties in the Crimea earned her the title "Lady with the lamp". Her efforts in reforming hospitals and in producing and implementing public health policies also made her an accomplished political nurse. She was the first nurse to exert political pressure on government. Through her contributions to nursing education, she is also recognised as the

first scientist theory for her work. Nightingale was born to a wealthy and intellectual family. She believed she was called by God to help others and to improve the well being of mankind (schuyler, 1992, p.4). She was determined to become a nurse, in spite of opposition from her family and the restrictive societal code for affluent young English woman. As a well travelled young woman of the day she visited Kaiserswerth in 1847, where she received three months training in nursing. In 1853, she studied in Paris with the sisters of Charity, after which she returned to England to assume the position of superintend of the Charity hospital for ill governesses. When she returned to England from Crimea, Nightingale was given some money by grateful English public. She later used this money to develop the Nightingale Training School for nurses, which opened in 1860. The school served as a training model for other training schools. Its graduates travelled to other countries to manage hospitals and institute nurse training programmes. Nightingales vision of nursing that included public health promotion roles for nurses were only partially addressed in the early days of nursing. The focus tended to be on developing the profession within hospitals.

Since the beginning of time, women have cared for infants and children, thus could be said to have its roots in the home. Additionally, women who in general occupied a subservient and dependent role were called upon to care for others in the community who were ill. Generally, the care provided was related to physical maintenance and comfort. Thus, the traditional nursing role has always entailed humanistic caring, nurturing comforting and supporting (Kozier et al, 2000). Religion has also played a significant role in the development of nursing. The Christian value of "love thy neighbour as thy self" and Christs parable of the Good Samaritan had a significant impact on the development of western nursing. During the third and fourth centuries, several wealthy matrons of the Roman Empire, including Marcella, Fabiola and Paula converted to Christianity and used their wealth to provide houses of care and healing for the poor, the sick and the homeless. Women were not, however the sole providers of nursing services. The Knights of Saint John of Jerusalem, Knights of Lazarus also provided nursing care to the sick and injured. They also built hospitals, the organization and management of which set standard for administration of hospitals throughout Europe at that time .The deaconess

group also rendered care to the sick. Early religious values, such as self denial, spiritual calling and devotion to duty and hard work, have dominated nursing throughout its history. Nurses' commitment to the values often has resulted in exploitation and few monetary rewards. For sometime, nurses themselves believed it was inappropriate to expect economic gain from their calling (Kozier et al, 2000).

Currently there are a number of organisations dealing with nurses issues in individual countries. At the international level, the International Council of Nurses (I.C.N, 2001) of Geneva, brings nurses together worldwide to advance nursing and influence health policy. The I.C.N Code of nurses is the foundation for ethical nursing practice throughout the world. Nursing is currently undergoing large and dynamic alteration. For many nurses, patients and the concerned public, the rate of change and the resulting discontinuities in customary forms of nursing practice are a source of great frustration, if not of anxiety. Other nurses view this rapid change as necessary to sweep aside many of the more static or subordinate aspects of nursing, and hence it is a stimulating challenge. They believe there is now opportunity to fashion a new role in which nurses with greater professional competence will be more active participants in coordinated efforts to plan and provide better care for the seriously ill, and to extend preventive, rehabilitative, and counselling services to those large segments of the population for whom such attention has been minimal. They are aware of the fact that the base of academic and professional education on which nursing rests is still too narrow in scope and too superficial in depth for the difficult task of the reorganisation of nursing. Nevertheless, they have hope and even confidence that this reorganisation can be achieved simultaneously with the continued improvement of preparation for nursing (Ester Luile, 2000).

The research was done on knowledge about nursing as a career by, (Elizabeth et al 2007) The research study involved a sample of 106, 16 year old students from three secondary schools in North West and South West of England. The questionnaire results, collected in schools, revealed that students knew very little about nursing profession. Young people leaving schools have the opportunity to choose a career from an increasing number of courses in colleges of further and higher education. Nursing studies are now competing

with a range of health related disciplines. Many of these courses appear more exciting and appealing to students who are in the process of choosing nursing as a career. In another research study on young peoples perception of nursing as a career by (Jane Hemsley,2007) ,revealed that, the majority of young people make a career choice without regard for salary, and base their decision on interest and enjoyment or a desire to help people. The study examined students, perception of nursing as a career at a number of key stages in their education decision making and how the information influenced their career decision either to choose or reject nursing. Factors relating to the image and status were also explored and some comparisons were made between nursing and young peoples own choice of career to highlight a number of significant issues. The findings indicated that although young people expressed admiration for the work of nurses, this was rarely matched by an envy of nurses, or desire to become a nurse themselves. As many departments of nursing within universities consider raising their academic entry requirements in an attempt to attract a higher academic achieving entrant and also to endeavour to attract more school leavers, one of the fundamental questions that need to be answered is – are high academic school pupils really interested in pursuing a career in nursing?

The issue of migration of health professionals has been at the forefront of international health policy debate since the late 1990s (Buchan, 2000). Health care is labour intensive, and the availability of sufficient well qualified and motivated staff is a key determinant of effective health service delivery. Staff shortages and geographical misdistribution are being reported in many countries. This has particularly been the case in industrialized countries since the mid 1990s. After a period of retrenchment in the health systems in the first half of the decade, which led to reduced requirements for nurses and fewer new nurses being trained, many industrialised countries are now facing nurse shortages. These shortages relate to increased demand for health care, the ageing of the nursing population in these countries, and difficulties experienced in some countries in recruiting new entrants to nursing in the face of increased competition from other career opportunities (Buchan, 2002). International recruitment has increasingly become a solution to the nursing skill shortage in some of these countries, which has included large scale active

recruitment of nurses, and other professionals in addition to the natural migration flows of individuals moving across borders for a range of personal reasons. Just as international recruitment can be a solution to the staff shortages in some countries; it can create additional problems of shortages in others.

There have been increasing reports in national and international media about the negative impact of international recruitment on some of the main exporter countries, particularly developing countries in Africa and the Caribbean, and some in South East Asia. Countries that lose scarce skilled staff suffer a negative impact on the effectiveness of their health systems. The recent research findings indicate that the rate of international migration is increasing (Castles, 2000). In terms of actual figures, the number of persons migrating has doubled from 75 million in 1965 to an estimated 150 million in 2000 (I.O.M, 2000). Many studies report difficulties of assessing current migration flows and trends. This is in part attributable to the incomplete recording of necessary data (Baptiste-Meyer, 2001). Where information is documented, it is often inaccurate and inconsistent. There also appear to be little international standardization of documentation, making comparison between countries even more complicated (Findlay,2002) There is also a lack of profession specific data in relation to nursing, this problem includes differences in categories. According to Stalker (2000), migration will continue as long as there is developmental imbalance between countries.

Workers in developing countries are often subjected to low pay, poor working conditions, poor career structure and limited employment opportunities. These are common 'push' factors which stimulate migration from source countries and can at least partly explain why natural migration flows exist. More recently, as the education syllabus in an increasing number of counties become of international standard, more people become dissatisfied with domestic employment opportunities (Commonwealth Secretariat, 2001). They may therefore be encouraged to work abroad to utilise the skills they have learnt. The role of 'pull' factors in receiving countries is also influential in determining migration flows and trends .Expectations of improved wage rates have long been established as a pull factor (ILO, 2000). Stalker (2000) argues that the prime

reason people are emigrating today is to seek skilled employment and better pay. Another influential factor is evident in countries where demand for suitably qualified staff exceeds the available supply, resulting in temporary or prolonged skill shortages across a range of professionals (Commander, Kangarsniemi and winters, 2002).

The ICN recognises the right of individual nurses to migrate and confirms the potential beneficial out comes of multicultural practice and learning opportunities supported by migration. The council acknowledges the adverse effect that international migration may have on health care quality in countries seriously depleted of their nursing workforce. ICN condemns the practice of recruiting nurses to countries where authorities have failed to implement sound human resource planning and to deal seriously with problems that cause nurses to leave the profession and discourage them from returning to nursing. ICN and its member nurses associations call for a regulated recruitment process based on ethical principles that guide informed decision making and reinforce sound employment policies on the part of governments, employers and nurses, thus supporting fair and cost effective recruitment and retention practices (ICN, 2002).

The United Kingdom, particularly England, has experienced significant nursing shortages in the recent years. In England, the Department of Health has set nurse staffing increase targets initially of 20 000 additional nurses by the year 2004 (a target which has already been met) and subsequently of 35 000 more nurses by 2008 (Department of Health, 2002). A significant nursing shortage in the United States is prompting a wide variety of responses, including increased interest in foreign recruitment. According to a recent report from the National Centre for Health Workforce Analysis in the United States Department of Health and Human Services (2002), there were a shortfall of nearly 111 000 registered nurses in the United States in 2000, and this number is projected to grow to over 800 000 by 2020 if current trends continue. The shortfall is the result of a 40% increase in demand for RNs and only a 6% increase in supply over the period. Furthermore, the Centre for Health Work force Studies at the University of Albany (2002) projects the growth of over one million jobs for nurses in the period 2000- 2010:

561 000 new jobs to meet the growing demand and 443 000 job vacancies that will need to be filled because of retirement and other factors.

A study by Gullant (2000) in the United Kingdom concluded that nurses' morale was poor and most nurses considered leaving the nursing profession in future because of low moral, stress and low pay. In a report prepared by Williams (1996) to the international council of nurses, he notes that about 75% of nurses in Newziland largest hospital have resigned due to work overload, low salaries, and poor working conditions. These nurses are now working overseas where their nursing skills are appreciated while some are taking time to rethink their direction. In recent years, nursing has undergone many changes. The nursing profession is undergoing reorganization in order to create a profession based on the integration of nursing skills with academic qualifications (Meytal Bnayahu-oren, 2006). Basing on the arguments stated above a young school leaver would have mixed feelings about taking up nursing. There is need to train more nurses world wide.

2.3 REGIONAL PERSPECTIVE

Regionally the East Central South African College of Nursing (ECSACON) looks into the affairs of nurses of which Zambia is a member country. ECSACON works to promote quality care and excellence of professionals within the region and to facilitate sharing of expertise and human resources among member states. It is also a professional regulatory frame work which sets regional guidelines and standards for nursing and midwifery. It is comprised of 14 member states namely: Botswana, Kenya, Lesotho, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Swaziland, Tanzania, Uganda, Zambia, and Zimbabwe (GNC, 2002). In African societies, nurses are facing a lot of problems and challenges in their nursing practice. Bundred and Levitt (2000) reports that some of the most commonly cited factors contributing to nurses problems are low wages, which makes it impossible to afford the necessities of life, lack of continued education opportunities and training institutions, salaries that are not realistic in terms of the risks and amount of work, lack of retirement benefits, lack of proper equipment to carry out procedures (Bundred and Levitt, 2000).

In a report prepared by Stilwell (2001) he notes that, in Zimbabwe stresses caused by handling several HIV\AIDS related deaths every day takes its toll on nurses, many of whose colleagues also suffer from the disease. Disenchanted by the poor working conditions and the government in different response to their needs, the factors which could have led to nurses moving to private sector and to other countries where their skills are rewarded better.

In South Africa, the Democratic Nurses Organisation of South Africa (DENOSA) commissioned a report on nurse emigration, that was published in 2001 (Xaba and Phillips, 2001). The report analysed statistics on nurse emigration, surveyed health care institutions and interviewed emigrating nurses. The authors planned to survey 100 institutions (29 responded), to analyse questionnaires provided to 100 nurses considering emigration (10 responded), and to interview 20 nurses who were emigrating (16 responded). The authors caution about variations reported that it was not possible to determine the actual number of nurses leaving the country or to which country they had moved. The main impact of nurse emigration was reported to be due to frustration and demotivation of nurses, loss of skills (and of quality of service) and increased staff shortages (60% of institutions surveyed reported it was difficult to replace nurses who had left).

United Kingdom has reported significant increases in nurse registrants from developing countries. The Global Health Work Force Alliance report (2006) has identified 57 countries, 36 of them in sub-Saharan Africa where shortages of nurses is so critical that they fall below the threshold required to achieve the millennium development goals. It is further aggravated by some factors such as poor working conditions, poor infrastructure and no support, no trust, insecurity, social interest, increasing workload and demand, aging populations demanding for care in rich countries, ranging pandemic in poor countries, illness and death from HIV\AIDS and TB.

From this scenario one would believe that nurses are experiencing similar problems everywhere and these problems make nursing to appear as a bad profession. Hence, there

is need to research further about nursing as a career in this new millennium because this area has been under researched.

2.4 NATIONAL PERSPECTIVES

The coming of Christianity brought a lot of missionaries to the African continent where Zambia belongs. Dr David Livingstone was the first missionary medical doctor to come to Zambia in 1855; he treated patients as he travelled. It was after his death in 1873 that many other missionaries came and settled in Zambia. Western medicine was introduced and small dispensaries were provided for the treatment of the sick .Non medical missionaries were trained in First Aid, simple treatment and nursing procedures before coming to Zambia. In 1871 London Missionaries Society came from the North and settled on the shores of Lake Tanganyika with a dispensary at Nyamukolo and later at Kafwimbi, Kashinda and Kafulwe on Lake Mweru in Luapula province. In 1884 Paris Evangelical missionaries society led by Francis Coillard established several Medical centres in Western province. At this time, death rate from malaria was very high and in 1898, mosquito was discovered to be the carrier of malaria and that prevention was by good housing.

The idea of windows with wire mesh was brought by Dr Reuters in 1901. Death rate reduced considerably with the intake of quinine. Other missionaries like missionaries of de Notre Dame non medical white fathers who settled at Chilubula in Northern Province and treated the sick. In 1889, Dr Walter Fisher joined ply mouth brethren mission and founded Kaleni Hill mission in 1906.The need to train Zambian nurses came in as the European nurses could not cope with increasing demand of nursing services. They were trained in simple procedures like wound dressing so they were called dressers. As years went by missionaries realized the need to build hospitals to accommodate the very sick and those coming from far away places. They also took care of isolated lepers and built a leprosarium for them. Finally people trusted western medicine and came willingly in great numbers (Chibungo Zyongwe, 2005).

In Zambia, the General Nursing Council is a statutory body responsible for ensuring that members of the public receive the best possible care. The GNC sets, monitors, evaluate performance for nursing and midwifery education, clinical practice, management and research. The nurses and midwives will be empowered to provide quality nursing and mid wifery care through attainment and maintenance of professional excellence (G.N.C, 2008). During graduation ceremony graduating nurses always say the nurses' pledge and do the candle lighting to imitate Florence Nightingale who was the lady of the lamp and founder of the nursing profession. From this history the reader will have an idea on how nursing came into being in Zambia. At national level little information has been documented about nursing as a career. However there are some unpublished studies the investigator will refer to in this study.

The World Health Report (2006) launched in Zambia during the World Health Day states that human resource and job satisfaction is influenced by many factors such as disease burden, social and economic conditions, gender issues poor conditions of service, declining motivation of staff, and disease burden. In addition, Chipili (2005) in a study conducted at the University Teaching Hospital found that over working of staff, issues of remuneration and poor conditions of service have an impact on performance of nurses. An article by Kabwela (2005) indicated some of the factors that could influence job satisfaction among nurses and these include poor accommodation poor working environment and meagre salaries.

According to the International Council of Nurses Report on Health Reforms in Zambia (2000) poor conditions of service, attitude of nurses and lack of equipment in the hospitals were identified as barriers to the delivery of quality health care. Basing on these problems that the nurses are facing in this new millennium, a young school leaver will have mixed feelings about nursing whether to go into nursing or not.

CONCLUSION

Literature review has shown that there are few studies that have been published on nursing as a career in terms of knowledge, attitude and perception. Research studies by (Whitehead, 2007) on knowledge of secondary school students about nursing as a career revealed that students knew very little about nursing profession. In another study by (Jack E, 2007) research study on young people's perception of nursing as a career, the majority of young people make a career choice without regard for salary, and base their decision on interest and enjoyment or a desire to help people. However, the nurses are experiencing a lot of difficulties in their daily lives and these problems are prompting them to leave the country and go to work in developed countries. There is need for the researcher to find out the knowledge, attitude and perception of nursing as a career in this new millennium because this area has been under explored.

CHAPTER THREE

3.0 RESEARCH METHODOLOGY

3.1 INTRODUCTION

Research methodology is the method or technique used by the scientist to collect data, to use statistical manipulation and to arrive at a logical conclusion (Polit and Hungler, 1997). This chapter deals with research design, research setting, study population, sample size, data collection, data analysis method and dissemination of information (results). This study sought to determine the knowledge, attitude and perception of grade 12 pupils of Kasama Girls High School towards nursing as a career.

3.2 RESEARCH DESIGN

According to Polit and Hungler (2001) a research design is the overall plan for collecting and analyzing data, including specification for enhancing the internal and external validity of the study. The design provides answers to the research questions or for testing the research hypothesis. It spells out basic strategies that the researcher adapts to develop information that is accurate and interpretable. In this study, the investigator used an exploratory descriptive study design which is one of the descriptive studies. A descriptive research design is a study in which a body of data is collected, recorded and analyzed. A descriptive study involves the systematic collection and presentation of data to describe or refine characteristics of a phenomena or person as they naturally occur (Polit and Hungler, 1997). The study was exploratory in nature because there was only little known about the factors determining the knowledge, attitude and perception among grade 12 pupils of Kasama Girls High School towards nursing as a career.

3.3 RESEARCH SETTING

Polit and Hungler (1997) define a research setting as a physical location and conditions in which data collection takes place in a study. This study was conducted at Kasama Girls High School in Kasama. The school is situated along Mungwi road about 2 kilometers from town. This school was chosen because it was easy to reach.

3.4 STUDY POPULATION

This is the entire set of individuals or subjects having some common characteristics (Polit and Hungler, 1997). According to Dempsey and Dempsey (2000) the study population is a population on whom information can be obtained from. The target population in this study comprised of grade 12 pupils at the school. The reason for choosing this target population is because they were the people who would soon finish their secondary level and they would start looking for different careers to pursue. The study population consists of the “Target Population” and “Accessible Population”.

3.4.1 Target Population

According to Polit and Hungler (2001) a target population is the entire population in which the researcher is interested and to which he/she would like to generalize the results of the study. The study populations for this study were the grade 12 pupils of Kasama Girls High School. The study population was selected because this category of pupils was finishing their secondary level and would be looking for future careers after completing school.

3.4.2 Accessible Population

Polit and Hungler (2001) define accessible population as people available for a particular study, often a non – random subject of the target population.

3.5 SAMPLE SELECTION

Sample selection is a process of selecting a number of individuals from the delineated target population in such a way that individuals in a sample represents as nearly as possible, the characteristics of the entire target population (Dempsey and Dempsey, 2000). It is a process by which the study subjects are chosen from a large population. This is a crucial part of the research process because the selected sample must be representative of the entire units under study.

In this study, the investigator used simple random sampling. In simple random sampling the investigator established a sampling frame of all grade 12 pupils at school. The pupils were chosen from the listed sampling frame in such a way as to afford every pupil the chance of being selected. The selection was entirely objective and free from personal prejudice. A lottery method of random sampling was used to come up with the study sample. The study intended to pick 50 responds only. .

3.6 SAMPLE SIZE

A sample size is the total number of subjects to represent the population under study (Polit and Hungler, 1997). In this study a total of fifty (50) respondents comprised the sample. The reasons for selecting this size included limited time as well as inadequate resources both material and financial resources. Moreover, this sample size was the standard requirement for PBN department.

3.7 DATA COLLECTION TOOLS

According to Polit and Hungler (2001), a data collection tool is a measuring device used in gathering of information needed to address a research problem. In this study, data was collected using a self-administered structured questionnaire for the respondents. Polit and Hungler (2001), describes a self administered questionnaire as a tool for collecting data that involves asking a pre-specified set of questions, which are given to the respondent to fill in, and thereafter collected for analysis. The questionnaire was chosen because all the respondents were literate. The researcher designed the questionnaire. A self-administered questionnaire was used which comprised of a series of questions designed to measure some variables and the questions was categorized. Category A consisted of questions on demographic data, category B consisted of questions measuring the level of knowledge about the study, Category C consisted of questions measuring attitude and category D comprised of questions related to perception.

3.7.1 Advantages of using a questionnaire

The advantages of using a questionnaire are:

- It is less expensive
- Simple method of obtaining data
- They are a rapid and efficient method of gathering information.
- Data from closed ended items are relatively easy to tabulate especially if they are check off responses.
- Analysis and interpretation of data can easily be accomplished
- Permits anonymity and may result in more honest responses.
- Does not require research assistants.
- Large cross-section of population widely scattered can be covered.

NB All the above stated advantages applied to my research.

3.7.2 Disadvantages of using a questionnaire

The disadvantages of using a questionnaire are:

- It is only applicable to literate people.
- Sometimes may need clarification, completion is rare and tend to be low.
- The technique is an able to probe a topic in depth without becoming un duly lengthy.
- The respondent may omit or disregard any item he/she chooses without giving an explanation.
- Some items may force the subject to select responses that are not his actual choice (forced choice items)
- The amount of information that can be gathered is limited by the subject's available time and interest span. Usually respondent do not like to take more than 25 minutes to answer a questionnaire.
- Data is limited to the information voluntarily supplied by the respondents.
- The researcher cannot observe the subject's non-verbal cues.
- The researcher does not have the opportunity to interact with subject.

The researcher overcame the disadvantages by following the guidelines of formulating a questionnaire such as constructing very clear and simple questions that were within the

experience of the respondents. The researcher also ensured that the questions were in a logical sequence, avoided the questions, which could raise bias in respondents. Most importantly cross checks were used, either by asking for the same information in two different ways or by asking questions which tie-in with other questions asked elsewhere in the questionnaire.

3.8 VALIDITY

Validity is the degree to which an instrument measures what it is supposed to be measuring (Basson and Uyus, 2000). Validity constitutes the external and internal validity. Internal validity concerns the extent to which conclusions can be drawn about the effects of one variable on another. Making questions simple, concise and brief ensures the validity of instruments to be used in the study. External validity is concerned with the extent to which research findings can be generalised beyond the sample of research tested. In this study, validity was measured by a pilot study that was conducted at David Kaunda Technical High School in Lusaka. The investigator also consulted current sources of literature on the subject under study and research experts were involved to evaluate the content of the instrument. The instrument was pre tested to determine if the desired information would be achieved. This assisted in the elimination of unnecessary questions. Then necessary amendments were done accordingly.

3.9 RELIABILITY

Basson and Uyus (2000) state that reliability is the degree of consistency or accuracy with which an instrument measures the attributes it is designed to measure the results from the pilot study used as base line data to test reliability. Following the instructions on the questionnaires eliminated biases by administering the same questionnaire throughout the study. Reliability of the instrument was measured by conducting a pilot study, asking questions to all the respondents. This eliminated biases and minimized the errors.

3.10 DATA COLLECTION TECHNIQUES

Polit and Hungler (2001) describe data collection technique as the actual method on how the data is going to be collected. It allows for systematic collection of information from

respondents (Polit and Hungler, 2001). In this study, I requested for permission to carry out the study by writing to the Northern Province Provincial Educational Officer and to the Head master of Kasama Girls High school who granted me permission to go ahead. Pupils were also informed about the study and they were willing to participate. Data was collected by using a self-administered questionnaire. The Questionnaire was distributed to the sampled pupils. The investigator then collected the filled in questionnaire when the students had filled them in. The investigator was available to clarify queries from the respondents. Instructions were given on how to fill in the questionnaire and respondents were given adequate time to complete the questionnaire. Then the researcher collected the questionnaire physically from the respondents.

3.11 PILOT STUDY

A pilot study is a small version of the actual study conducted with the purpose of testing and potentially refining the research plan (Dempsey and Dempsey, 2000).

The reasons for conducting the pilot study were to find out how clear and relevant the questions were as well as to ascertain the appropriateness of terminologies used in the questionnaire. This enabled necessary adjustment to be made on the questionnaires before the major study was carried out. The pilot study was carried out at David Kaunda Technical High School in Lusaka among grade 12 pupils. The pilot study was conducted on 10% of the total sample (10% of 50 = 5). The pilot study was conducted between 30th and 1st August, the findings were that, respondents had not experienced any problems when answering the self administered questionnaire. This meant that, the questions were simple and straight forward therefore this showed that no problems would be experience when conducting the main study.

3.12 ETHICAL AND CULTURAL CONSIDERATIONS

Ethical considerations involve an understanding of the ethical codes and guidelines for protecting the rights of the research subjects (Dempsey and Dempsey, 2000).

When humans are used as research subjects, great care is exercised to ensure that their rights are protected. Before conducting the study, permission was sought from the Headmaster of Kasama Girls High school in writing. The research was carried out in a

natural setting and informed consent was obtained after explaining how they would be selected, the purpose and nature of the study and how the findings would be utilized. Information collected was held with confidentiality by using numbers on the questionnaire rather than names of respondents. The questionnaires were kept safely in a locked area where no other person other than the investigator had access. Respondents were informed that they would be free to withdraw from the study at any time they wished and that would not be held against them.

CHAPTER FOUR

4.0 DATA ANALYSIS AND PRESENTATION OF FINDINGS

4.1 INTRODUCTION

This chapter deals with data analysis and presentation of findings.

4.2 DATA ANALYSIS

Data analysis is a systematic organization and synthesis of research data and the testing of research hypothesis using those data (Polit and Hungler, 1997). Data was collected from respondents using a self administered questionnaire. Fifty respondents participated in the study. After data collection, data was checked for completeness and inconsistencies. Editing of data was done in the field during data collection and before data analysis. Responses from open ended questions were categorized and coded before entering on a data master sheet. Responses from closed ended questions were entered directly on the data master sheet. There after data was analyzed manually with the help of a scientific calculator.

4.3 PRESENTATION OF FINDINGS

Data has been presented in frequency tables, pies, bar charts and cross tabulations to show the relationships among variables. The tables have been used because they summarize the findings in a meaningful way as follows;

4.3.1: DEMOGRAPHIC DATA

TABLE 2: RESPONDENTS GENDER (n=50)

Gender	Frequency	Percentage
Male	-	-
Female	50	100
Total	50	100

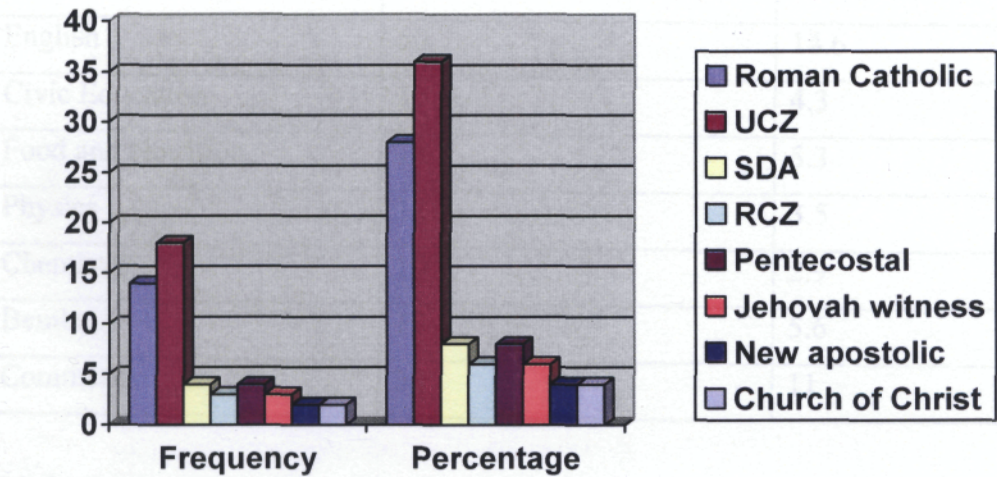
All the respondents (100%) were females.

TABLE 3: RESPONDENTS AGE DISTRIBUTION (n= 50)

Age	Frequency	Percentage
18 – 24 years	50	100
Total	50	100

All the respondents [(00 %) were aged between 18 – 24 years.

FIGURE 2: RESPONDENTS RELIGION BY DENOMINATION (n – 50)



Majority of the respondents (36%) congregated with United Church of Zambia followed by Roman Catholic Church 28%.

TABLE 4: RESPONDENTS SUBJECTS BEING TAKEN (n =50).

Subject	Frequency	Percentage
Mathematics	50	14.6
Biology	30	8.8
Science	20	5.8
Religious Education	30	8.8
Geography	25	7.4
History	25	7.4
English	50	14.6
Civic Education	15	4.3
Food and Nutrition	18	5.3
Physics	12	3.5
Chemistry	10	2.9
Bemba	19	5.6
Commerce	38	11

Multiple response question

14.6% of the respondents took Mathematics and English as compulsory subjects respectively. 8.8% each took Biology and Religious Education.

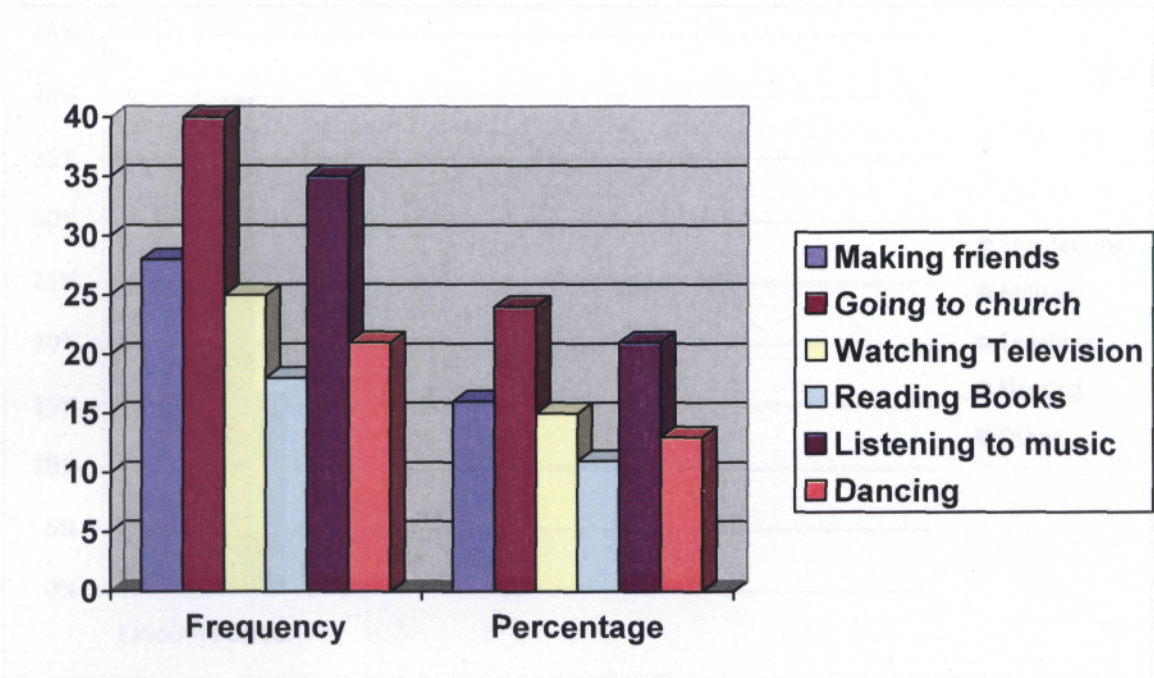
TABLE 5: RESPONDENTS FAVOURITE SUBJECTS (n =50)

Subject	Frequency	Percentage
Mathematics	11	22
Biology	7	14
Science	16	32
Religious Education	28	8.7
Geography	19	5.9
History	24	7.4
English	16	32
Civic Education	12	3.7
Food and Nutrition	36	11.2
Physics	9	2.8
Chemistry	11	3.4
Bemba	32	9.9
Commerce	30	9.3

Multiple response question

32% of the respondents liked English, 14% Biology, 22% Mathematics, 32% Science and the least being physics (2.8%).

FIGURE 3: RESPONDENTS HOBBIES (n -50)



Most of the respondents (40%) favored Nursing as a career, 20% teaching, 16% Military and 16% favored other careers.

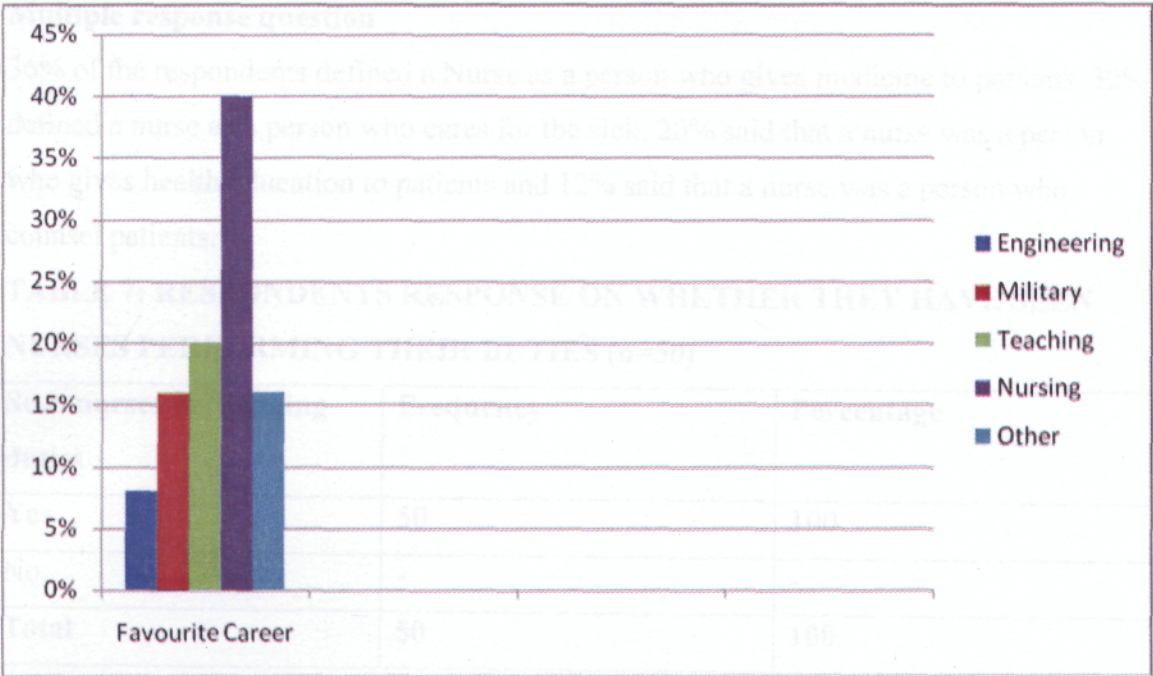
Multiple response question

24% of the respondent's hobbies were going to church, listening to music 21%, making friends' 16% and 11% reading book.

TABLE 6: RESPONDENTS RESPONSE ON THE DEFINITION OF A NURSE (n=50)

Definition of nursing	Frequency	Percentage
A person who cares for the sick people	40	32
A person who counsel patients	15	12
A person who gives health education to patients	25	20
A person who gives medicine to patients	45	36
Total	125	100

FIGURE 4: RESPONDENTS FAVORITE CAREER (n – 50)



Most of the respondents (40%) favored Nursing as a career, 20% teaching, 16% Military, and 16% favored other careers.

4.3.2 KNOWLEDGE ON NURSING

TABLE 6: RESPONDENTS RESPONSE ON THE DEFINITION OF A NURSE (n= 50)

Definition of nursing	Frequency	Percentage
A person who cares for the sick people	40	32
A person who counsel patients	15	12
A person who gives health education to patients	25	20
A person who gives medicine to patients	45	36
Total	125	100

Multiple response question

36% of the respondents defined a Nurse as a person who gives medicine to patients, 32% defined a nurse as a person who cares for the sick, 20% said that a nurse was a person who gives health education to patients and 12% said that a nurse was a person who counsel patients.

TABLE 7: RESPONDENTS RESPONSE ON WHETHER THEY HAVE SEEN NURSES PERFORMING THEIR DUTIES (n=50)

Seen nurses performing duties	Frequency	Percentage
Yes	50	100
No	-	-
Total	50	100

All the respondents (100%) acknowledged that they had seen nurses performing their duties.

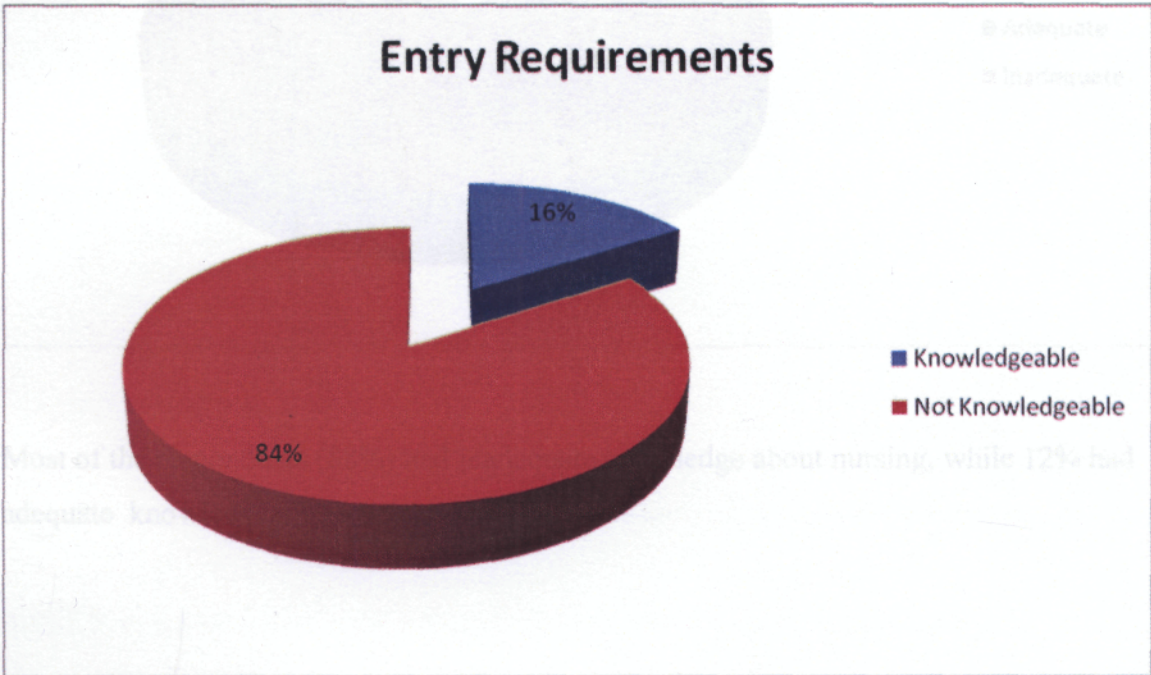
TABLE 8: RESPONDENTS RESPONSE ON THE DUTIES PERFORMED BY NURSES (n = 50)

Duties Performed by nurses	Frequency	Percentage
Give medicine to patients	45	38
Bath patients	10	9
Do dressings	12	10
Counsel sick people	15	13
Take the dead body to the mortuary	9	8
Give health education to patients	25	22

Multiple response question

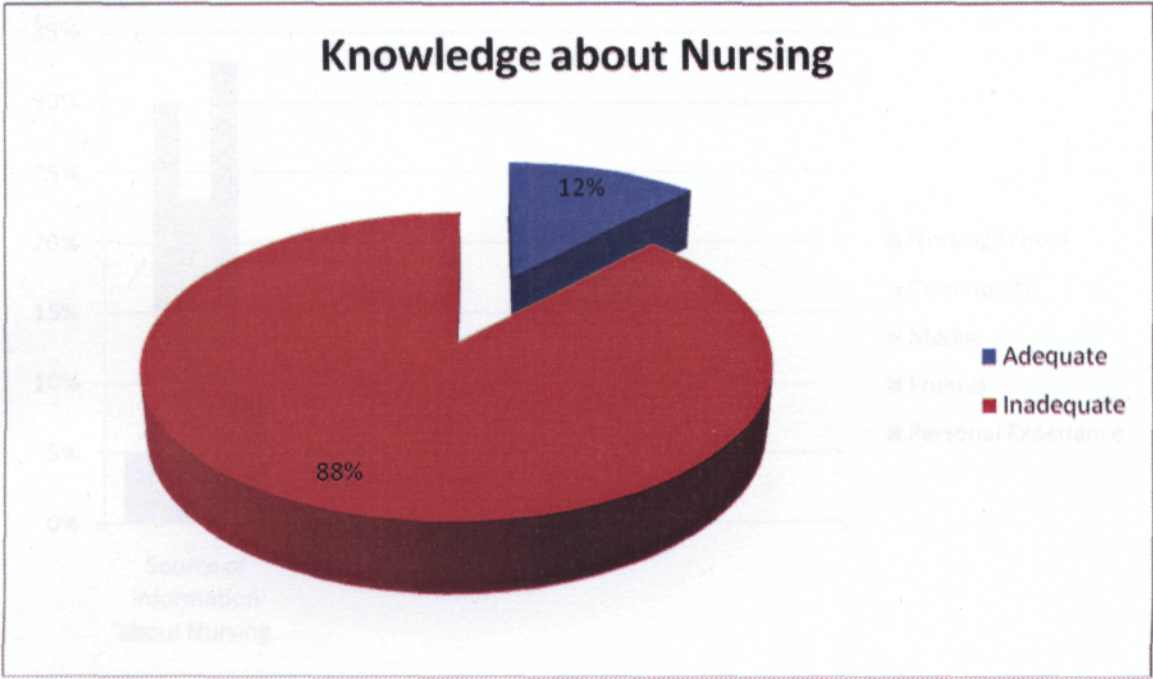
Most of the respondents (38%) stated that nurses gave medicine to patients, 22% said that they gave Health Education, 13% said that they counseled sick people, 10% said that they dressed patients wounds, 9% said that they bathed patients and 8% said that they took dead bodies to the mortuary.

FIGURE 5: RESPONDENTS RESPONSE ON THE ENTRY REQUIREMENTS [n-50]



Most of the respondents (84%) had no knowledge about the entry requirements into nursing. Only 16% of the respondents were knowledgeable.

FIGURE 6: RESPONDENTS RESPONSE ON WHETHER THEY HAVE KNOWLEDGE ABOUT NURSING (n – 50)



Multiple response question

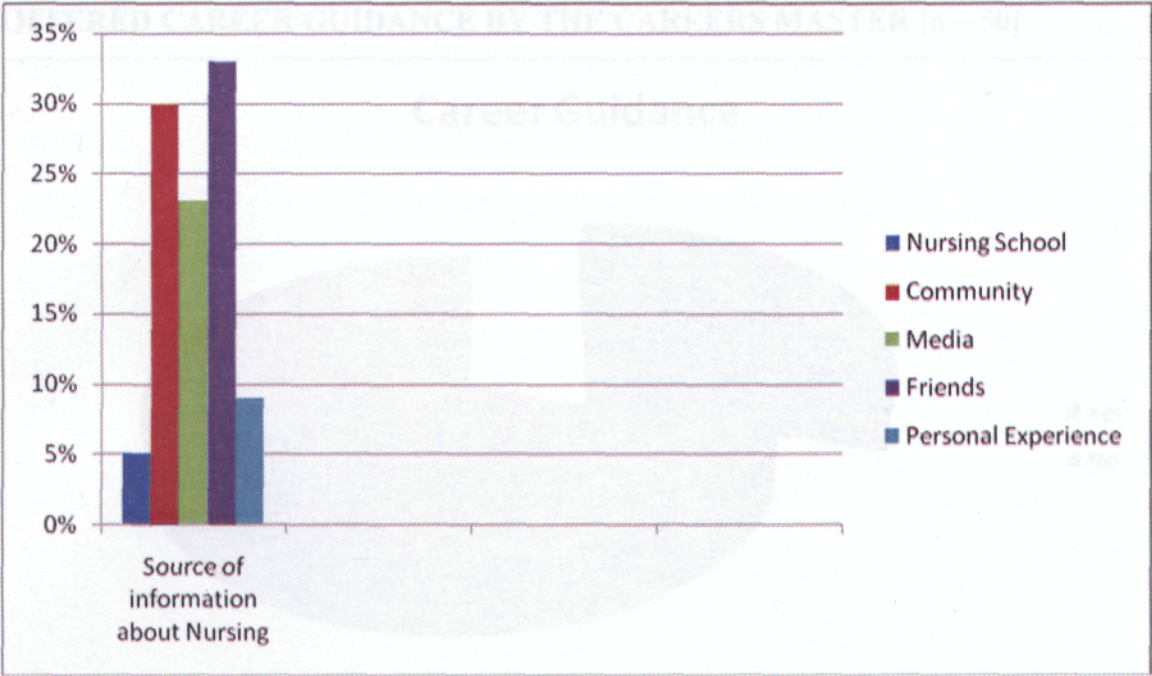
Most of the respondents (88%) had inadequate knowledge about nursing, while 12% had adequate knowledge.

TABLE 9: RESPONDENTS RESPONSE ON WHETHER THEY HAVE A CAREERS MASTER AT THE SCHOOL (n = 50)

Career Master	Frequency	Percentage
Yes	50	100
No	-	-
Total	50	100

All the respondents (100%) stated that they had a careers Master at their school.

FIGURE 7: RESPONDENTS RESPONSE ON WHERE THEY GOT THE SOURCE OF INFORMATION ABOUT NURSING (n – 50)



Multiple response question

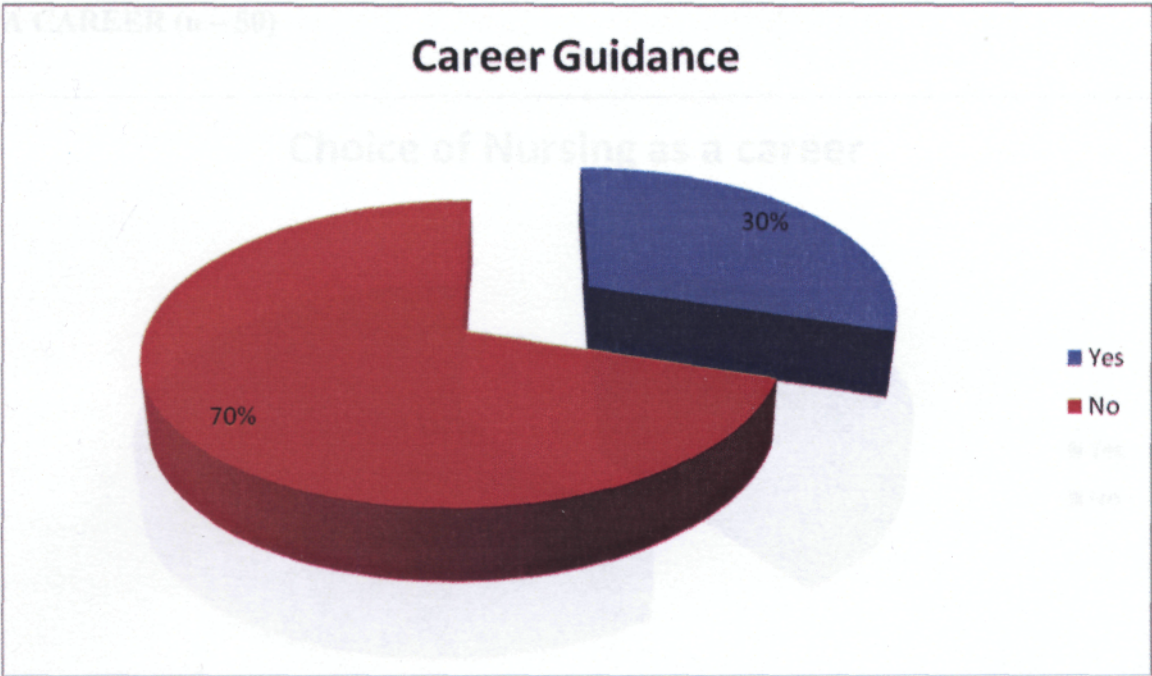
The source of information for (33%) of the respondents was from friends. 30% of the respondents' source of information was the community, and 23% was the media. 5% by the careers Master, while 10% said that they had been offered career guidance.

TABLE 9: RESPONDENTS RESPONSE ON WHETHER THEY HAVE A CAREERS MASTER AT THE SCHOOL (n = 50)

Career Master	Frequency	Percentage
Yes	50	100
No	-	-
Total	50	100

All the respondents (100%)stated that they had a careers Master at their school.

FIGURE 8: RESPONDENTS RESPONSES ON WHETHER THEY HAD BEEN OFFERED CAREER GUIDANCE BY THE CAREERS MASTER [n – 50]

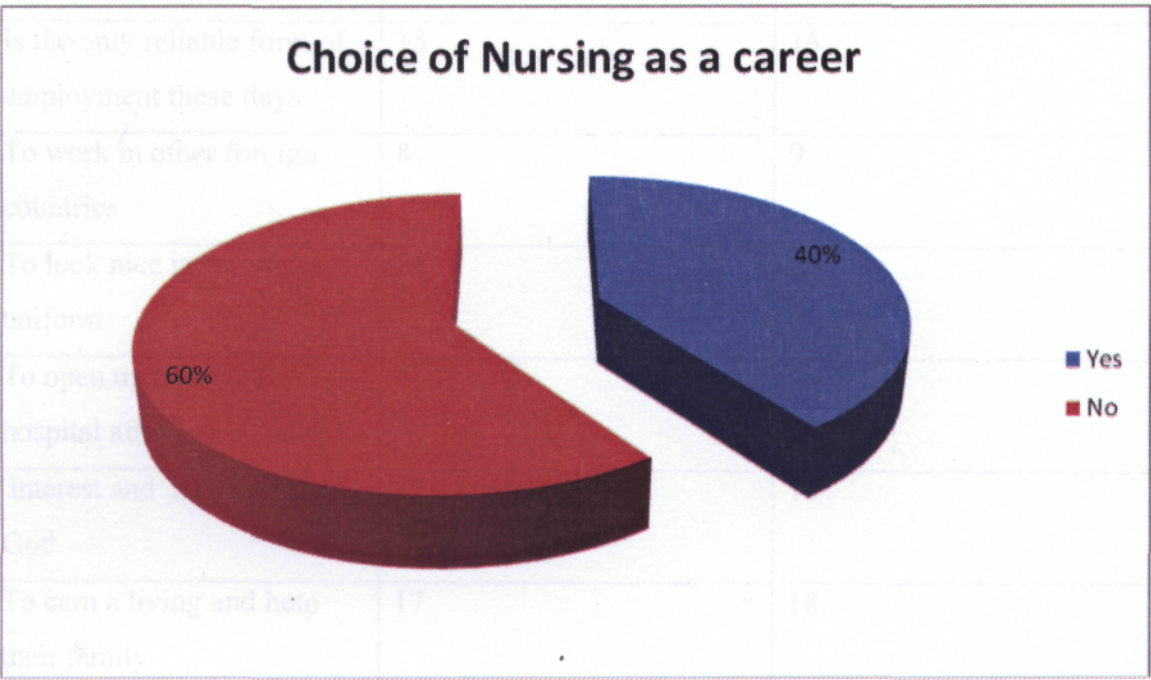


Most of the respondents (70%) said that they had not been offered career guidance by the careers Master, while 30% said that they had been offered career guidance.

Most of the respondents (60%) did not want to take up nursing as a career, only 40% wanted to take up nursing as a career.

4.3.3 ATTITUDE TOWARDS NURSING ON REASONS FOR TAKING UP NURSING AS A CAREER (n = 50)

FIGURE 9: RESPONDENTS RESPONSES ON THE CHOICE OF NURSING AS A CAREER (n – 50)



Most of the respondents (60%) did not want to take up nursing as a career, only 40% wanted to take up nursing as a career.

Multiple response question

21% of the respondents stated that they would take up nursing as a career because they want to help the sick, 19% said that they would take up nursing as a career because they want to look nice in a white uniform and 18% would take up nursing as a career to earn a living and help their families.

TABLE 10: RESPONDENTS RESPONSE ON REASONS FOR TAKING UP NURSING AS A CAREER (n = 50)

Reasons for taking nursing as a career	Frequency	Percentage
To help sick people	20	21
Is the only reliable form of employment these days	15	16
To work in other foreign countries	8	9
To look nice in the white uniform	18	19
To open up a private hospital after being trained	4	4
interest and a calling from God	12	13
To earn a living and help their family	17	18
Total	94	100

Multiple response question

21% of the respondents stated that they would take up nursing as a career because they want to help the sick, 19% said that they would take up nursing as a career because they want to look nice in a white uniform and 18% would take up nursing as a career to earn a living and help their families.

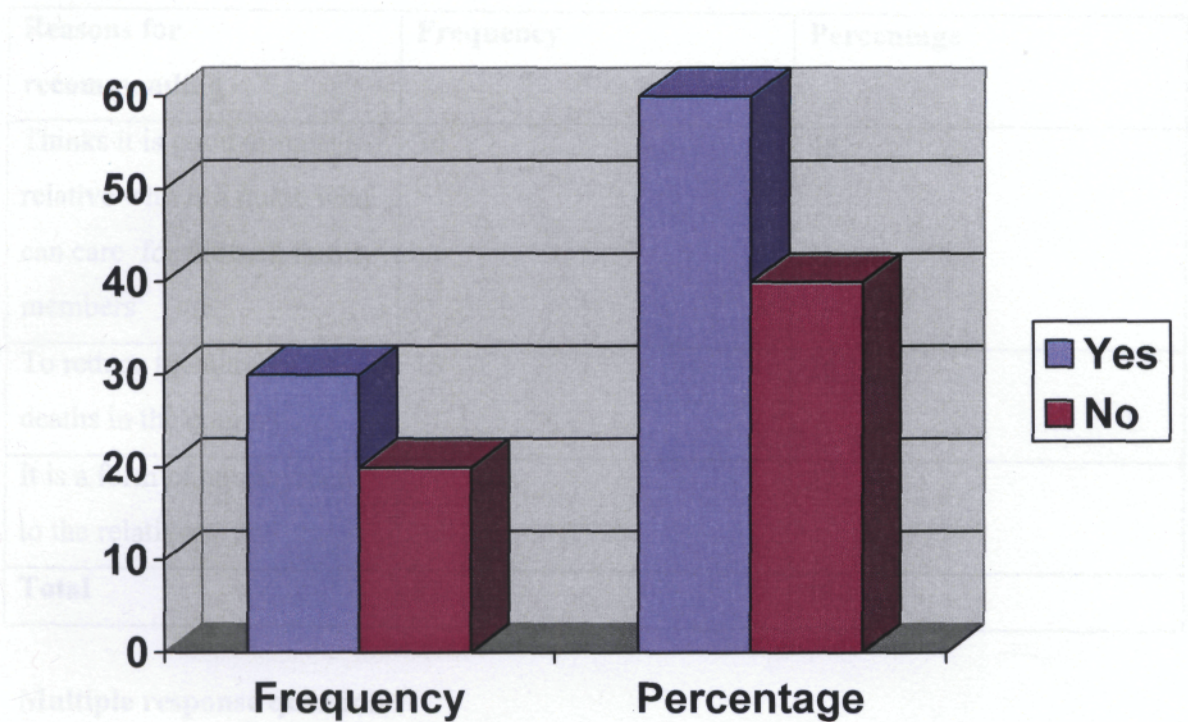
TABLE 11: RESPONDENTS RESPONSE ON REASONS FOR NOT TAKING UP NURSING AS A CAREER (n = 50).

Reasons for not taking up nursing	Frequency	Percentage
It's a dirty job	9	9
Chances of being infected with HIV infection are high	22	21
Afraid of the procedures that nurses do	12	12
Salaries are too low compared to the work that nurses do	18	17
It is a hard and risky job	28	27
It offers poor conditions of service	14	14

Multiple response question

27% of the responded said that they would not take up nursing because it was a hard and risky job, 21% said they would not take up nursing as a career because chances of being infected with HIV infection were high, 17% responded that the salaries were too low compared to the work that nurses do, 14% responded that nursing offered poor conditions of service.

FIGURE 10: RESPONDENTS RESPONSE ON WHETHER THEY WOULD RECOMMEND THEIR RELATIVE TO TAKE UP NURSING AS A CAREER (n – 50)



Most of the respondents (60%) stated that, they would recommend their relatives to take up nursing, while 40% responded that, they would not recommend their relatives to take up nursing.

**TABLE 12: RESPONDENTS RESPONSE ON THE REASONS FOR
RECOMMENDING THEIR RELATIVE TO TAKE UP NURSING AS A CAREER
(n = 50)**

Reasons for recommending	Frequency	Percentage
Thinks it is good to have a relative who is a nurse who can care for the sick family members	30	48
To reduce the number of deaths in the country	15	25
It is a form of employment to the relatives	17	27
Total	62	100

Multiple response question

48% of the respondents stated that they would recommend their relative to take up nursing as a career because they thought it was good to have a relative who is a nurse who could care for family members when they were ill. 27% stated that it was a form of employment to their relative, and 25% stated that it would reduce the number of deaths in the country.

TABLE 13: RESPONDENTS RESPONSE ON THE REASONS FOR NOT RECOMMENDING THEIR RELATIVE TO TAKE UP NURSING AS A CAREER (n = 50).

Reasons for not recommending	Frequency	Percentage
Hospital harbor a lot of infections	20	35
Conditions of service are poor	19	33
Too many patients to care for in health institutions	10	18
Provides no time to rest because of abnormal shifts	8	14
Total	57	100

Multiple response question

35% of the respondents stated that they would not recommend their relatives to take up nursing as a career because hospitals harbor a lot of infections, 33% said that they would not recommend their relative to take up nursing as a career because the conditions of service were poor and 18% said that they would not recommend their relative to take up nursing because there are too many patients to care for in the health institutions.

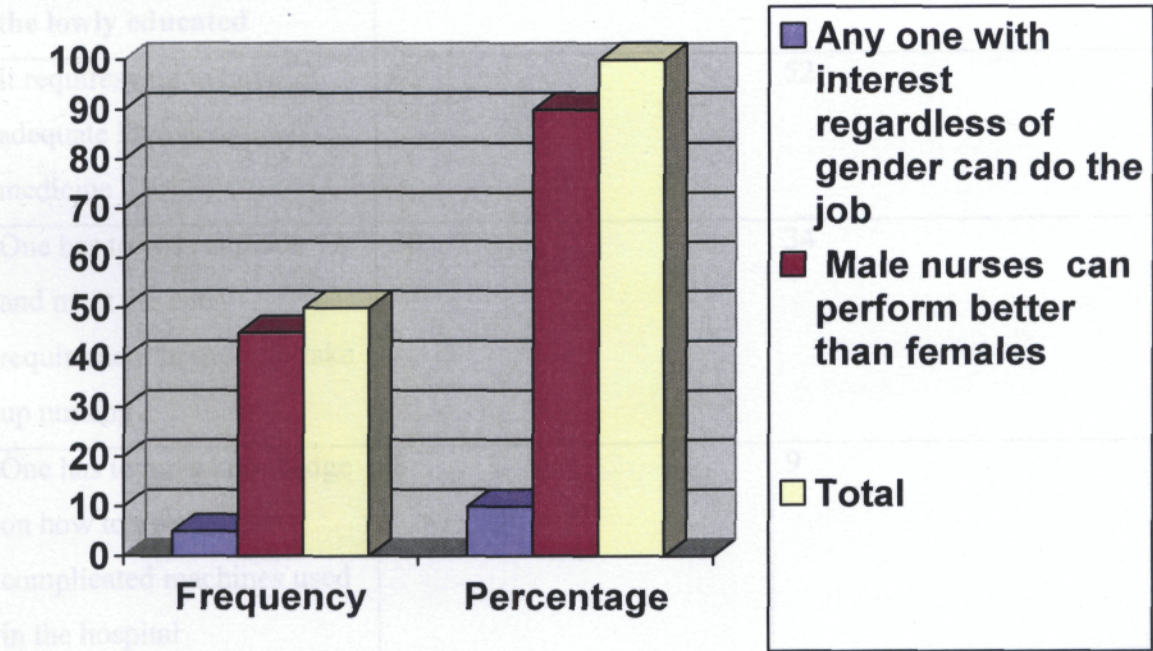
4.3.4 PERCEPTION TOWARDS NURSING IN WHETHER NURSING IS A CAREER FOR THE LOWLY EDUCATED PEOPLE (n = 50)

TABLE 14: RESPONDENTS RESPONSE ON WHETHER THEY BELIEVE THAT NURSING IS FOR FEMALES ONLY (n = 5)

Believe that nursing is a females career	Frequency	Percentage
Yes	-	-
No	50	100
Total	100	100

All the respondents (100%) acknowledged that nursing was not a career for females only.

FIGURE 11: RESPONDENTS RESPONSE ON THE REASONS FOR NOT BELIEVING THAT NURSING IS FOR FEMALES ONLY (n – 50)



Most of the respondents (90%) stated that nursing was not a career for females only because male nurses can perform better than female nurses, while 10% stated that any one with interest regardless of gender could work as a nurse.

TABLE 15: RESPONDENTS RESPONSES ON WHETHER NURSING IS A CAREER FOR THE LOWLY EDUCATED PEOPLE [n = 50]

Nursing is a career for lowly educated	Frequency	Percentage
Yes	-	-
No	50	100
Total	50	100

All the respondents (100%) said that nursing was not a career for the lowly educated people.

TABLE 16: RESPONDENTS RESPONSE ON THE REASONS WHY NURSING IS NOT A CAREER FOR THE LOWLY EDUCATED PEOPLE (n = 50)

Nursing not a career for the lowly educated	Frequency	Percentage
It requires one to have adequate knowledge in medicine	45	52
One has to pass at grade 12 and meet the entry requirement in order to take up nursing	30	34
One has to have knowledge on how to operate the complicated machines used in the hospital	8	9
One has to have knowledge on how to read medical language	4	5
Total	87	100

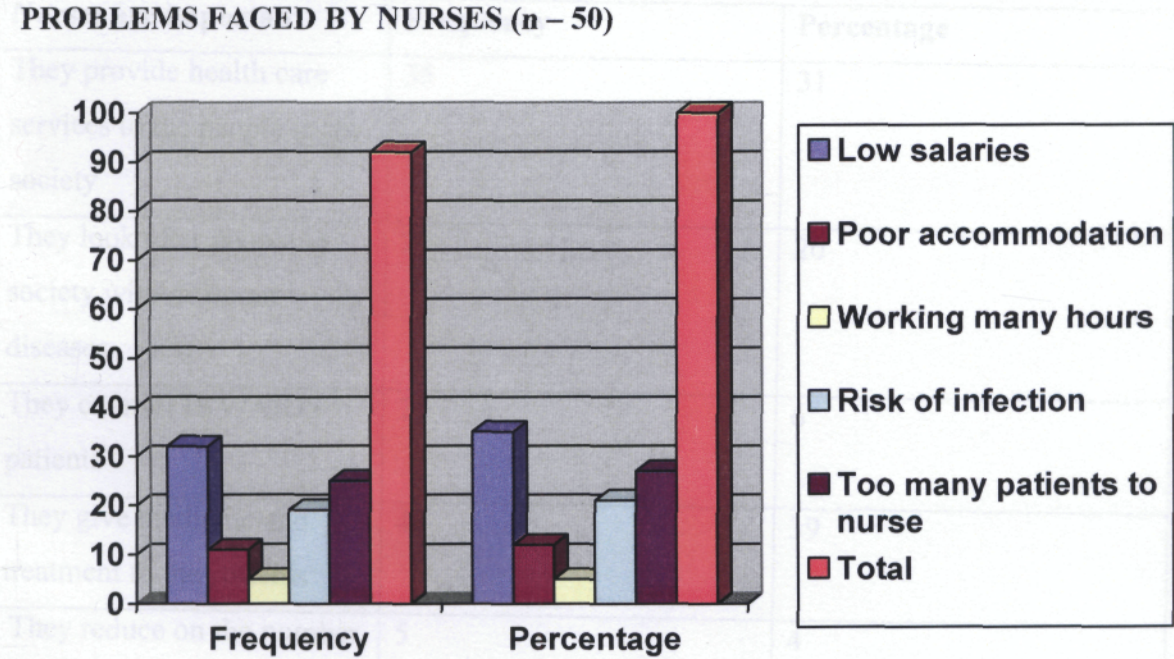
TABLE 17: RESPONDENTS RESPONSE ON WHETHER NURSES ARE
A CAREER (n = 50).

Multiple response question

Most of the respondents (52%) stated that nursing was not a career for the lowly educated people is that it requires one to have adequate knowledge in medicine, 34% stated that one has to pass at grade 12 and meet the entry requirements in order to take up nursing therefore it was not a career for the lowly educated people., 9% stated that one had to have knowledge on how to operate the complicated machines that are used in the hospital and 5% of the respondents said for an individual to become a nurse they had to learn medical language.

TABLE 18: RESPONDENTS RESPONSES ON WHY NURSES ARE

FIGURE 12: RESPONDENTS RESPONSE ON WHAT THEY THINK ARE THE PROBLEMS FACED BY NURSES (n – 50)



Multiple response question

Most of the respondents (34%) said that the problems faced by nurses were low salaries, 28% responded that nurses attend to too many patients, 20% responded that there is risk of infection, 12% said that they offer nurses poor accommodation and 6% responded that nurses work long hours.

TABLE 17: RESPONDENTS RESPONSE ON WHETHER NURSES ARE IMPORTANT IN SOCIETY (n = 50).

Nurses are important in society	Frequency	Percentage
Yes	50	100
No	-	-
Total	50	100

All the respondents (100%) acknowledged that nurses were important in society.

TABLE 18: RESPONDENTS RESPONSES ON WHY NURSES ARE IMPORTANT IN SOCIETY (n = 50).

Nurses are important	Frequency	Percentage
They provide health care services to the people in the society	35	31
They look after people in society with different diseases	22	20
They counsel HIV/AIDS patients	7	6
They give medicine and treatment to the patients	45	39
They reduce on the number of deaths in the country	5	4

Multiple response question

Most of the respondents (39%) stated that nurses were important in society because they gave medicine and treatment to the patients, 31% stated that they provided health care services to the people in the society, 20% responded that nurses looked after people in

society with different diseases, 6% counseled HIV/AIDS patients and 4% reduced on the number of deaths in the country.

TABLE 19: RESPONDENTS RESPONSE ON HOW PUPILS KNOWLEDGE, ATTITUDE AND PERCEPTION TOWARDS NURSING AS A CAREER COULD BE IMPROVED (n = 5).

Response	Frequency	Percentage
By nurses providing sensitization talks to secondary school pupils about nursing	40	34
Career masters should be knowledgeable about entry requirements for nursing to provide career guidance effectively	19	16
Lecturers who teach the nurses should be going to secondary schools to give out information about nursing	25	22
The community should be informed about when the interviews for nursing take place and also the entry requirements.	32	28
Total	116	100

Multiple response question

Most of the respondents (34%) stated that pupils knowledge, attitude and perception towards nursing as a career could be improved by nurses providing sensitization talks to

secondary school pupils about nursing, 28% responded that the community should be informed about when the interviews for nursing take place and also the entry requirements, 22% responded that lecturers who teach nurses should be going to secondary schools to give out information about nursing, and 16% responded that career masters should be knowledgeable about the entry requirements for nursing in order to provide career guidance effective

TABLE 20: RESPONDENTS AGE IN RELATION TO GENDER (n =50)

Age	Gender		Total
	Female	Male	
18 – 24years	50 (100)	-	50 (100)
Total	50(100)	-	50 (100)

All the respondents 100% were aged between 18 and 24 years and they were all females.

TABLE 21: RESPONDENTS DENOMINATION IN RELATION TO CHOICE OF NURSING AS A CAREER [n – 50]

Denomination	Choice of nursing as a career		Total
	Yes	No	
Roman Catholic	8 (40%)	6 (20%)	14 (28%)
UCZ	4 (20%)	14 (47%)	18 (36%)
SDA	1 (5%)	3 (10%)	4 (8%)
RCZ	1 (5%)	2 (7%)	3 (6%)
Pentecostal	2 (10%)	2 (7%)	4 (8%)
New apostolic	1 (5%)	1 (3%)	2 (4%)
Church of Christ	1 (5%)	1 (3%)	2 (4%)
Jehovah Witness	2 (10%)	1 (3%)	3 (6%)
Total	20 (40%)	30 (60%)	50 (100%)

Those who congregated with UCZ who chose nursing in comparison to others are 4 (20%) because out of 18 from UCZ, 4 chose nursing while 14 didn't.

TABLE 22: RESPONDENTS CHOICE OF NURSING AS A CAREER IN RELATION TO FAVOURITE SUBJECTS (n – 50)

Choice of Nursing	Favorite subjects				Total
	Mathematics	English	Science	Biology	
Yes	4 (36%)	7 (44%)	6 (38%)	3 (43%)	20 (40%)
No	7 (64%)	9 (56%)	10 (62%)	4 (57%)	30 (60%)
Total	11 (22%)	16 (32%)	16 (32%)	7 (14%)	50 [100%]

44% of respondents who chose nursing as a career liked English as their favorite subject, 43% liked Biology, 38% liked science and 36% liked Mathematics.

TABLE 23: RESPONDENT KNOWLEDGE ABOUT NURSING IN RELATION TO WHETHER THEY HAD SEEN NURSES PERFORMING THEIR DUTIES (n =50)

Knowledge about nursing	Seen nurses performing their duties		Total
	Yes	No	
Adequate	6 (12%)	-	6 (12%)
Inadequate	44 (88%)	-	44 (88%)
Total	50 (100)	-	50 (100)

6% of the respondents who had adequate knowledge about nursing and 44% of the respondents who had inadequate knowledge about nursing both said they had seen nurses performing their duties.

**TABLE 24: RESPONDENTS CHOICE OF NURSING AS A CAREER IN
RELATION TO KNOWLEDGE ABOUT ENTRY REQUIREMENTS (n – 50)**

Choice of Nursing a career	Knowledge about entry requirements		Total
	Knowledgeable	Not knowledgeable	
Yes	4 (50%)	16 (38%)	20 (40%)
No	4 (50%)	26 (62%)	30(60%)
Total	8 (16%)	42 (84%)	50 (100%)

From the 40% of the respondents who chose nursing as their career, 4% were knowledgeable about the entry requirements and 16% were not knowledgeable about the entry requirements.

**TABLE 25: RESPONDENTS KNOWLEDGE ABOUT PROBLEMS FACED BY
NURSES IN RELATION TO CHOICE OF NURSING AS A CAREER (n – 50)**

Problems faced by nurses	Choice of nursing		Total
	Yes	No	
Low salaries	10 (50%)	7 (23.3%)	15 (30%)
Poor accommodation	2 (10%)	4 (13.3%)	3 (6%)
Working many hours	1 (5%)	2 (6.6%)	11 (22%)
Risk of infection	3 (15%)	7 (23.3%)	10 (20%)
Too many patients to nurse	4 (20%)	10 (33.5%)	11 (22%)
Total	20 (40%)	30(60%)	50 (100%)

50% of the respondents who chose nursing as a career said that, the problems which were faced by nurses were that nurses got low salaries and 5% said that nurses worked many hours.

**TABLE 26: RESPONDENTS KNOWLEDGE ABOUT NURSING IN
RELATION TO THEIR ATTITUDE TOWARDS NURSING (n = 50)**

Knowledge about nursing	Attitude towards nursing		Total
	Positive	Negative	
Adequate	5(13%)	1(10%)	6(12%)
Inadequate	35 (87%)	9(90%)	44(88%)
Total	40 (80%)	10(20%)	50(100)

6% of the respondents who had adequate knowledge about nursing, 5% of these had positive attitude towards nursing while 1% had a negative attitude. 44 % of the respondents, who had inadequate knowledge, were 35% said they had a positive attitude towards nursing and 9% had a negative attitude towards nursing.

**TABLE 27: RESPONDENTS CHOICE OF NURSING AS A CAREER IN
RELATION TO WHETHER NURSING IS A CAREER FOR THE LOWLY
EDUCATED PEOPLE (n =50)**

Choice of nursing	Nursing is a career for the lowly educated people		Total
	Yes	No	
Yes	-	20 (40%)	20 (40%)
No	-	30(60%)	30(60%)
Total	-	50(100)	50(100%)

From the 40% of the respondents who chose nursing as their career, all of them said that nursing was not a career for the lowly educated people. 60% of the respondents who did not choose nursing as their career also said that nursing was not a career for the lowly educated people.

TABLE 28: RESPONDENTS RESPONSES ON KNOWLEDGE ABOUT NURSING IN RELATION TO WHETHER THEY HAD BEEN OFFERED CAREER GUIDANCE BY THE CAREER MASTER (n = 50)

Knowledge about nursing	Offered career guidance by career master		Total
	Yes	No	
Adequate	4 (27%)	2(6%)	6(12%)
Inadequate	11 (73%)	33(94%)	44(88%)
Total	15(30%)	35 (70%)	50(100%)

6% of the respondents who had knowledge about nursing, 4% were offered career guidance by their careers master while 2% were not offered career guidance by the careers master. 44% had inadequate knowledge about nursing, among these 11% said that career guidance was offered to them and 33% said that career guidance was not offered.

TABLE 29: RESPONDENTS RESPONSES ON WHETHER THEY WOULD RECOMMEND THEIR RELATIVE TO TAKE UP NURSING IN RELATION TO WHETHER NURSES ARE IMPORTANT IN SOCIETY (n = 50)

Recommend their relative to take up nursing	Whether nurses are important in society		Total
	Yes	No	
Yes	30(60%)	-	30(60%)
No	20(40%)	-	20(40%)
Total	50(100%)	-	50(100%)

60% of the respondents who recommended their relatives to take up nursing said that nurses were important in society and 40% said that they would not recommend their relatives to take up nursing but also said that nurses were important in society.

CHAPTER FIVE

5.0 DISCUSSION OF FINDINGS

5.1 INTRODUCTION

This chapter discusses the research findings. The general objective of the study was to determine knowledge; attitude and perception of grade 12 pupils towards nursing as a career in the new millennium. The results were based on the analysis of the responses from fifty pupils that were sampled from Kasama Girls High School amongst grade 12 pupils.

5.2 DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS

The findings of the study showed that all (100%) respondents were females since the school caters for female pupils only (Table 2) and all (100%) of the respondents were within the age group between 18 and 24 years (Table 3). Regarding the respondents religious affiliation, the findings showed that the majority (36%) of the respondents congregated with United Church of Zambia followed by Roman Catholic Church 28%. The other denominations included SDA (8%), Pentecostal (8%), RCZ (6%), Jehovah's Witness (6%), New Apostolic Church (4%) and Church of Christ 4% (Figure 2). These findings could be attributed to the declaration of Zambia as a Christian nation because most of the people have recognized Christianity seriously.

The subjects the respondents were taking included, Mathematics and English (14.6%) respectively as these were compulsory subjects, Biology (8.8%), Science (5.8%) Religious Education (8.8%), Geography (7.4%) Civic Education (4.3%), History (7.4%), Food and Nutrition (5.3%), Physics (3.5%), Chemistry (2.9%), Bemba (5.6%) and Commerce (11%) (Table 4). The respondents were requested to indicate their favorite subjects. Most of the respondents (13.9%) liked English, (10.8%) Biology, 6.2% liked Mathematics (Table 5). Six .eight percent (6.8%) of the pupils liked Science and the least being Physics (2.8%).

Figure 3 illustrates the respondents' hobbies. Majority of the respondents (24%) liked going to church, listening to music 21%, making friends 16% and reading books 11%. This finding has shown that really Zambia is a Christian nation because all the respondents belonged to a certain denomination. In this study, the respondents were asked to indicate their favorite careers. Most of the respondents (40%) favored Nursing as their career, 20% wanted Teaching, 16% wanted Military and 16% favored other careers (Figure 4).

5.3 KNOWLEDGE ON NURSING

According to Virginia Henderson, the unique function of the nurse is to assist the individual, sick or well, in the performance of those activities contributing to health or its recovery (or to peaceful death) that he would perform unaided if he had the necessary strength, will, or knowledge, and to do this in such a way as to help him gain independence as rapidly as possible (Henderson, 1966, p.3).

The finding in Table 6 shows the responses of the respondents on the definition of a nurse. Most of the respondents (36%) defined a nurse as a person who gives medicine to patients, 32% defined a nurse as a person who cares for the sick, 20% said that a nurse was a person who gave health education to patients and 12% said that a nurse is a person who counsel patients. These findings indicate that the pupils were aware of some of the duties and responsibilities of the nurse. All the respondents (100%) acknowledged that they had seen nurses performing their duties as shown in (Table 7). This could be attributed to the fact that nurses are frontline health workers who are found at grass route level and they provide a public service. Therefore they are easily noticed.

Further more, the respondents specified the duties that the nurses perform (Table 8) and these include, giving medicine to patients (38%), giving health education (22%), counseling sick people (13%), dressing patients' wounds (10%), bathing patients (9%) and taking dead bodies to the mortuary (8%). This indicates that these respondents were aware of some of the duties of a nurse. However, most of the respondents (84%) had no knowledge about the entry requirements into nursing, only 16% of the respondents were

knowledgeable (Figure 5). Generally most of the respondents (88%) had inadequate knowledge about nursing, only 12% were knowledgeable about nursing (Figure 6). This could be attributed to lack of information on nursing.

The findings in Figure 7 show the respondents source of information on nursing. Most of the respondents' source of information was friends (33%) community (30%), and the media (23%) and Nursing Schools (5%). This shows that not much is being done by the nursing profession to ensure that information about nursing is given to the pupils and that peer influence is prevalent among young people. Pupils were asked to state whether they had a careers Master at their School. This is because career Masters have the responsibility of creating awareness among pupils on various careers available in the country. All the respondents (100%) stated that they had a careers master at the school (Table 9) However, most of the respondents (70%) said that they had not been offered career guidance by the careers Master, while 30% said that they had been offered career guidance (Figure 8). This indicates that career Masters need to do more to create career awareness among pupils.

5.4 ATTITUDE TOWARDS NURSING

When asked whether they wanted to take up nursing as a career, most of the respondents (60%) did not want to take up nursing as a career, only (40%) wanted to take up nursing as a career (Figure 9). This clearly shows the need for increased sensitization of pupils on nursing. Among the respondents who wanted to take up nursing as a career as shown in (Table 10), 21% stated that they would take up nursing as a career because they wanted to help the sick, 19% said that they would take up nursing as a career because they wanted to look nice in a white uniform and 18% said they would take up nursing as a career in order to earn a living and help their families. It is quiet clear from the findings that some of the respondents want to join nursing for wrong reasons especially those who want to leave the country and some of the people who may stop training before completing it.

The respondents who did not want to pursue nursing as a career were asked to give reasons why they did not want to take up nursing. Twenty seven percent (27%) of the respondents said that they would not take up nursing because it was a hard and risky job, 21% said that they would not take up nursing as a career because chances of being infected with HIV infection were high, 17% responded that the salaries were too low compared to the work that nurses do and 14% said that nursing offered poor conditions of service (Table11).

However, when asked whether they would recommend their relatives to take up nursing as a career, 60% of the respondents stated that they would recommend their relatives to take up nursing while 40% said that they would not recommend their relatives to take up nursing (Figure 10). The reasons for recommending relatives to take up nursing as a career included caring for family members when they were ill (48%), it was a form of employment for their relative (27%) and it would reduce the number of deaths (25%) in the country (Table 12).

The respondents' reasons for not recommending their relatives to take up nursing as a career are shown in Table 13. Thirty five percent (35%) of the respondents said that they would not recommend their relatives to take up nursing as career because hospitals harbored a lot of infections, 33% said that they would not recommend their relative to take up nursing as a career because the conditions of service were poor and 18% said that they would not recommend their relative to take up nursing as a career because there were too many patients in the health institutions. All these concerns are valid and they require to be looked into by the nursing profession. There is need to reassure the would be nurses that the concerns are being given the attention they deserve.

5.5 PERCEPTION TOWARDS NURSING

The findings in Table 14 showed that all the respondents (100%) were of the opinion that nursing was not a career for females only. In the passed, nursing was a female dominated career but it is no longer the case now. They further acknowledged the presence of males in the nursing profession and stated that they were performing better than some female

nurses (90%). Ten percent (10%) of the respondents were of the view that any one with interest in nursing regardless of gender could work as a nurse (Figure 11).

The respondents were asked to state whether nursing is a career for the lowly educated people. All the respondents (100%) said that nursing was not a career for the lowly educated people (Table 15) because for one to become a nurse, he/she must have adequate knowledge of medicine (52%), 34% stated that one had to pass at grade 12 and meet the entry requirements, 9% said that one had to have knowledge on how to operate the complicated machines that were used in the hospitals and 5% said that for an individual to become a nurse they had to learn medical language (Table 16). This shows that the pupils had good perception about nurses.

The study elicited responses on the problems faced by nurses. The findings revealed that most of the respondents (35%) were of the opinion that nurses salaries were low, 27% said that nurses attended to too many patients, 21% stated that nurses were at risk of infection, 12% said that nurses were offered poor accommodation and 5% said that nurses worked many hours (Figure 12). This is the reality of nursing in the new millennium. Pupils need to know what the nursing profession is doing to address all these issues so that they make informed decisions when they choose careers. However, all the respondents (100%) thought that nurses were important in society (Table 17) because they gave medicine and treatment to the patients (39%), they provided health care services to the people in society (31%), looked after people in society with different diseases (20%), counseled HIV/AIDS patients (6%) and 4% said that nurses reduced on the number of deaths in the country (Table 18).

This study has revealed that all of the respondents were females aged between 18 and 24 years (Table 20). This could be attributed to the fact that the schools where the study was conducted catered for female pupils only. Most of the respondents (40%) who were interested to take up nursing congregated with Roman Catholic Church (Table 21). This study has revealed that 40% of the respondents who (38%) and Mathematics (36%), please refer to (Table 22). This is encouraging because all these subjects are the ones

necessary for one to be admitted in the nursing program. Most of the respondents (44%) who had inadequate knowledge about nursing also stated that they had seen nurses performing their duties at the health facilities (Table 23).

This study has revealed that most of the pupils who were interested in taking up nursing as a career were not knowledgeable about the entry requirements into the nursing program. There is need to give such information to these pupils so that they obtain necessary grades in the required subjects. However, most of the respondents who chose nursing as a career were of the view that nurses received low salaries (Table 25). This could demotivate them from entering nursing career. The majority of the respondents who had knowledge about nursing had a positive attitude towards nursing as a career (Table 26). Most of the respondents who chose nursing as their first career were of the opinion that nursing was not a career for the lowly educated people (Table 27). This is true because the entry requirements for nursing require an individual who has 5 ordinary levels in the recommended subjects which are English, Mathematics, Biology or Science being compulsory and any other two subjects from the following; History, Geography, Chemistry, Physics Agriculture Science, Religious Education Commerce Physical Science Nutrition except local language (GNC, 2004).

Among the respondents who had knowledge about nursing, 4% were offered career guidance by the careers Master and 2% were not offered career guidance. Among the respondents who had inadequate knowledge about nursing, 11% said that career guidance was offered to them and 33% were not offered career guidance (Table 28). The findings also show that pupils who indicated that they would recommend their relative to take up nursing as a career stated that nurses were important in society.

The respondents were asked to give suggestions on how pupils' knowledge, attitude and perception towards nursing as a career could be improved. Thirty four percent [34%] of the respondents stated that pupils knowledge, attitude and perception towards nursing as a career could be improved by nurses providing sensitization talks to secondary school pupils about nursing, 28% said that the community should be informed about when the

interviews for nursing took place and also the entry requirements, 22% said that lecturers who teach nurses should be going to secondary schools to give out information about nursing and 16% stated that career Masters should be knowledgeable about the entry requirements for nursing in order to provide career guidance effectively (Table 19).

5.6 IMPLICATIONS OF THE STUDY TO THE HEALTH CARE SYSTEMS

5.6.1 Implication to nursing practice

The findings of this study revealed that most of the pupils (88%) had inadequate knowledge about nursing. Furthermore, most of the respondents (84%) had no knowledge about the entry requirements into nursing. This lack of knowledge contributes to pupils' lack of interest in the nursing career. Therefore there is need for the nursing profession to sensitize pupils on nursing.

5.6.2 Implication to nursing education

This study has revealed that most of the respondents' sources of information were friends (33%) the media (23%) and the community 30%. This shows that the nursing profession has not been marketing itself to the public where sensitization about nursing is concerned. These findings could also explain why people may have wrong perception about nursing because sometimes they may not get the right information about nursing from these different sources of information. Therefore, the nursing profession should develop strategies to market itself in secondary schools.

5.6.3 Implications to nursing management

The study also revealed that all the respondents (100%) stated that they had a careers Master at their school but most of respondents (70%) said that they had not been offered career guidance by their careers Master. It is important that pupils are offered career guidance in order to prepare them adequately on their future careers, therefore, careers Masters in secondary schools should have broader knowledge on entry requirements of different careers in order to enable them offer career guidance to the pupils

5.6.4 Implications to nursing research.

This study is significant because it looks at an important but under explored area of nursing research. Therefore further research studies should replicate the study with a larger sample to be able to examine knowledge, attitude and perception towards nursing as a career in the new millennium. The nursing profession would also benefit in that it would utilize the results of the study to know how best to improve society awareness about nursing. It is necessary that nurses took interest in taking up research in this area in order to develop evidence based knowledge.

5.7 CONCLUSION

Florence Nightingale was the first nurse theorist who defined nursing over 100 years ago as the “act of utilizing the environment of the patient to assist him in his recovery” (Nightingale, 1860). Nursing has undergone dramatic changes in response to societal change needs and influences. The profession has continued with the struggle for identification through education which influences nursing practice. Most nurses agree that nursing education is important to practice and that it must respond to changes in health care created by scientific and technological advances (Potter et al, 2005).

The study sought to determine the knowledge, attitude and perception of grade 12 pupils at Kasama Girls High School towards nursing as a career in the new millennium. The study revealed that most of the respondents (88%) had inadequate knowledge about nursing while 12% had knowledge. The study also revealed that although all the respondents (100%) felt that nursing was neither a career for the lowly educated nor for females only, only (40%) of them wanted to take up nursing as a career. However, all the respondents (100%) stated that nurses were important in society.

The study findings revealed that 60% of the respondents did not choose nursing as their career but only 40% chose to take up nursing as their career. Amongst respondents who wanted to take up nursing as a career, 21% stated that they would take up nursing as a career because they wanted to help the sick, 16% said it was the only reliable form of employment nowadays, 9% wanted to work in foreign countries, 19% wanted to look

nice in the white uniform, 4% wanted to open up private hospitals after being trained, 13% said it was out of interest and a calling from God and 18% said that it was a way of earning a living and help their families.

The reasons advanced by those who did not want to take up nursing as a career were that nursing was a hard and risky job (27%), chances of being infected with HIV infection were high (21%), afraid of nursing procedure (12%), salaries were too low compared to the work that nurses do (17%) and poor conditions of services (14%). All the respondents 100% stated that they had a careers Master at the school but only 30% had been offered career guidance.

The study revealed that all the respondents (100%) were of the opinion that nursing was not a career for females only and that nursing was not a career for the lowly educated people because 52% said that for one to become a nurse, he/she must have adequate knowledge in medicine.

The respondents identified the problems faced by nurses as, low salaries (35%), attending to too many patients (27%), risk of infection (21%), poor accommodation (12%) and many hours (5%). However all the respondents 100% acknowledged that nurses were important in society.

5.8 RECOMMENDATIONS

Based on the findings of this study, the following recommendations have been made;

5.8.1 Ministry of Health

- Ministry of Health should improve the conditions of service for nurses by ensuring that nurses are paid reasonably for the work that they do, to ensure that nurses access house and car loans and also to build better institutional houses for nurses. This measure would promote morale and job satisfaction amongst the nurses. The nurses would not go for greener pastures and the people out there would talk good about the nursing profession since the conditions of service would improve and this would attract more people to enter into nursing.

5.8.2 General Nursing Council of Zambia

- The General Nursing Council of Zambia as a statutory body should continue working with other cooperating partners so that they could lobby for teaching materials on behalf of the nursing institutions. This would improve the quality of training for the nurses. .

5.8.3 Schools of Nursing and ZUNO

- There is need for the nursing profession to market itself adequately so that people can recognize nursing as an important profession by advertising in the newspapers, media, posters etc about the entry requirements and the dates when interviews would be conducted so that people are aware. In addition the Schools of Nursing should also indicate the different programs that are being offered for example registered nursing, straight entry midwifery, enrolled nursing etc so that the public is aware about the programs.

5.8.4 Secondary schools

- The careers Masters in schools must work hand in hand with nurses so that adequate and proper information about the nursing profession could be obtained and provided to the pupils. This could be achieved by incorporating it in the school health programs. The school should also arrange school tours to hospitals so that pupils could be exposed to what nurses do.

5.8.5 Community

- There is need to sensitize the community about the true and changed image of the nursing profession in order to dispel the beliefs and misconceptions that people have about nursing this would attract more people to enter into the nursing profession. This could be achieved by conducting sensitization programs on the media by nursing professionals or during the out reach programs so that even people in the remote areas could become aware about what is involved in nursing

and in turn the school leavers who live in these areas and who would want to take up nursing could benefit the knowledge about nursing.

5.8.6 Further Research

- Further research studies should replicate the study with a larger sample to be able to examine knowledge, attitude and perception towards nursing as a career in the new millennium.

5.9 LIMITATIONS OF THE STUDY

- It was not possible to conduct the study on a large scale with a large sample size due to limited resources and time in which the study was completed and submitted to the University of Zambia, School of Medicine. Therefore the findings of this study cannot be generalized to the other High schools in Kasama and the whole country because the study was conducted at one High school using a small sample.
- There are few studies that have been done on this topic in Zambia. This made it difficult to make comparisons with other local researchers and to determine the differences or similarities in the findings.

5.10 DISSEMINATION AND UTILISATION OF THE FINDINGS

The researcher intends to disseminate the study findings by submitting a copy each of the research report to the Department of Post Basic Nursing, Medical Library and Ministry of Health to be used as references by students and fellow researchers. An executive summary of the research study will be submitted to Kasama Girls High School. The findings will also be disseminated to the nursing fraternity and General Nursing Council at workshops when ever the opportunity arises and ZUNO.

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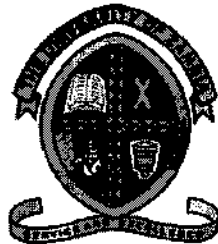
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APPENDIX 1:
QUESTIONNAIRE

THE UNIVERSITY OF ZAMBIA
SCHOOL OF MEDICINE



DEPARTMENT OF POST BASIC NURSING
SELF ADMINISTERED QUESTIONNAIRE FOR GRADE 12 PUPILS

**KNOWLEDGE, ATTITUDES AND PERCEPTION OF
GRADE 12 PUPILS TOWARDS NURSING AS A CAREER**

Serial Number
Date
Place

INSTRUCTIONS FOR THE RESPONDENTS

- 1. **Do not** write your name on the questionnaire
- 2. Answer **all** the questions in the order they are arranged
- 3. For questions provided with alternatives, **tick** ☐ in the box provided.
- 4. For answers without alternatives, **write down** the responses on the spaces provided.
- 5. You are assured that all the information you will give will be treated as **confidential** and used for the purpose it is intended for.

SECTION A: DEMOGRAPHIC DATA.

OFFICIAL USE ONLY

Tick in the box beside the most appropriate attribute.

1. Sex

a) Male

b) Female

☐☐☐

2. How old were you on your last birthday?

a) 18 – 24 years

b) 25 – 34 years

c) 35 – 44 years

d) 45 years and over

☐☐☐☐☐

3. What is your religious denomination?

a) Roman Catholic

b) U.C.Z

c) S.D.A

d) R.C.Z

e) Pentecostal

f) Other, specify

☐☐☐☐☐☐

4. Which subjects are you taking?

a) Mathematics

b) Biology

c) Science

d) Religious Education

e) Geography

f) History

g) English

h) Other Specify.....

☐☐☐☐☐☐☐☐

5. From the above listed subjects, which are your

Favorite subjects?

.....
.....
.....
.....
.

☐

6. What are your hobbies?

.....
.....
.....
.....

☐

7. Which of the following careers would you want to join?

- a] Engineering ☐
- b] Teaching ☐
- c] Nursing ☐
- d] Military ☐
- e] Any other, specify.....

☐

B. KNOWLEDGE ON NURSING

Write down the responses on the spaces provided or tick

In the appropriate box.

8. Who is a nurse?

.....
.....
.....

☐

9. Have you ever seen nurses performing their duties at the hospital?

- a] Yes

b] No
- ☐

☐

☐

10. If YES, What are the duties of the nurse?

.....

.....

.....

.....

☐

11. What are the entry requirements for one to train as a nurse?

Registered Nurse

Subjects	Grades
a].....	
b].....	
c].....	
d].....	
e].....	
f] Duration of training.....	

☐

Enrolled Nurses

Subjects	Grades
a].....	
b].....	
c].....	
d].....	
e].....	
f] Duration of training.....	

☐

12. Do you have adequate knowledge about nursing

- a) Yes

☐
- b) No

☐
- ☐

13. If the answer is YES to question 12, where did you get the Information about nursing?

- a) Nursing Schools

☐
- b) Community

☐
- c) Media or Press

☐
- d) Friends

☐
- e) Personal experience and interest

☐
- ☐

14. Do you have a career master at your school?

- a)Yes

☐
- b) No

☐
- ☐

15. If the answer is YES to question 14, have you ever been Offered career guidance by the careers master?

- a) Yes

☐
- b) No

☐
- ☐

SECTION C; ATTITUDE TOWARDS NURSING

16. Would you want to become a nurse?

- a) Yes

☐
- b) No

☐
- ☐

17. If the answer is YES to question 16, give reasons.

-

☐
-
-

18. If the answer is **NO** to question 16, give reasons.

.....
.....
.....
.....
.....
.....

☐

19. Would you recommend your relative to take up nursing
as a career?

a] Yes ☐
b] No ☐

☐

20. Give reasons for your answer.....

.....
.....
.....

☐

C. PERCEPTION TOWARDS NURSING

21. Do you believe that nursing is for females only?

a] Yes ☐
b] No ☐

☐

22. Give reasons for your answer.....

.....
.....
.....
.....

☐

23. Do you believe that nursing is a career for lowly educated people?

- a) Yes

☐
- b) No

☐
- ☐

24. Give reasons for your answer.....

.....

.....

.....

.....

.....

☐

25. What do you think about nursing?

- a) It is a dirty job.

☐
- b) It is a hard and risky job

☐
- c) It offers poor conditions of service

☐
- d) Any other, specify.....
- ☐

26. What do you think are the problems faced by nurses?

- a) Too many patients to take care of.

☐
- b) Shortage of nurses.

☐
- c) Inadequate recognition and support by the public.

☐
- d) Any other, specify.....
- ☐

27. Do you think nurses are important in society?

- a) Yes

☐
- b) No

☐
- ☐

28. Give reasons for your answer

.....
.....
.....
.....



29. Give suggestions on how pupils knowledge, attitude and
Perception towards nursing as a career could be improved

.....
.....
.....
.....
.....
.....



**THANK YOU VERY MUCH FOR COMPLETING THIS QUESTIONNAIRE
AND GOOD LUCK IN YOUR STUDIES**

APPENDIX 11

RESEARCH PROJECT WORK PLAN FROM 26th APRIL 2008 TO FEBRUARY, 2009

Task to be performed	Responsible person	Dates	Time required
Literature review	Principal investigator & Supervisor	Continuous	Continuous
Compiling research proposal	Principal investigator	26 th May 2008 to 30 th August 2008	9 Weeks
Clearance from school	Principal Investigator	18 th July to 30 th August 2008	6 Weeks
Pilot study and adjustments to the data collection tool	Principal Investigator	29 th July to 3 rd August 2008	5 days
Data collection (main study)	Principal Investigator	8 th September to 12 th September 2008	5 days
Data Analysis	Principal Investigator	13 th September to 11 th October 2008	4 Weeks
Report Writing	Principal Investigator	12 th October to 14 th December 2008	5 Weeks
Draft Report to PBN	Principal Investigator	15 th December to 29 th December 2008	2 Weeks
Finalization of Report	Principal Investigator	30 th December to 8 th February 2009	5 Weeks
Monitoring & evaluation	Researcher & Supervisor	Continuous	Continuous

APPENDIX III

THE GANTT CHART SHOWING VARIOUS TASKS TO BE UNDERTAKEN FROM 26TH APRIL 2008 TO 31ST JANUARY, 2009

MONTHS		APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	JAN
Task to be performed	Person responsible										
Literature review	Researcher & Supervisor										
Compiling research proposal	Researcher										
Clearance from school	Researcher										
Pilot study	Researcher										
Data collection	Researcher										
Data Analysis	Researcher										
Report Writing	Researcher										
Draft Report to PBN	Researcher										
Finalization of Report	Researcher										
Monitoring &evaluation	Researcher & Supervisor										

**APPENDIX IV
BUDGET**

No	ITEM	UNIT COST [ZMK]	QUANTITY	TOTAL [ZMK]
1	STATIONARY			
	Ream of paper	20,000.00	4 Reams	80,000.00
	Ball pens	1,000.00	5	5,000.00
	Pencils	500.00	5	2,500.00
	Erasers	2,000.00	2	4,000.00
	Tippex	6,000.00	2	12,000.00
	Note books	2,000.00	2	4,000.00
	Stapler	20,000.00	1	20,000.00
	Staples	15,000.00	1 box	15,000.00
	Scientific calculator	80,000.00	1	80,000.00
	Perforator	20,000.00	1	20,000.00
	Spiral binders	3,000.00	2	6,000.00
	Front and back hard covers	1,000.00	2	2,000.00
	Flip chart	3,000.00	4	12,000.00
	Subtotal			262 500.00
2	SECRETARIAL SERVICES			
	Secretarial labor	400,000.00	1	400,000.00
	Flash disk [USB] 1G	170,000.00	1	170,000.00
	Typing and printing	150.00 x 12	12 pages	24,000.00
	Research questionnaire	2,000.00	55 copies	99,000.00
	Photocopying	2,000.00	130 pages	260,000.00
	Final research report printing	2,000.00	130 pages	260,000.00
	Binding final report	75,000.00	4 copies	300,000.00
	Stationary bag	30,000.00	1	30,000.00
	Subtotal			1,543,000.00
3	PERSONNEL			
	Lunch allowance	50,000.00	10 days	500,000.00
	Transport allowance	10,000.00	10 days	500,000.00
	Subtotal			1,000,000.00
4	Dissemination workshop			2,000,000.00
	Contingency 10%			485,350.00
	Subtotal			3,853,350.00
	GRAND TOTAL			5,658,850.00

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JUSTIFICATION FOR THE BUDGET

STATIONERY

The reams of paper will be used for making photocopies of the questionnaire according to the respective number of respondents with extra copies just in case of any mistakes on the part of the participant. The research bag is necessary, as it will facilitate the safe keeping of the Questionnaires. The scientific calculator is needed for data analysis. The researcher will need the other accessories, for collecting data, these includes pens, notebooks, staplers, staples, tippex, erasers, pencils and a perforator.

PERSONNEL

Data collection will be done throughout the day hence the inclusion of lunch allowance in the budget. The researcher also will need transport money to commute from the residential area to the school.

SECRETARIAL SERVICES

Typing research proposal, research questionnaire, photocopying of questionnaire, typing final research report and binding research report will require money.

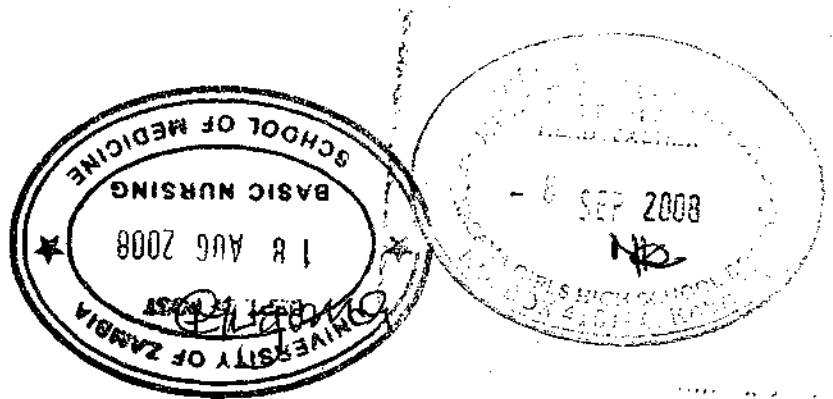
CONTINGENCY

The contingency budget has been added in case of unforeseen costs and also to cater for any inflation costs.

University of Zambia,
School of Medicine,
P.O Box 50110,
LUSAKA.
20th August, 2008

The Headmaster,
Kasama Girls High School,
KASAMA.
NORTHERN PROVINCE

U.F.S; The Head of Department,
School of Medicine,
Post Basic Nursing,
P.O. Box 50110,
LUSAKA.



Dear Sir/ Madam,

**RE: PERMISSION TO CARRY OUT A MAIN STUDY ON KNOWLEDGE,
ATTITUDE AND PERCEPTION OF GRADE 12 PUPILS TOWARDS NURSING
AS A CAREER**

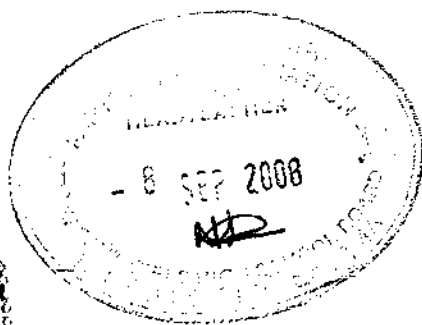
I, am an under graduate student in the Department of Post Basic Nursing, School of Medicine at the University of Zambia. I wish to seek for permission to carry out a main study on the above mentioned topic in partial fulfillment of the BSc Nursing degree program.

I wish to conduct the main study at your school among grade 12 pupils. Confidentiality will be maintained and informed consent will be obtained from all respondents. The study will be conducted between the first and second week after schools open for third term in September 2008.

Your favorable consideration will be greatly appreciated.

Yours Faithfully,

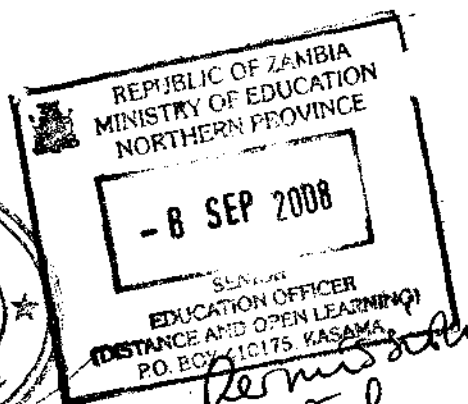
Rosemary Kalimaposo



University of Zambia,
School of Medicine,
P.O Box 50110,
LUSAKA.
20th August, 2008

The Provincial Education Officer,
KASAMA.
NORTHERN PROVINCE.

U.F.S; The Head of Department,
School of Medicine,
Post Basic Nursing,
P.O. Box 50110,
LUSAKA.



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AS A CAREER**

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I wish to conduct the main study at Kasama Girls High School among grade 12 pupils. Confidentiality will be maintained and informed consent will be obtained from all respondents. The study will be conducted between the first and second week after schools open for third term in September, 2008.

Your favorable consideration will be greatly appreciated.

Yours Faithfully,

RK

Rosemary Kalimaposo